

Assessment of Patients Knowledge about Gastritis at General Kirkuk Hospital in Kirkuk City

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ABSTRACT

Background and aim: Gastritis (inflammation of the gastric or stomach mucosa) is a common GI problem. Gastritis may be acute, lasting several hours to a few days, or chronic, resulting from repeated exposure to irritating agents or recurring episodes of acute gastritis). The aim of the study to assessment of patient Knowledge regarding gastritis at General Kirkuk Hospital in Kirkuk city.

Materials and method: descriptive study was carried out on gastritis patients at General Kirkuk hospital in Kirkuk city from the beginning from (10th of June 2013 to 5th May 2014) in order to assess knowledge concerning gastritis ,non- probability sampling convenience sample of (50) patients .The data was collected through the application of constructed questionnaire with consist of three parts and were used (SPSS). The Data were analyzed by using descriptive and inferential statistical the frequencies (F), percentage (%), and mean of score.

Results : (74%) of the samples (35>) years old, (76%) of them were male, (54%) of the samples were illiterate, (62%) of them were house wife, (88%) of the samples were married, 40%) of them were (4-6) Working hour per day , 32%) of them have history of hypertension,(72%) of the sample had no family history of gastritis, (66%) of them no smoker, (78%) of them had continuous stress.

Conclusion: type of the patients gender the highest age that having gastritis is (female), almost highest rate of the sample revealed illiterate of the patient. Majority of the sample show housewife occupational of patient. Almost majority of the sample showed that most of patient was married, The highest rate of patient who having gastritis was complain from chronic disease. The majority of samples were having continuous stress, The highest rate of patient was having good knowledge about medical treatment instruct the people about avoiding taking any medication without physician order.

Recommendation: Advice the people to take healthy diet and avoid irritant food, and decrease stress.

Keywords: Assessment, Knowledge, Gastritis.

INTRODUCTION

Gastritis (inflammation of the gastric or stomach mucosa) is a common GI problem. Gastritis may be acute, lasting several hours to a few days, or chronic, resulting from repeated exposure to irritating agents or recurring episodes of acute gastritis (Abir and Bell, 2004).

Acute gastritis is often caused by dietary indiscretion—the person eats food that is irritating, too highly seasoned, or contaminated with disease-causing microorganisms. Other causes of acute gastritis include overuse of aspirin and other non-steroidal anti-inflammatory drugs (NSAIDs), excessive alcohol intake, bile reflux, and radiation therapy. A more severe form of acute gastritis is caused by the ingestion of strong acid or alkali, which may cause the mucosa to become gangrenous or to perforate. Scarring can occur, resulting in pyloric stenosis or obstruction. Acute gastritis also may develop in acute illnesses, especially when the patient has had major traumatic injuries; burns; severe

infection; hepatic, renal, or respiratory failure; or major surgery. Gastritis may be the first sign of an acute systemic infection (Friedman, 2003).

Chronic gastritis and prolonged inflammation of the stomach may be caused either by benign or malignant ulcers of the stomach or by the bacteria *Helicobacter pylori* (*H. pylori*). Chronic gastritis is sometimes associated with autoimmune diseases such as pernicious anemia; dietary factors such as caffeine; the use of medications such as NSAIDs, bisphosphonate (ex, alendronate [Foamex], or risedronate [Actonel]); alcohol; smoking; or chronic reflux of pancreatic secretions and bile into the stomach (DeVita *et. al.*, 2004).

The Importance of the study in the United States about 4 million people have active peptic ulcers and about 350,000 new cases are diagnosed each year. Four times as many duodenal ulcers as gastric ulcers are diagnosed. Approximately 3,000 deaths per year in the United States are due to duodenal ulcer and

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3,000 to gastric ulcer (Delgados-Aros *et. al.*, 2004).

MATERIALS AND METHOD

The design of the present study was a descriptive study. The study was conducted at General Kirkuk Hospital from 1st of July, 2013, up to the 1th of April, 2014 to assessment of patients Knowledge regarding Gastritis. A non probability sampling (convenience) 50 of samples selected from the patients who were attended Azadi teaching hospital according to following criteria

- 1- Patients who has gastritis
- 2- Male and female
- 3- Patient age 20 above.

The researcher collected data through extensive review of relevant literature; a questionnaire was constructed for the purpose of the study with interview technique. Overall items included in the questionnaire were (51) items. All

RESULTS

Table (1): Distribution of the samples regarding demographic data of (50) patients with frequency and percentage

No	Age(years)	Frequency	Percentage (%)
1	20<	/	/
2	21-25	7	14
3	26-30	6	12
4	35>	37	74
Total		50	100
NO.	Gender	Frequency	%
1	Male	12	76
2	Female	38	24
Total		50	100
NO.	Level of education	Frequency	%
1	Illiterate	27	54
2	Read & write	6	12
3	Primary school	6	12
4	Intermediate school graduate	3	6
5	Secondary school	3	6
6	Institute graduate	1	2
7	College graduate	4	8
Total		50	100
NO.	Occupation	Frequency	%
1	Governmental employed	3	6
2	Free work	5	10
3	Retired	0	0
4	Hose wife	31	62
5	Student	1	4
6	Jobless	9	18
Total		50	100
NO.	Marital status	Frequency	%
1	Single	6	12

Items were measured on two rating scale, (1) Yes, (2) No. The questionnaire consists of three parts:-

The data were collected through the utilization of constructed questionnaire, interview technique with patients. The data collection process was performed from 1st of July to end of September, 2013. Consent informed was granted from the patients for participation in the present study was obtained and the interview was carried out individually. All items were measured on two levels Yes (2) and No (1) the questionnaire consists of three parts:-

Part I: Demographic data

Part II: Medical data

Part II: Knowledge of the patients:

Data were analyzed by using descriptive and inferential statistical the frequencies (F), percentage (%), and mean of score.

2	Married	44	88
Total		50	100
NO.	Monthly income	Frequency	%
1	Sufficient	20	40
2	Barely sufficient	22	44
3	Insufficient	8	16
Total		50	100
NO.	Working hour per day	Frequency	%
1	Has no working hours	14	28
2	1-3	4	8
3	4-6	20	40
4	> 7 hours	12	24
Total		50	100

The table (1) shows that (74%) of the samples (35>) years old, (76%) of them were male, (54%) of the samples were illiterate, (62%) of them were house wife, (88%) of the samples were married, (44%) of them had barely sufficient income, (40%) of them were (4-6) Working hour per day.

Table (2) Distribution of the samples regarding medical data of (50) patients with frequency and percentage

No.	Duration of disease	Frequency	Percentage%
1	≤1 year	21	42
2	2-5 years	18	36
3	5 years and more	11	22
Total		50	100
No	Chronic disease	Frequency	%
1	Heart disease	15	26
2	Renal disease	5	10
3	Hypertension	26	32
4	Diabetes mellitus	4	8
Total		50	100
No	Medication	Frequency	%
1	Omeprazole	36	72
2	Zantac	13	26
3	Metronidazole	1	2
Total		50	100
No	Family history	Frequency	%
1	Yes	14	28
2	No	36	72
Total		50	100
No	Smoking	Frequency	%
1	Yes	9	18
2	No	33	66
3	Ex_smoker	8	16
Total		50	100
No	Do you have continues stress	Frequency	%
1	Yes	39	78
2	No	11	22
Total		50	100

This table shows that (42%) of the samples have ≤1 year, (32%) of them have history of hypertension, (26%) of the samples taking Omeprazole, (72%) of the sample had no family history of gastritis, (66%) of them no smoker, (78%) of them had continuous stress

Table (3) Patient's knowledge regarding cause of gastritis.

No	Cause of gastritis	Yes		No		MS	Sig.
		F	%	F	%		
1	Aspirin	14	28	36	72	1.2	L
2	Alcohol	42	84	8	16	1.8	H
3	Helicobacter pylori infection	38	76	12	24	1.7	H
4	Smoking	47	94	3	6	1.9	H
5	Stress	42	84	8	16	1.8	H
6	Burn	21	42	29	58	1.4	M
7	Spicy irritant food	44	88	6	12	1.8	H
8	Trauma	23	46	27	54	1.4	M
9	Endoscopic technique	12	24	38	76	1.2	M

The table (3) shows that the samples has good knowledge in items (2,3,4,5,7)and had poor in items (1,6,8,9)

Table (4) Patient's knowledge regarding Sign and symptoms of gastritis.

No	Sign and symptoms	Yes		No		MS	sig.
		F	%	F	%		
1	Nausea and vomiting	39	78	11	22	1.7	H
2	Anorexia	38	76	12	24	1.7	H
3	Weight loss	34	68	16	32	1.6	H
4	Epigastric pain	48	96	2	4	1.9	H
5	Abdominal bleeding	9	18	41	82	1.1	L
6	Hiccups	34	68	16	32	1.6	H
7	Fee king of fullness	25	50	25	50	1.5	M
8	Blood in vomitus	7	14	43	86	1.1	L
9	Blood in stool	8	16	42	84	1.1	L

The table (4) shows that the samples has good knowledge in all items except items (1, 2, 3, 4, 6)

Table (5) Patient's knowledge regarding Diagnostic tests of gastritis

No	Diagnostic tests	Yes		No		MS	sig.
		F	%	F	%		
1	Complete blood count	24	48	26	52	1.4	L
2	Stool sample	14	28	36	72	1.2	L
3	X – ray	32	64	18	36	1.6	H
4	Gastroscopy	8	16	42	84	1.1	L
5	Stomach biopsy	15	30	35	70	1.3	L

The table (5) shows that the samples had poor knowledge in all items except items (3) had good knowledge.

Table (6) Patients knowledge regarding Medical treatment of gastritis

No	Medical treatment	Yes		No		MS	sig.
		F	%	F	%		
1	Bed rest	43	86	7	14	1.8	H
2	Reduce anxiety	27	54	23	46	1.5	M
3	Intra Venus fluids electrolytes	35	70	15	30	1.7	H
4	Avoid caffeine	32	64	18	36	1.6	H
5	Avoid alcohol	45	90	5	10	1.9	H
6	Avoid aspirin	16	32	34	68	1.3	M
7	Prevent smoking	48	96	2	4	1.9	H
8	Anti-emetic drug	20	40	30	60	1.4	M
9	Antacid	5	10	45	90	1.1	L
10	Stomach acid blocker (Omeprazole)	13	26	37	74	1.2	L
11	Small and frequent meal	46	92	4	8	1.9	H

The table (6) shows that the samples have good knowledge in all items except items (1, 3, 4, 5, 7, and 11)

Table (7) Patient's knowledge regarding Complication of gastritis of gastritis

No	Complication of gastritis	Yes		No		MS	sig.
		F	%	F	%		
1	Gastritis ulcer	31	62	19	38	1.6	H
2	Gastric bleeding	14	28	36	72	1.2	M
3	Stomach cancer	6	12	44	88	1.1	L

The table (7) shows that the samples have poor knowledge in all items except items (1)

DISCUSSION

Regarding the demographic data in table (1), shows that (74%) of the samples (35>) years old, (76%) of them were male, (54%) of the samples were illiterate, (62%) of them were house wife, (88%) of the samples were married, (44%) of them had barely sufficient income, (40%) of them were (4-6) Working hour per day. The study agree with (Mayo clinic, 2014) who stated in a study that the prevalence rate of gastritis increase significantly with age, while the same disagree with our study regarding gender distribution of gastritis that who mentioned that there is no difference between the sexes for distribution of gastritis (Mayo clinic Gastritis complication of gastritis, 2014).

Regarding medical data Table (2) shows that (42%) of the samples have ≤1 year, (32%) of them have history of hypertension, (26%) of the samples taking Omeprazole, (72%) of the sample had no family history of gastritis, (66%) of them no smoker, (78%) of them had continuous stress.

The result findings agree with Gunnar H, (2004) who mentioned that gastritis is a common GI problem. Gastritis may be acute, lasting several hours to a few days, or chronic, resulting from repeated exposure to irritating agents or recurring episodes of acute gastritis. Patients knowledge regarding cause of gastritis in table (3) shows that the samples has good knowledge in items (2, 3, 4, 5, 7) and had poor in items (1, 6, 8,9) (Ferraro, 2004).

The finding result supported by Ferraro, (2004) who stated that acute gastritis is often caused by dietary indiscretion—the person eats food that is irritating, too highly seasoned, or contaminated with disease-causing microorganisms. Other causes of acute gastritis include overuse of aspirin and other non steroidal anti-inflammatory drugs (NSAIDs), excessive alcohol intake, bile reflux, and radiation therapy. A more severe form of acute gastritis is caused by the ingestion of strong acid or alkali, which may cause the mucosa to become gangrenous or to perforate. Scarring can occur, resulting in pyloric stenosis or obstruction. Acute gastritis also may develop in acute illnesses, especially when the patient has had major traumatic

injuries; burns; severe infection; hepatic, renal, or respiratory failure; or major surgery. Gastritis may be the first sign of an acute systemic infection (Padwal *et. al.*, 2004)

The study agrees with Padwal and Lau, (2004) who stated that chronic gastritis and prolonged inflammation of the stomach may be caused either by benign or malignant ulcers of the stomach or by the bacteria *Helicobacter pylori* (*H. pylori*). Chronic gastritis is sometimes associated with autoimmune diseases such as pernicious anemia; dietary factors such as caffeine; the use of medications such as NSAIDs, bisphosphonate (e.g., alendronate [Fosamax], or risedronate [Actonel]); alcohol; smoking; or chronic reflux of pancreatic secretions and bile into the stomach. Patient's knowledge regarding Sign and symptoms of gastritis in Table (4) shows that the samples has good knowledge in all items except items (5, 8, 9) (Brown *et. al.*, 2002).

The study agree with Brown *et al.*, (2002) who mentioned that acute gastritis may have a rapid onset of symptoms, such as abdominal discomfort, headache, lassitude, nausea and vomiting, anorexia, hiccapping which can last from a few hours to a few days. The patient with chronic gastritis may complain of anorexia, heartburn after eating, belching, a sour taste in the mouth, nausea and vomiting, some patients may have only mild epigastric discomfort or report intolerance to spicy or fatty foods or slight pain that is relieved by eating (National Digestive Disease, 2013).

Regarding Patients' knowledge of Diagnostic tests of gastritis, Table (4) shows that the sample has poor knowledge in all items except items (3) had good knowledge. The study agree with NDDIC, (2014) who stated that the most common diagnostic test for gastritis is endoscopy with a biopsy of the stomach, gastrointestinal (GI) series, Blood test., Stool test. Tests for *H. pylori* infection Regarding Patient's knowledge of Medical treatment of gastritis with frequency,) shows that the samples have good knowledge in all items except items (6, 8, 9, 1) (Zajac *et. al.*, 2013). The study agree with Zajac *et al.* (2013) who mentioned that Over-the-counter antacids in liquid or tablet

form are a common treatment for mild gastritis. When antacids do not provide enough relief, medications such as cimetidine, ranitidine, nizatidine or famotidine that help reduce the amount of acid the stomach produces are often prescribed. An even more effective way to limit stomach acid production is to shut down the acid "pumps" within acid-secreting stomach cells (Wang and Peura, 2011).

Patient's knowledge regarding Complication of gastritis shows that the samples have poor knowledge in all items except items (1). The study agree with Roger *et al.*, (2002) who mentioned that left untreated, gastritis may lead to stomach ulcers and stomach bleeding. Some forms of chronic gastritis may increase risk of stomach cancer, especially if have extensive thinning of the stomach lining and changes in the lining's cells (Kandulski *et al.*, 2008).

CONCLUSION

The study concluded that most of age of the patients (35>) years old, type of the patients gender the highest age that having gastritis is (female), Almost highest rate of the sample revealed illiterate of the patient. Majority of the sample show housewife occupational of patient. Almost majority of the sample showed that most of patient was married. The highest rate duration of disease of the patient that having gastritis was (≤ 1 year). The highest rate of patient who having gastritis was complained from chronic disease (hypertension), a patient who was having gastritis was taking omeprazole tablet and more rate of the sample shows that their families weren't having hereditary gastritis the more rate of patient who having gastritis was no smoking. The majority of samples were having continuous stress. The majority rate of patient having good knowledge that smoking is the most common causes of gastritis the highest rate of patient was having good knowledge about the sign and symptom's of gastritis (blood in vomiting, blood in stool, abdominal bleeding). The more rate of patient was having good knowledge about the diagnostic tests (x-ray). The highest rate of patient was having good knowledge about medical treatment except (avoid aspirin, antiemetic drug, anti acid, stomach acid blocker). Finally, more rate of patient was having good knowledge about gastritis complication (gastric ulcer).

RECOMMENDATIONS

The study concludes that instruct the people about avoiding taking any medication

without a physician order. Advise the people to follow healthy lifestyle, such as exercise, etc. Every person should do diagnostic tests periodically to detect if they was any medical problem especially the initial diagnosis of gastritis. Finally, Advise the people to take healthy diet and avoid irritant food. Instruct the people to avoid alcohol intake and smoking

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