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## EVALUATION OF RISK FACTORS IN PATIENTS CAUSING AND ENHANCING GASTRITIS

Fatima Noor, Hina Tariq, Hira Nazneen

University of Medical & Dental College Faisalabad

**Abstract:**

**Objective:** To determine the various common risk factors that cause and worsen gastritis.

**Study design:** A cross-sectional Study.

**Place and Location:** In Allied Hospital Faisalabad for six month period from February 2018 to July 2018.

**Methods:** 100 patients with upper gastrointestinal symptoms were selected. All patients underwent upper GI endoscopy and biopsy to confirm gastritis.

**Results:** The results of this analysis proves that 83% of the patients had gastritis in endoscopy. 71% of the patients were infected with *H. pylori*. The majority of the patients were 4th and 5th ten years. Men were 47% and 53% were women. All rejected alcohol consumption was 31%, smoking. 65% received NSAIDs regularly. While 66% preferred spicy food, 55% preferred tea.

**Conclusion:** The results of this analysis showed that in dyspeptic patients the gastritis is a common lesion among different risk factors. While *H. pylori* is the most common organism found, NSAIDs also pose a great risk. Therefore, all patients with symptoms should be eliminated by *H. pylori*. A detailed investigation of other risk factors should be done, so it can be changed. Regular use of NSAIDs and non-prescription use are prohibited. If necessary, a safe selection can be made based on sauce.

**Key words:** gastritis, endoscopy, histopathology.

**Corresponding author:**

Fatima Noor,

University of Medical & Dental College,  
Faisalabad

QR code



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**INTRODUCTION:**

Gastrointestinal problems are a common cause of applications to primary care centers in developed countries as well as primary care units. Similarly, poor hygiene, poor hygiene and low living standards contribute to the size of GI problems in developing countries. Approximately 80% of upper gastrointestinal endoscopes are performed to investigate dyspepsia. Since "gastritis" is a common injury, an attempt has been made to identify risk factors to prevent complications by treating related risk factors. H. Pylori is the most common organism that invades the gastric mucosa and causes inflammation and ulceration. NSAIDs cause gastritis by inhibiting the COX.1 enzyme for eicosanide synthesis, which increases the likelihood of ulcers when used regularly. Alcohol causes direct erosion of the gastric mucosa. Smoking and caffeine also damage the epithelium and excessive use can lead to the formation of gastritis and ulcers. Although spicy foods cause a sharp burning sensation, they temporarily irritate and do not directly damage the stomach lining. The clinical significance of the study is that patients with dyspeptic symptoms should be questioned about risk factors because of lack of endoscopy and histopathology centers in remote health centers in our country. They should be treated and trained to change these risk factors. If you do not

respond to appropriate treatment, endoscopy and biopsy are recommended for another condition.

**MATERIALS AND METHODS:**

This cross-sectional Study was held in Allied Hospital Faisalabad for six month period from February 2018 to July 2018. One hundred patients with upper gastrointestinal symptoms were selected. All patients underwent upper GI endoscopy and biopsy was taken for gastritis and H. pylori detection. Including patients having nausea, vomiting, epigastric discomfort, pain, dyspepsia and male and female of age 13 years and 70 years of age were selected with one or more of the upper gastrointestinal symptoms emerging as heartburn. All patients with chronic liver disease and upper gastrointestinal lesions are previously diagnosed endoscopically excluded. All patients included in the medical unit with upper gastrointestinal symptoms were included according to inclusion and exclusion criteria. Gastroscopy was performed in all patients to carried out for confirmation of gastritis and H.pylori test performed. The remaining risk factors were evaluated by questionnaire. Data were analyzed with SPSS version 18.

**RESULTS:**

Out of 100 patients, 53 (53%) were female and 47 (47%) were male.

**Table 1: Sex wise distribution of studied cases**

Sex	Frequency	%age
Male	47	47.0
Female	53	53.0
Total	100	100.0

The age of the patients was between 25-70 years and the mean age was  $48.54 \pm 10.35$ .

**Table 2. Age groups of studied cases.**

Age in years	Frequency	%age
25 to 34	8	8.0
35 to 44	21	21.0
45 to 54	37	37.0
55 to 64	26	26.0
65 & above	8	8.0

Therefore, most of the patients were in the 4th and 5th years (75%). 71% of the patients had H. pylori, 66% had spicy foods and 65% had NSAIDS.

**Table 3.** Risk factors for gastritis (n=100).

Risk factors	Frequency	%age
Smoking	31	31
Alcohol intake	0	0
NSAID intake	65	65
Spicy foods	66	66
H. Pylori	71	71

**DISCUSSION:**

Since gastritis is the most common lesion in the stomach, we have tried to determine the risk factors of gastritis in this study, thus preventing complications such as peptic ulcers or gastric neoplasms. The mean age of the patients was 48 years in the fourth and fifth decade. Other studies also show that gastritis is common in the same age group as ours. In another study in DHQ Rawalpindi, demographic characteristics showed 67% of men and 33% of women. This may be because women have less access to health centers at regional health care levels. The mean age was 36 years. The difference can be explained by the fact that there are separate pediatric endoscopic facilities in our tertiary care center. This demographic table demonstrates that gastritis may affect daily activities during this active life period and that the risk of complications is higher if not treated. In our study, 31% of patients did not accept smoking in moderate amounts, and no one accepted alcohol consumption. This can be because social factors are less common or lacking in these factors or provide accurate information. 65% of patients regularly used NSAIDs for general body pain and arthralgia. The use of these drugs without a prescription is the reason for their use without consulting a doctor. If the basic condition of its use is adequately addressed, it should be avoided and a safe case-based situation should be used if necessary. In addition, patients should be trained in the situation and the danger of regular intake of NSAIDs. The most common cause was H. pylori in 71% of patients. This may be due to poor sanitation and poor standard of living, as well as the sharing of articles such as a spoon, as well as in patients with H. pylori infection, in the oral cavity, as in GERD. Therefore, all patients should undergo a non-invasive serological test rather than wait for endoscopy and biopsy. To prevent complications, an eradication therapy should be performed. While 66% of our patients received spicy food, 55% consumed caffeine in the form of tea.

**CONCLUSION:**

All patients with dyspepsia in any healthcare sector should be evaluated in detail to determine possible

risk factors and should be subjected to serological tests to detect H. pylori, so that they can be eliminated. Risk factors that require modification of eating habits and regular use of NSAIDs in our society, may prevent the prevention of gastritis complications and the necessary extreme endoscopy and biopsy, which is an invasive procedure. The experience that is not possible in our country where health institutions are located, does not go up to brands. Only these patients should be consulted for an endoscopy and biopsy that does not respond to treatment.

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