FACTORS INFLUENCING GASTRITIS: A PRELIMINARY STUDY FOR ASSESSMENT OF KNOWLEDGE, ATTITUDES AND PRACTICES AMONG PATIENTS WITH GASTRITIS

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INTRODUCTION

Gastritis is inflammation of the gastric mucosa and it is diagnosed and classified histologically because endoscopic appearances such as redness are often misleading(Bebba*et al.*, 2003). The researchers further highlightedthat the most important causes of gastritis were Helicobacter pylori infection, nonsteroidal anti-inflammatory drugs (NSAIDs) and autoimmunity. Life style changes, drugs, stress and life habits can also be causative factors for gastritis (Heitkemper, 2000). The risk factors for gastritis that have been identified in Sri Lanka are frequent use of analgesics, anti-rheumatics and antibiotics, missing or delaying meals, consumption of spicy or starchy food, less physical activity and alcohol consumption (Waidyarathna*et al*., 2008).

As there have been very few studies done on factors affecting gastritis in Sri Lanka it is important to identify the common factors influencing gastritis. The main purpose of this study was to examine the factors influencing gastritis, among patients with gastritis attending the gastro- intestinal clinic (GI clinic) in the National Hospital of Sri Lanka (NHSL). The study was carried out with the specific objectives of assessing knowledge, attitudes and practices and to identify the barriers related to controlling gastritis among patients with gastritis.It is important to develop good health practices and to overcome existing barriers to minimize gastritis. Hence the findings of this study can be used to take necessary measurements to increase the awareness about gastritis and to minimize the occurrence of this disease.

METHODOLOGY

A quantitative descriptive study was conducted at the GI clinic, NHSL.Patients who were diagnosed with gastritis were included in the study group. Data were collected within the month of January 2013. Purposive sampling method was used to recruit 200 participants. A self-administered questionnaire was used as the data collection tool and it was given after obtaining informed written consent. Theresponse rate was 90.5% (N=181). The questions were directed towards gaining information on patients' demographic data, knowledge and attitudes, existing causes for gastritis and barriers related to controlling gastritis. Data were analyzed using Microsoft Excel. Ethical approval was granted by the Ethical Review Committee of NHSL.

RESULTS AND DISCUSSION

Demographic characteristics, knowledge and attitudes regarding gastritis

There were 65% females and 35% males out of the total number of participants.Fifty percent of the study group was between 30-50 years of age. The education level of most of the participants was up to Advanced Level (46%). Participants from urban areas (40%) and suburban areas (41%) were higher than the number of participants from rural area(19%).

According to the findings, the knowledge level of participants was identified as excellent, good, poor and were respectively 79%, 13.3% and 7.7%. Gastritis and its development were

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understood by 82% of participants. The most common symptom was identified as abdominal pain by 81% of the participants. Sixty six percent of participants identified endoscopic examination as the most helpful investigation for gastritis. The level of attitudes on gastritis was identified as poor (66%). The majority (66.3%) agreed that gastritiscan be treated with medications. Out of all participants 55.8% was aware about their disease. According to the findings the levels of knowledge and attitudes on gastritis were contradictory and the same results were shown byBystrove (1985).

Table 1: Demographic characteristics regarding gastritis patients at GI clinic (N=181)

Demographic factors	**Number (N)**	**Percentage (%)**
Age		
Below 30 years	32	16
30-50 years	90	50
Over 50 years	59	34
Gender		
Male	64	35
Female	117	65
Level of Education		
Not attended school	6	4
Up to grade 5	11	6
Up to G.C.E. OrdinaryLevel	67	37
Up to G.C.E. Advanced Level	85	46
Graduate	12	7
Higher level	0	0
Living area		
Urban	73	40
Suburban	74	41
Rural	34	19

Table 2: Practices and most contributing factors to gastritis (N=181)

Practices and contributing factors to gastritis	**Number (N)**	**Percentage (%)**
Stress		
Having stress recently	165	91
No stress recently	16	9
Stressed for personal matters	80	84
Stressed for other matters	15	16
Food Pattern		
Skip meals	17	18
Taking high chilly & spicy food	57	31
Not having regular pattern	73	37
Diseases		
Heart disease	49	27
Asthma	41	22
Arthritis	22	12
Life habits		
Smoking	20	11
Alcohol taking	6	3

Practices and contributing factors to gastritis

The majority of participants (91%) reported “having stress recently” as the main existing cause for gastritis. Among them 84% of participants had stress due to personal reasons (Table

2). Meals were taken irregularly by 37% and skipping meals were noted by 18%. Thirty one percent of participants favored high chilly and spicy food. Refined food was favored by 31% of the participants. Seventy one percent of participants were not consuming alcohol. This finding might be due to the lesser number of male participants included in the study sample.Among the study group 27% had gastritis after taking drugs for heart disease and 22% had gastritis due to drugs taken for asthma. This suggests that gastritis can evolve as a side effect of medications taken for some other disease conditions.

The study found some barriers related to the management of gastritis such as lack of adequate Gastro Intestinal Clinic facilities or endoscopy facilities in rural areas, difficulty in affording medications and unwillingness to have medications continuously for six months. (Figure 1)

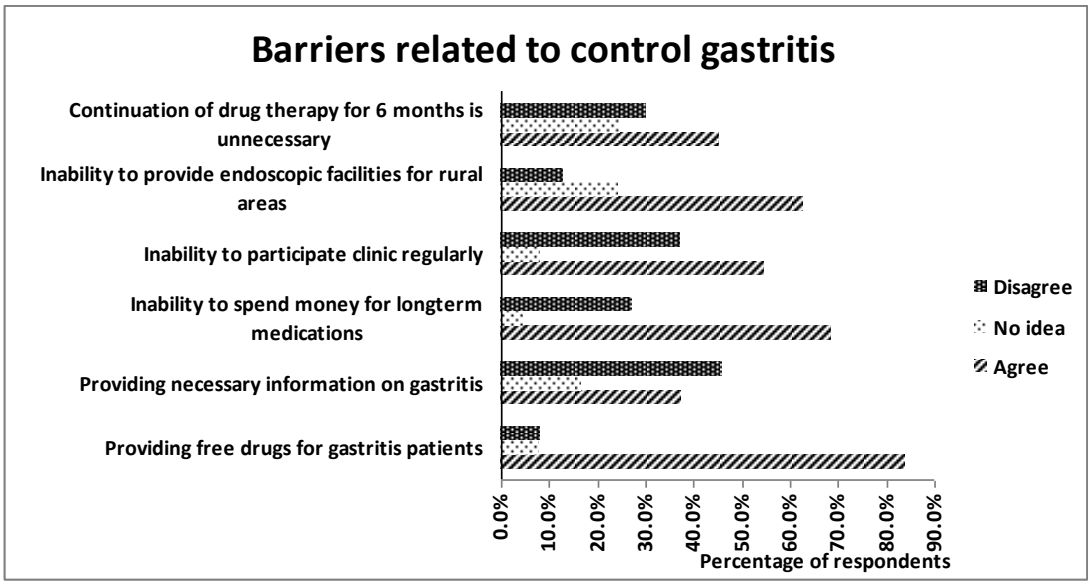

Figure 1: Barriers related to control gastritis.

CONCLUSIONS/ RECOMMENDATIONS

According to the findings of this study, stress, food pattern, taking long term medications for heart disease, asthma and arthritis and some life habits were identified as influencing factors for gastritis. Among the existing factors for gastritis the most common factor was stress. The overall knowledge of the participants on gastritis was excellent but the attitudes were poor. Barriers related to controlling gastritis were identified as lack of Gastro Intestinal Clinic facilities or endoscopy facilities in rural areas, difficulty in affording medications and unwillingness to have medications continuously for six months.

As most of the respondents were females, it was difficult to find the effects of smoking and alcohol intake on gastritis. The generalizability of the findings can be affected since this study was conducted only at the GI clinic, NHSL.

Finally this study recommends upgrading public attitudes about factorsinfluencing gastritis through posters, leaflets and providing necessary information for patients attending the GI clinic. Endoscopy facilities should be made available in rural areas by the government. Further studies are recommended to identify the existing situation in other areas to have an overall picture about gastritis.

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