

A randomised controlled trial, cost-effectiveness and process evaluation of the implementation of self-management for chronic gastrointestinal disorders in primary care, and linked projects on identification and risk assessment

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Declared competing interests of authors: none

Published March 2018

DOI: 10.3310/pgfar06010

Plain English summary

Chronic gastrointestinal disorder self-management

Programme Grants for Applied Research 2018; Vol. 6: No. 1

DOI: 10.3310/pgfar06010

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Plain English summary

Many patients suffer from what are called gastrointestinal disorders, which can include abdominal pain and bloating as well as changing bowel habits.

There is some evidence that people can be helped by 'self-management support': engaging patients more actively in their illnesses, using patient education and self-management and adding psychological treatments.

Although we know that these methods can work in research settings, we do not know if they can be rolled out to usual NHS settings.

We did a study to see if a training programme for primary care could help people with irritable bowel syndrome (IBS), as well as those with diabetes and chronic obstructive pulmonary disease. We also explored if we could develop ways to identify people who might be at risk of long-term problems.

We divided local practices into two groups and primary care staff were trained to deliver self-management support.

We found lots of practical difficulties in delivering the changes and were not able to get primary care staff to implement much self-management support in their routine care of patients. There were no differences between groups in their health or the costs of their care over time.

We also found that the way that IBS is coded in general practice computer systems varied quite a lot. General practitioners did not think that a tool to assess the risk of patients having long-term problems would be very useful.

Programme Grants for Applied Research

ISSN 2050-4322 (Print)

ISSN 2050-4330 (Online)

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Editorial contact: journals.library@nihr.ac.uk

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This report

The research reported in this issue of the journal was funded by PGfAR as project number RP-PG-0407-10136. The contractual start date was in July 2008. The final report began editorial review in July 2013 and was accepted for publication in March 2017. As the funder, the PGfAR programme agreed the research questions and study designs in advance with the investigators. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The PGfAR editors and production house have tried to ensure the accuracy of the authors' report and would like to thank the reviewers for their constructive comments on the final report document. However, they do not accept liability for damages or losses arising from material published in this report.

This report presents independent research funded by the National Institute for Health Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, CCF, NETSCC, PGfAR or the Department of Health and Social Care. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the authors, those of the NHS, the NIHR, NETSCC, the PGfAR programme or the Department of Health and Social Care.

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