

## UVODNA RIJEČ

Poštovani kolege liječnici i poštovani drugi sudionici u zdravstvu,

Liječnik obiteljske medicine (LOM) u svom svakodnevnom radu, posvećen svojim bolesnicima, vrlo često susreće probleme vezane uz bolesti probavnog sustava koje obuhvaćaju bolesti usta, jednjaka, želuca, gušterače, žuči, jetre i crijeva. LOM sagledava probleme bolesnika cjelovito u kontekstu njihovog načina života i rada, što jako utječe na smetnje u funkciji probavnog sustava i to neovisno o dobi. Vrlo često mala djeca odlaskom u vrtić ili boravkom u školi reagiraju bolovima u trbuhu. Takva vrsta funkcionalnih poremećaja svojom dugotrajnošću kao rezultat nerješavanja problema u okruženju mogu se pretvoriti i u organsku bolest. Tu svakako po učestalosti i važnosti treba istaći sindrom iritabilnog kolona. Ne samo zbog neugodne boli koja se uz taj poremećaj javlja, već i zbog zabrinutosti pacijenta. Smetnje su dugotrajne i nedovoljno dobro reagiraju na medikamentnu terapiju. Psihološka pozadina problema dovodi nas do uloge liječnika obiteljske medicine „liječnik kao lijek“ gdje je suportivna i savjetodavna uloga liječnika presudna.

Među najčešćim bolestima probavnog sustava treba svakako istaknuti poremećaje i bolesti povezane s izlučivanjem želučane kiseline (dispepsija, GERB i ulkusna bolest). Najčešći simptomi vezani uz te poremećaje su žgaravica, promuklost, pečenje, mučnina, smetnje sna i bol koja ne mora biti nužno vezana uz trbuh već se može pojaviti i u prsnom košu, imitirajući bol vezanu uz bolesti srca ili pluća. Važnost tih promjena je i u mogućnosti da ih se može zamijeniti s navedenim bolestima drugih organa. Utjecaj na liječenje uz medikamentnu terapiju svakako imaju promjene ponašanja (prestanak pušenja, smanjenje ili prestanak konzumacije alkohola, promjena prehrane uz smanjenje tjelesne težine, ako je potrebno). Potrebno je istaknuti ulogu i nekih lijekova koji često mogu dovesti do navedenih poremećaja (acetilsalicilna kiselina i nesteroidni antireumatici). Današnjim načinom me-

dikamentnog liječenja smanjila se učestalost ulkusne bolesti i znatno ublažili simptomi. Bolesnici uz lijekove danas lakše i sigurnije žive.

Današnjim načinom života upalne bolesti crijeva dobivaju sve veće značenje s obzirom na učestalost i težinu kliničke slike. Upotreba bioloških lijekova još uvijek nije dovoljno zaživjela. U konačnici takvi bolesnici završavaju s velikim mutilacijama kao posljedicom kirurških zahvata. Uz promjene ponašanja (konzumacija alkohola i masne hrane) vezane su i bolesti jetre, gušterače, koje u svojoj konačnici mogu dovesti i do smrti bolesnika. Stoga je poznavanje načina života presudno kako bismo pomogli bolesniku u njegovoj odluci o promjeni načina života. Poznato je da bolesnici puno jednostavnije i lakše prihvaćaju cjeloživotnu medikamentnu terapiju nego promjenu životnih navika. Svojim savjetima, nenametljivo, ali često (što u kontaktima s pacijentom LOM ima mogućnost) ipak su takve odluke moguće, a uz stalnu kontrolu i psihološku pomoć, lakše ih je provesti.

Na kraju, prema težini problema treba navesti važnost malignih bolesti probavnog trakta. Iako današnje kirurške tehnike ne mutiliraju organizam jako, ipak posljedice kirurških zahvata mogu biti teške, primjerice stalna prisutnost stome. Uz onkološku terapiju bolesniku je potrebna stalna potpora. Ovdje je potrebno istaknuti i važnost enteralne prehrane ne samo kod malignih bolesti već i kod malnutricija koje u starijoj dobi mogu biti pogubne. Ne tako često, ali povećanjem upotrebe nesteroidnih antireumatika povećava se i broj hitnih stanja u obiteljskoj medicini vezanih uz bolesti probavnog sustava. Sve to zajedno, dio je svakodnevnog rada LOM-a pa je potrebno liječnicima na jednostavan i dostupan način omogućiti informiranost o novostima u medicinskoj znanosti s obzirom za bolesti i poremećaje probavnog sustava. Upravo to jest i cilj ovog tematskog broja.

BISERKA BERGMAN MARKOVIĆ

## INTRODUCTORY WORD

Dear fellow physicians and respected other participants in health care,

In their daily work, family medicine physicians, dedicated to their patients, very often encounter problems related to diseases of the digestive system, including diseases of the mouth, esophagus, stomach, pancreas, gallbladder, liver and intestine. General practitioners perceive patient problems comprehensively in the context of their life and work, which really affects interference in the digestive system function, regardless of age. Very often, small children respond with stomach pain to going to kindergarten or school. This type of functional disorders of prolonged duration, which occur as a result of ignoring some environmental challenges, may transform to organic disease, particularly irritable colon syndrome as the most important sequel not for dull pain associated with this disorder but also because of causing serious patient concern. The interference is fixed and non-responding to pharmacological therapy. The psychological background of the problem leads us to the role of family physician, 'doctor as a medicine', where supportive and advisory role of the physician is crucial.

The most common diseases of the digestive system are those associated with gastric acid secretion (dyspepsia, gastroesophageal reflux disease and peptic ulcer). The most common symptoms associated with these disorders are heartburn, hoarseness, burning, nausea, sleep disturbances, and pain which need not be linked to the stomach but may also occur in the chest, imitating the pain associated with heart or lung disease. These changes can be mistaken for those indicating diseases of other organs. Pharmacological therapy should certainly be combined with behavioral changes (smoking cessation, reduction or cessation of alcohol consumption, dietary change with weight reduction, if necessary). Some medicines can often lead to the above mentioned disorders (acetylsalicylic acid and nonsteroidal antirheumatics). Current pharmacological treatment has reduced the prevalence of ulcer dis-

ease and significantly reduced the symptoms, so patients on medication now have by far less discomforts.

Considering today's lifestyle, inflammatory bowel disease is gaining importance for its prevalence and severity of clinical picture. The use of biological drugs has not yet been introduced at large scale. Eventually, these patients suffer severe consequences of surgical procedures. Diseases of the liver and pancreas are also related to unhealthy behaviors (consumption of alcohol and fatty foods), which ultimately can lead to patient death. Therefore, due knowledge of healthy lifestyle is crucial to help the patient decide on changing the way of life. It is known that patients are more ready to accept life-long pharmacological therapy than change of habits. Here, general physician's advice quite often proves useful (as in frequent contacts with the patient). However, such a decision is possible with constant follow up and psychological help, making it easier for the patient to comply with it.

In the end, considering the severity of the problem, the importance of malignant disease of the gastrointestinal tract should be addressed. Although today's operative surgical techniques do not mutilate the body as much as before, the consequences of surgical procedures can be severe, such as constant presence of stoma. Oncologic therapy requires constant support. Here I have to mention the importance of enteral nutrition, not only in malignant diseases but also in malnutrition, which can be devastating in old age. The increasing use of nonsteroidal antirheumatics increases the number of emergencies in family medicine-related diseases of the digestive system. All these make part of daily routine of family physicians; thus, there is the need for a simple and available mode for them to be informed about the latest news in medical science related to diseases of the digestive system. That is why this issue is dedicated to this topic.

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