

Reflections: Gastritis, Lifestyle and Proton Bomb Inhibitors

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Opinion

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Abstract

Frequently during the consultation our patients report varying degrees of clinical improvement after being diagnosed with Gastritis. Gastritis is a multi factorial disease in which the Lifestyle plays a determining role, the creation of more and better Proton Pump Inhibitors although it is favoring our patients, also in some cases has harmed them in terms of acting as a permissive for perpetuate harmful habits and an unhealthy lifestyle.

Keywords: Lifestyle; Gastritis; Proton Bomb Inhibitors

Introduction

Practically everyday I receive patients who tell me: "I have gastritis", many do it because a family member, neighbor, friend or even someone at the pharmacy has been told so, most patients do not have an Upper Digestive Endoscopy, and when the study was performed, biopsy of gastric mucosa was not.

Most chronic gastritis patients have no symptoms [1]. In patients who do have symptoms, they are mainly non-specific dyspepsia: the presence or absence of dyspeptic symptoms and severity of dyspeptic symptoms have no significant relation to histopathological grades and endoscopic findings of chronic gastritis [2].

The therapeutic aim for chronic gastritis is to ameliorate the symptoms and improve the histopathology of gastric mucosa. The management of the dyspeptic symptoms of chronic gastritis is similar to that of functional dyspepsia. For those chronic non-atrophic gastritis patients with negative *H. pylori* and absence of symptoms, specific treatment is not required. However, for those with atrophic gastritis, especially severe

atrophic gastritis or gastritis accompanied by intraepithelial neoplasia, special attention should be paid to the prevention of canceration [3].

Repeated or persistent *H. pylori* infection and poor dietary habits can potentially aggravate atrophy and Intestinal Metaplasia of the gastric mucosa. The following factors can all increase or aggravate the risk of chronic atrophic gastritis, even the possibility of canceration: excessive nitrate and nitrite in the water and soil; disproportionate trace elements; smoking; chronic alcohol intake; lack of fresh vegetables, fruits, and essential nutrients; regular consumption of fast-food, such as mildew, pickled, smoked and fried foods; excessive intake of salt; and a family history of gastric cancer. CagA+ *H. pylori* strains, excessive alcohol consumption, smoking and inadequate eating habits increase the risk of developing peptic ulcer and gastric carcinoma [4-5].

Lifestyle modifications are a frequent indication, sometimes we assume that the patient knows what we are asking for and in many cases it is not. Patients must renounce or moderate harmful habits (alcohol, tobacco,

drugs, coffee), healthy eating in quantity, quality and schedules, regular sports activities and management of emotions and stress that may negatively affect their health. To save time, some doctors do not explore the psychobiological elements involved in the genesis of gastritis and prefer to deliver the patient a printed sheet but do not take the trouble to discuss it with the patient. Some physicians in order to compensate their poor evaluation, prescribe potent and expensive proton pump inhibitors, which evidently control many of the associated symptoms due to the acid suppression they provoke, this measure leads to the patient simply not modifying their lifestyle, but also is allowed by this medication to take more alcohol, coffee, fast food, etc.

Adequate patient examination increases the odds of clinical success and will guide diagnosis and therapy optimizing the time and resources available. It should be emphasized to inform the patient about the importance of a healthy lifestyle and the negative of the chronic pharmacological treatment. Each successive consultation is an opportunity to re-examine the lifestyle.

If the intervention of the psychologist, psychiatrist or nutritionist is required, it should not be delayed. The patient must be observed with a comprehensive vision regarding lifestyle, not only as a Stomach, Esophagus or Liver. Cardiovascular disease and Cancer are the leading causes of death in many countries, and these can be prevented by improving the Lifestyle

Conclusion

Prescribing medication should be an accurate decision, not only guided by patient pressure. Offering medication to the patient is easier than removing it, since in many cases the proton bomb inhibitors are over-the-counter drugs even without our consent the patient will continue to receive them. The indication of proton pump inhibitors should be proposed for an established short period, in which the physician agrees to perform all necessary tests and procedures and the patient agrees to modify their lifestyle. The prescription of proton pump inhibitors without clear indication leads to unnecessary costs to the state (public system) or patient (private practice), exposing the patient to short- and long-term adverse effects, some mild as headache and others severe as

Osteopenia, Nephrotoxicity, among others. Proton pump inhibitors are not candy, do not offer them lightly.

Changing the lifestyle should be one of the therapeutic pillars of Gastritis, if a pathology or condition that requires the chronic use of proton pump inhibitors is demonstrated, this treatment should be directly supervised by the Gastroenterologist, tests and procedures should be performed periodically to monitor the associated adverse effects.

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Conflict of Interest

The author declares no financial interest or any conflict of interest.

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