

Aspects of patient/physician interaction may help alleviate heartburn symptoms

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The results of a small study of patients being treated for chronic heartburn suggest that the longer, more comprehensive interaction that is typical of visits with complementary and integrative medicine providers may result in greater symptom relief than conventional visits. The results of the study by investigators from the Benson-Henry Institute for Mind Body Medicine at Massachusetts General Hospital (MGH) and Beth Israel Deaconess Medical Center appear in the open-access journal *PLOS ONE*.

"Our findings suggest that the type of patient/provider interaction that occurs in some complementary and integrative provider visits may significantly improve GERD [gastroesophageal reflux disease] [symptoms](#) beyond that of a high-quality, empathic conventional medical visit," says Michelle Dossett, MD, PhD, MPH, of the Benson-Henry Institute, corresponding author of the paper. "While previous studies have suggested that patient/provider interactions can affect a wide range of symptoms, most of them compared high-quality conventional visits with those in which the providers intentionally limited their interactions. No previous studies have looked at the effects on GERD-related symptoms, and there is little data comparing conventional visits with those of complementary and integrative providers."

Characterized by symptoms of acid reflux and heartburn, GERD has been estimated to affect from 20 to 40 percent of adults in Western countries. While several types of medications are available to treat symptoms, many patients continue to have symptoms even when taking

the most effective drugs. A significant number of GERD patients are believed to take dietary supplements, some of which may reduce symptoms, but how the patient/provider interaction may contribute to symptom relief has not been previously studied.

For the current study, the investigators enrolled 24 adult participants who had experienced heartburn symptoms at least three days a week during the month preceding study enrollment. Participants were not informed that the study was investigating the patient/provider interaction or that the physician visit at the trial's outset was randomly determined to be either a conventional visit or an 'expanded' visit with features more typical of a complementary or integrative medicine visit. Dossett conducted all the patient visits and followed predefined texts for both visit types.

The conventional visit included questions about patients' GERD-related history, symptoms, and treatments; the expanded visit - which averaged around 25 minutes longer - featured additional questions about symptom-related sensations, food cravings or aversions, weather-related effects and non-gastrointestinal symptoms. Other than the detailed discussions resulting from the more comprehensive list of questions, there were no differences between the visits in terms of the physical examination provided or the manner in which Dossett interacted with study participants.

Patients in both groups were also randomized to receive either Acidil, an over-the-counter homeopathic medicine for heartburn and other gastrointestinal symptoms, or a placebo. Participants kept a daily log of GERD and other symptoms for the seven days before the provider visit and continued to track their symptoms, along with recording the number of study tablets and antacids they took, for the next two weeks. At the end of the study period they completed comprehensive survey instruments measuring heartburn and other gastrointestinal symptoms

and questionnaires about their expectations for treatment, all of which they also had completed at the study outset.

Participants receiving the expanded physician visit had greater improvement in GERD and other [gastrointestinal symptoms](#) at the end of the study period than did those receiving the conventional visit. The study's results could not identify which aspects of the expanded visit - the greater length, more comprehensive questions, or some other features - were responsible for the improvement, but it appeared that neither participants' beliefs and expectations about treatment nor their perceptions of the physician's empathy had an effect on their reported symptoms. No difference in symptom severity could be attributed to whether participants were taking Acidil, but the authors note that the study was probably too small to evaluate the drug's effectiveness.

"The results of this study provide unique preliminary data on the importance of the patient/physician relationship, an ingredient in health care that is often overlooked," says senior author Gloria Yeh, MD, MPH, of the Beth Israel Deaconess Department of Medicine.

Dossett adds, "Since all of the visits in this study were performed by a single provider, a next step will be to determine whether other providers trained in the expanded visit model can achieve similar results and whether these results will last long term. Identifying the elements of the expanded visit that are responsible for symptom improvement may help us develop ways to incorporate those aspects into conventional medical practice."

More information: *PLOS ONE*,
[dx.plos.org/10.1371/journal.pone.0136855](https://doi.org/10.1371/journal.pone.0136855)

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