

The GI Five: Doctor Crosses Borders for Clinical Insights on Functional GI Disorders, Physician-Patient Communications

The GI Five is a Q&A feature of the *ACG Update* created to provide readers with insight on a variety of timely gastroenterology-related topics that impact ACG members and their practices at all career levels. From clinical to practice management to national affairs and even health and wellness topics to help you achieve work-life balance, the GI Five will evolve based on your feedback. In an effort to provide you with the most useful information, we welcome your suggestions for topics, members or other people to feature in upcoming GI Five columns. Please email *ACG Update* Assistant Editor Jacqueline Gaulin at jgaulin@gi.org with your suggestions.

Recently, we had the honor of speaking with Li-Hua Peng, MD, a gastroenterologist and Associate Chief Physician at the Chinese People's Liberation Army General Hospital in Beijing, one of the largest hospitals in the world. Dr. Peng works closely with Yunshang Yang, MD, who is the President of the Chinese Society of Gastroenterology as well as the head of the GI group at the Peoples Liberation Army Hospital. Both are committed to learning more about functional GI disorders and educating healthcare providers in China about these GI disorders since this area of gastroenterology is not well taught in China.

With special interest in functional gastrointestinal disorders and motility, Dr. Peng has been a gastroenterologist for 18 years. We caught up with her in January as she was finishing up a three-week training immersion at the Drossman Center for Biopsychosocial Care in Chapel Hill, North Carolina where she shadowed Center founder Douglas A. Drossman, MD, MACG. Dr. Drossman, who is also the founder of Drossman Gastroenterology, the founder and President of the Rome Foundation, and the founder and co-director emeritus of the University of North Carolina Center Functional GI and Motility Disorders, is one of the leading international authorities on functional gastrointestinal disorders and physician-patient communications. He has held numerous roles in the development of the field over four decades of his career as a clinician, researcher and academic. We will feature Dr. Drossman on physician-patient communications and the important role it plays in healthcare, especially for the treatment of functional GI disorders, in the next issue of the GI Five.

GI FIVE: What are some of the main challenges you are facing as a physician in China?

Dr. Peng: With so many patients in China—physicians do not have enough time to talk with them the way we need to truly understand what is going on with them. With the high number of patients we see, we can only spend 5-10 minutes with each one. We spend the short time we have with them to treat them for the presenting symptoms. Our main challenge is the difficulty we have in communicating with patients effectively in such a short time. As a doctor in China, we need help with this major challenge.

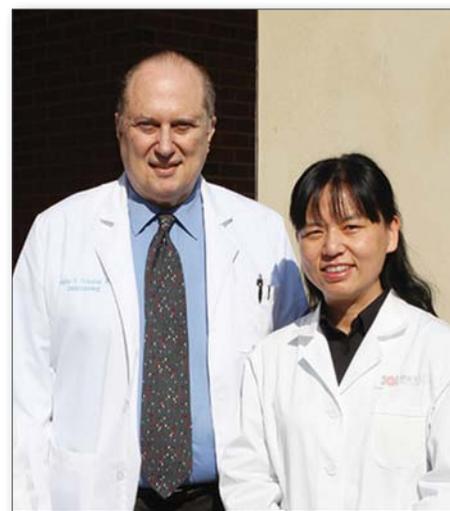
GI FIVE: Are you seeing an increase of functional gastrointestinal disorders in your patients?

Dr. Peng: Yes, the prevalence of functional GI disorders is definitely increasing in China. One reason for the increase is the increasing pace of life here. With the continued advances in technology—the pace of life is very fast in China and much more stressful than it was years ago so the prevalence of functional GI disorders here is also increasing

Another reason is that physicians are able to better and more accurately diagnose their patients with a functional gastrointestinal disorder than we were able to do 10 years ago. Before that we typically diagnosed these patients with dyspepsia or some type of neurosis.

GI FIVE: How are patients with FGIDs in China typically treated?

Dr. Peng: Typical treatment is very similar to what physicians do here in the United States. First line therapy is often lifestyle



Li-Hua Peng, MD, (at right) traveled from China to North Carolina to learn more about FGIDs from Douglas A. Drossman, MD, MACG.

modification aimed at reducing stress levels and making appropriate dietary changes such as lowering fat intake or increasing fiber in the diet depending on what works best for the patient; and basically advising them to avoid problem foods. We do use some medications to treat GI symptoms such as antidiarrheals or antispasmodics medications. However, in China we haven't used antidepressants, as these types of medications are not so common in the treatment of functional GI disorders, so we don't use them. Again, our first-line of treatment is recommending that our patients slow down their pace of life.

GI FIVE: What prompted you to come to the United States to learn more about functional GI disorders and physician-patient communications?

Dr. Peng: I came here to learn how to better manage refractory functional gastrointestinal disorders, including how to talk with patients more efficiently in the short time I have with them and also to

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learn how and when to use psychotropic medications in treating functional GI disorders. I came specifically to learn from Dr. Drossman. I knew about his work in this area and that his clinic was very patient centric.

As a medical professional in China, where time is so limited, I need to learn how to pay more attention to and understand how to interpret my patients' body language and other cues, such as eye contact (or lack of) in order to better understand their unique medical needs—and treat them effectively. I came to here because I wanted to learn more efficient ways to communicate with my patients and also help educate my colleagues when I return home. As I mentioned earlier, in China we spend such little time with each patient, so communication skills are very important—eye contact, body language can tell us a lot about a patient.

I have observed that Dr. Drossman's approach to patients is a careful one. He pays more attention to their thoughts and how they are feeling and what is going on in their lives to help determine the connections with the presenting symptoms—and design the most effective treatment plan individualized for that patient--something we don't do in China

I am fascinated by the use of antidepressants and other psychotropic medica-

tions to treat functional GI disorders. In China, we have not used these medications to treat FGIDs very often. Just a few of the gastroenterologists in China have used them, so after I learn from my experience with Dr. Drossman, I plan to conduct research in this area.

Any refractory functional gastrointestinal disorder is very difficult to treat—that's why we need to do more research in China to obtain data and experience. But unfortunately we are faced with cost and time limitations—we already do all of our paperwork at night, for example.

GI FIVE: What do you think practically you could do differently in your practice in China now that you have had this immersion experience with Dr. Drossman?

Dr. Peng: I will be able to do things a lot differently. Before my time here, I used to speak to each of my patients for several minutes, yet my time with them never seemed enough to get a full understanding of them in relation to their symptoms. While it will still be difficult for me to spend as much time with my patients in China as I did alongside Dr. Drossman

and his patients, I am confident that although I may only have ten minutes, those ten minutes will be much more efficient, allowing me to get more information from my communications with the patient.

I also noticed that patient education is very good here, with so many resources and brochures. So I also plan to train my colleagues about the need



Dr. Peng (left) was often able to sit in on patient sessions with Dr. Drossman (right) during her recent three-week training immersion at the Drossman Center for Biopsychosocial Care in Chapel Hill, North Carolina.

for and importance of patient education resources so we can better inform our patients.

GI FIVE: Any advice or insight you would like to share with other physicians?

Dr. Peng: Overall, in China we need more gastroenterologists focused on functional gastrointestinal disorders. Most of them like to perform endoscopy and not enough are focused on functional GI disorders. The prevalence of gastroenterologists in China is very high—yet not enough of them are focusing on the psychosocial aspects of functional GI disorders so they can give these patients the insight and advice these patients need to help them modify their lifestyle and address other factors, such as diet and stress reduction in order to alleviate their symptoms and help them feel better.

The main thing I learned is that no matter how much time you have—the quality of the interaction can be improved—when you are seeing someone talk to them directly. Although I cannot increase the amount of time I can spend with my patients, I can maximize the time I spend with them by using what I have learned from Dr. Drossman, which include how to deal with resistance from patients. Eye contact and body language are such powerful tools and very useful in communicating with patients—I cannot wait to go back to my practice and implement these new skills. **ACG**

About the Drossman Center for the Education and Practice of Biopsychosocial Care

The Drossman Center for the Education and Practice of Biopsychosocial Care (DrossmanCare) is focused on improving healthcare by improving doctor-patient communications. Improving these communications is shown to improve healthcare outcomes for both patient and doctor, according to founder Douglas A. Drossman, MD, MACG. With the DrossmanCare training, doctors, physician assistants, and nurses can learn how to communicate with patients for maximum benefit, increasing the satisfaction and outcomes of all parties. Dr. Drossman has welcomed healthcare providers from all over the world to his clinic, which features a hands-on, immersion approach. Visit www.drossmancenter.com for more information.