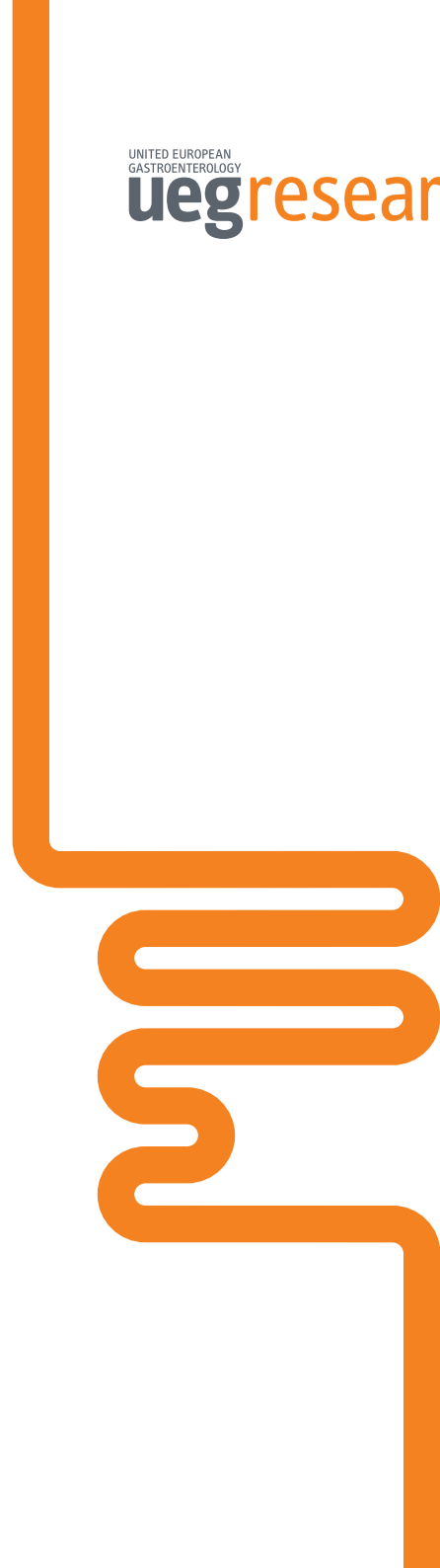


The Survey of Digestive Health Across Europe

Highlighting changing trends and healthcare
inequalities in GI and liver disease



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1. Roberts SE, Samuel DG, Williams JG, et al. Survey of Digestive Health across Europe. Part one: The burden of gastrointestinal diseases and the organisation and delivery of gastroenterology services across Europe. Report for United European Gastroenterology. August 2014.
2. Anderson P, Dalziel K, Davies E et al. Survey of Digestive Health across Europe. Part two: The economic impact and burden of gastrointestinal diseases across Europe. Report for United European Gastroenterology. August 2014.

The Survey of Digestive Health Across Europe

Highlighting changing trends and healthcare inequalities in GI and liver disease

Gastrointestinal (GI) and liver disorders are responsible for around one million deaths each year across Europe across all ages, and are associated with substantial morbidity and healthcare costs. The incidence and prevalence of many GI disorders are highest amongst the very young and the elderly, and as the European population ages, the disease burden will inevitably increase. Unfortunately, despite their substantial prevalence and global impact, many digestive diseases are still poorly understood and attract relatively little attention from either a policy or funding perspective.

United European Gastroenterology (UEG) is committed to raising political and public awareness of GI disorders throughout the continent, informing policy makers, and encouraging research. To support this effort, accurate and up-to-date information is needed on the true burden of digestive diseases and the current organisation and delivery of care.

The Survey of Digestive Health Across Europe^{1,2} – a hugely ambitious pan-European project – was commissioned by UEG in 2013, with the aim of systematically reviewing all the available evidence on the clinical and public health burden of GI disorders

and the delivery of gastroenterology services. Data was analysed from 28 European Union (EU) member states, Norway, Switzerland, Liechtenstein and Russia.

The Survey revealed changing trends in many prevalent GI and liver diseases and worrying inequalities in the provision of healthcare services across the continent. Notable increases in the incidence of most major GI disorders were identified, and clear differences in outcomes for patients between Eastern and Western nations were highlighted.

This booklet has been developed to summarise some of the Survey's key findings.

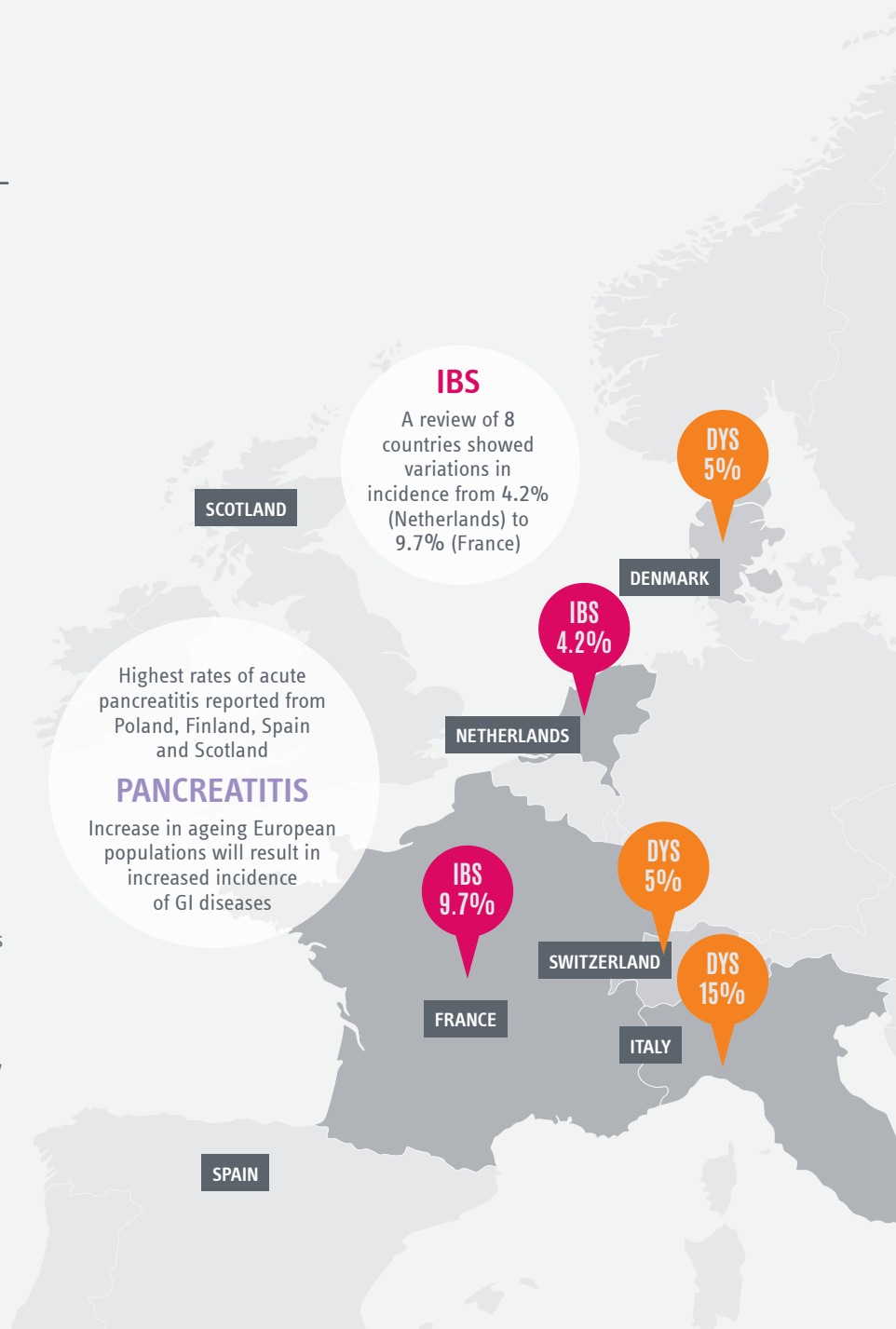
Gastrointestinal (GI) disorders

The GI disorders, dyspepsia, gastro-oesophageal reflux disease (GORD), peptic ulcers, *Helicobacter pylori* (*H.pylori*) infection, oesophagitis, irritable bowel syndrome (IBS) and pancreatitis are common and costly conditions, yet they are often under-reported and their true burden is difficult to quantify.

Current data suggest that the incidence and prevalence of these GI disorders, which includes the most common functional disorders, are generally increasing, with the highest rates reported in eastern European countries and in less affluent parts of western Europe. Many of these conditions, if inadequately treated, can lead to potentially life-threatening complications. Mortality rates are highest in eastern and north eastern Europe and lowest in north west Scandinavia and the Mediterranean islands.

Very little information exists on the economic burden of these disorders across Europe, however, direct costs associated with frequent physician visits and medical treatments and high rates of complications and hospitalisation, and indirect costs due to substantial levels of personal disability, work absenteeism and loss of productivity are all likely to contribute to their sizable socioeconomic burden.

With a rising prevalence and high rates of morbidity and mortality in less affluent parts of Europe, these common and costly conditions exert a sizable socioeconomic burden across the continent.



DYS
5%

FINLAND

Highest in eastern
and north eastern Europe

MORTALITY FROM (NON-MALIGNANT) GI DISEASES

Lowest in north
west Scandinavia and the
Mediterranean Islands

Has a higher prevalence
of more than 60% in eastern
Europe including Hungary
and Poland and parts of
southern Europe

HELICOBACTER PYLORI

Linked to an increased risk of
duodenal ulcers, gastric ulcers
and malignancies

DYS
15%

HP
60%

POLAND

DYS
15%

HP
60%

HUNGARY

Highest hospital admission
rates reported from studies
in northern regions of Europe

PEPTIC ULCER

Mortality (per 100,000
population) highest in
eastern Europe and lowest
in southern Europe

Highest rates of more
than 15% for Hungary,
Italy and Poland

DYSPEPSIA

Lowest rates of less than
5% for Denmark, Finland
and Switzerland

GORD

26% REDUCED
PRODUCTIVITY

REDUCED PRODUCTIVITY IN DAILY LIFE
OF 26% ACROSS EUROPE

€3 BILLION COST TO
EMPLOYERS

REDUCTION IN PRODUCTIVITY
ESTIMATED TO COST EMPLOYERS
€3 BILLION

€1 BILLION COST OF
ABSENTEEISM

COST OF ABSENTEEISM FROM
WORK ESTIMATED AT €1 BILLION

€4.8 BILLION GERMAN
HEALTHCARE
COSTS

HIGH INCIDENCE IN GERMANY RESULTS
IN ESTIMATED HEALTHCARE COSTS OF
€4.8 BILLION

Inflammatory bowel disease (IBD)

The inflammatory bowel diseases, Crohn's disease and ulcerative colitis, are common, chronic inflammatory conditions that primarily affect young people in adolescence and early adulthood. The incidence and prevalence of IBD have increased in the last few decades throughout Europe, with significant geographic variations reported. The highest incidence rates are observed in Scandinavia and the United Kingdom, while the lowest rates are seen in southern and eastern Europe.



DRAMATIC SUSTAINED INCREASE IN INCIDENCE IN MANY WESTERN COUNTRIES



RECENT INCREASE IN INCIDENCE IN EASTERN EUROPE PUTTING PRESSURE ON HEALTHCARE SYSTEMS



HEAVY FINANCIAL BURDEN TO WESTERN HEALTHCARE SYSTEMS

MORE COMMON IN NORTH & WEST EUROPE

MORE COMMON IN NORTHERN
AND WESTERN REGIONS OF
EUROPE, ESPECIALLY FOR
CROHN'S DISEASE



A NORTH: SOUTH AND AN
EAST: WEST GRADIENT IN THE
INCIDENCE OF BOTH CROHN'S
DISEASE AND ULCERATIVE COLITIS.



AVAILABILITY OF DRUGS,
INVESTIGATIONS AND TREATMENT
STRATEGIES VARY SIGNIFICANTLY
ACROSS EUROPE

Many people with IBD have frequent relapses or continuous active disease that often results in complications requiring hospitalisation and/or surgery. Treatment strategies vary widely across Europe, which is likely to affect cost and clinical outcomes. The long-term impact of IBD in terms of direct and indirect costs and the burden on the individual is huge. Direct costs associated with IBD have increased significantly over the past decade, primarily as a result of the increased use of biological therapies.

The Survey reported that the impact of IBD on the social and psychological development of paediatric patients is often overlooked and should be explored further.

Worrying increases in the incidence and prevalence of IBD, inconsistent treatment practices, and high rates of complications contribute to a poor outlook for young people with IBD in Europe.

Oesophageal and gastric cancer

Oesophageal and gastric cancer account for around 6% of all cancers in men and 3% of all cancers in women. Oesophageal cancer typically affects people aged between 60 and 80 years, with the most important risk factors being severe, longstanding gastro-oesophageal reflux disease (GORD), smoking and heavy alcohol consumption. There were 34,534 new cases of oesophageal cancer recorded in the EU in 2012, with an incidence rate of 6.9 per 100,000 population. The incidence is highest in north eastern European countries.

GASTROINTESTINAL CANCER INCIDENCE...

LEADING CAUSE
OF CANCER DEATH
IN EUROPE

MOST COMMON
MALE
CANCER



THE MOST COMMON CANCER IN
MEN AND THE SECOND MOST
COMMON IN WOMEN

LOWEST INCIDENCE
SCANDINAVIA

LOWEST REPORTED INCIDENCE
FROM SCANDINAVIA AND
NORTH WEST EUROPEAN
COUNTRIES

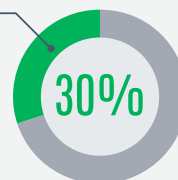
684,000
CASES

INCIDENCE OF 684,000 CASES
ACROSS 27 EU MEMBER STATES
IN 2012

HIGHEST INCIDENCE
NORTH EAST EUROPE

HIGHEST REPORTED INCIDENCE
FROM NORTH EASTERN EUROPE

ALL NEW
MALE
CANCERS



ACCOUNTED FOR 30% OF ALL
NEW CANCERS AMONG MEN
AND 25% AMONG WOMEN

Highest incidence
amongst men in eastern
Europe, lowest in western and
southern regions

PANCREATIC CANCER

Mortality highest in parts of UK,
Scandinavia, Eastern Europe
and the Netherlands



Expected to continue
falling throughout Europe

GASTROINTESTINAL CANCER MORTALITY

Potentially levelling
or increasing in the longer
term for parts of
western Europe

Highest incidence in the
UK, Netherlands and Ireland

OEESOPHAGEAL CANCER

Increase in population
mortality for oesophageal
cancer predicted to increase
over the next 10 years

Usually highest in
central and western Europe

ONE AND FIVE YEAR SURVIVAL

Appears to be lowest
in eastern Europe

Gastric cancer also mainly affects older people, with 80% of cases diagnosed between the ages of 60 and 80 years. The main risk factor for gastric cancer is longstanding *H. pylori* infection. More than 80,000 new cases of gastric cancer were reported in the EU in 2012, with an incidence rate of 20.6 per 100,000 population. There is a strong east/west gradient in the incidence of gastric cancer, which reflects the higher prevalence of *H. pylori* infection in eastern Europe and parts of southern Europe.

Projections for mortality due to oesophageal and gastric cancer indicate continuing reductions across the continent.

These potentially preventable cancers continue to exert a heavy toll on our elderly population in Europe, but mortality rates are falling across the continent, with further reductions predicted.

Colorectal cancer

Colorectal cancer (CRC) is the most common GI cancer in Europe, with 342,137 new cases recorded in the EU in 2012. The incidence of CRC is higher in men than in women. The main risk factors for CRC include a family history of the condition, the hereditary conditions, Lynch syndrome or familial adenomatous polyposis, and long-term IBD. Other risk factors include diabetes, diets low in fibre and high in saturated fats, a sedentary lifestyle, exposure to radiation, heavy alcohol consumption and tobacco smoking.

The prognosis for CRC is relatively good compared with other GI malignancies and there is relatively little variation in reported survival across most European countries. Population-based mortality for CRC has been falling for several decades in most western, northern and central European countries. However, mortality is continuing to increase in many eastern European countries – particularly in men – and in some parts of southern Europe.

**MOST
COMMON
GI CANCER**

COLORECTAL
CANCER IS
THE MOST
COMMON
TYPE OF GI
CANCER IN
EUROPE

**342,137
NEW CASES**

342,137 NEW CASES (14.3%
OF ALL CANCERS) RECORDED IN
THE EU IN 2012

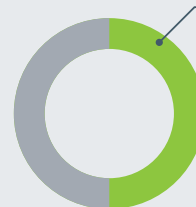
**HIGHER
MALE
INCIDENCE**



INCIDENCE HIGHER AMONGST MEN
(79 PER 100,000) THAN WOMEN (54)

**68 INCIDENCES
PER 100,000**

INCIDENCE RATE OF 68 PER
100,000 POPULATION



**HALF
ALL GI
MALIGNANCIES**

ACCOUNTS FOR ABOUT HALF OF ALL GI
MALIGNANCIES IN EUROPE



**£480
MILLION**

ANNUAL COST OF TREATMENT IN THE
UK ALONE TOTALS OVER £480 MILLION



HIGHEST INCIDENCE AMONGST WOMEN
REPORTED IN NORTH WESTERN EUROPE



HIGHEST INCIDENCE AMONGST
MEN APPEARS TO BE IN PARTS OF
EASTERN EUROPE

POPULATION BASED MORTALITY

FALLING IN ALMOST ALL WESTERN,
NORTHERN AND CENTRAL
EUROPEAN COUNTRIES



PREDICTED TO CONTINUE
FALLING FOR UP TO A DECADE
ACROSS NORTHERN AND
WESTERN EUROPE THEN LEVEL
OFF OR INCREASE



INCREASING IN MANY EASTERN
EUROPEAN COUNTRIES,
PARTICULARLY FOR MEN



PREDICTED TO INCREASE OR
REMAIN STATIC IN EASTERN
EUROPE OVER NEXT DECADE



INCREASING IN SOME SOUTHERN
EUROPEAN COUNTRIES INCLUDING
GREECE, PORTUGAL AND SPAIN



CRC screening programmes are well established in most European countries, however, participation rates vary widely, and their impact on mortality has not yet been fully established.

Our most common GI cancer is now associated with a relatively good prognosis and improved survival rates in most European countries. However, mortality is increasing in many parts of Eastern Europe.

Liver disease

Chronic liver disease has been estimated to affect almost 30 million people in the EU, although difficulties obtaining data from individual countries hinder the global evaluation of the burden of liver disease in Europe. Chronic liver disease is caused by a range of conditions that result in liver injury and dysfunction, including heavy alcohol consumption, hepatitis B or C infections, exposure to certain drugs and toxins, and metabolic syndromes related to being overweight and obesity.

Chronic alcohol consumption is the primary cause of chronic liver disease in Europe, although, in some regions, hepatitis B and C infections are also major risk factors. Alcohol consumption decreased during the 1990s, but increased steadily during the last decade to reach hazardous levels in many European countries. Mortality from chronic liver disease is well documented in Europe, with the highest rates reported in eastern and north eastern countries. Liver disease caused by alcohol consumption is by far the most lethal form of the condition. The prognosis for people with late-stage liver disease remains dismal and has not improved substantially over the last 50 years.

Alcohol consumption has reached hazardous levels in many European countries, contributing to the growing burden of liver disease. The prognosis for people with late-stage liver disease remains dismal.

ALCOHOL-RELATED LIVER DISEASE

INCREASES IN HOSPITALISED CASES OF ALCOHOLIC LIVER DISEASE OVER THE LAST TWO DECADES ARE WIDESPREAD



122% FINLAND
166% SCOTLAND
138% ENGLAND AND WALES



ACROSS EUROPE ALCOHOL IS GENERALLY REGARDED AS THE LEADING CAUSE OF LIVER DISEASE

EUROPE HAS THE HIGHEST LEVELS OF ALCOHOL DRINKERS IN THE WORLD

12.5 LITRES

EACH EUROPEAN CONSUMES 12.5 LITRES OF PURE ALCOHOL – MORE THAN DOUBLE THE WORLD AVERAGE

EASTERN EUROPEAN COUNTRIES HAVE EXPERIENCED INCREASED LEVELS OF CONSUMPTION OVER RECENT YEARS WHERE HARMFUL DRINKING AND ALCOHOL ABUSE IS HIGHER THAN OTHER PARTS OF EUROPE

1/3

ALCOHOL CONSUMPTION IS THE THIRD CAUSE OF DISEASE AND MORTALITY ACROSS EUROPE

THERE IS CONCERN THAT YOUNGER EUROPEANS ARE DRINKING HEAVILY AND MORE OFTEN

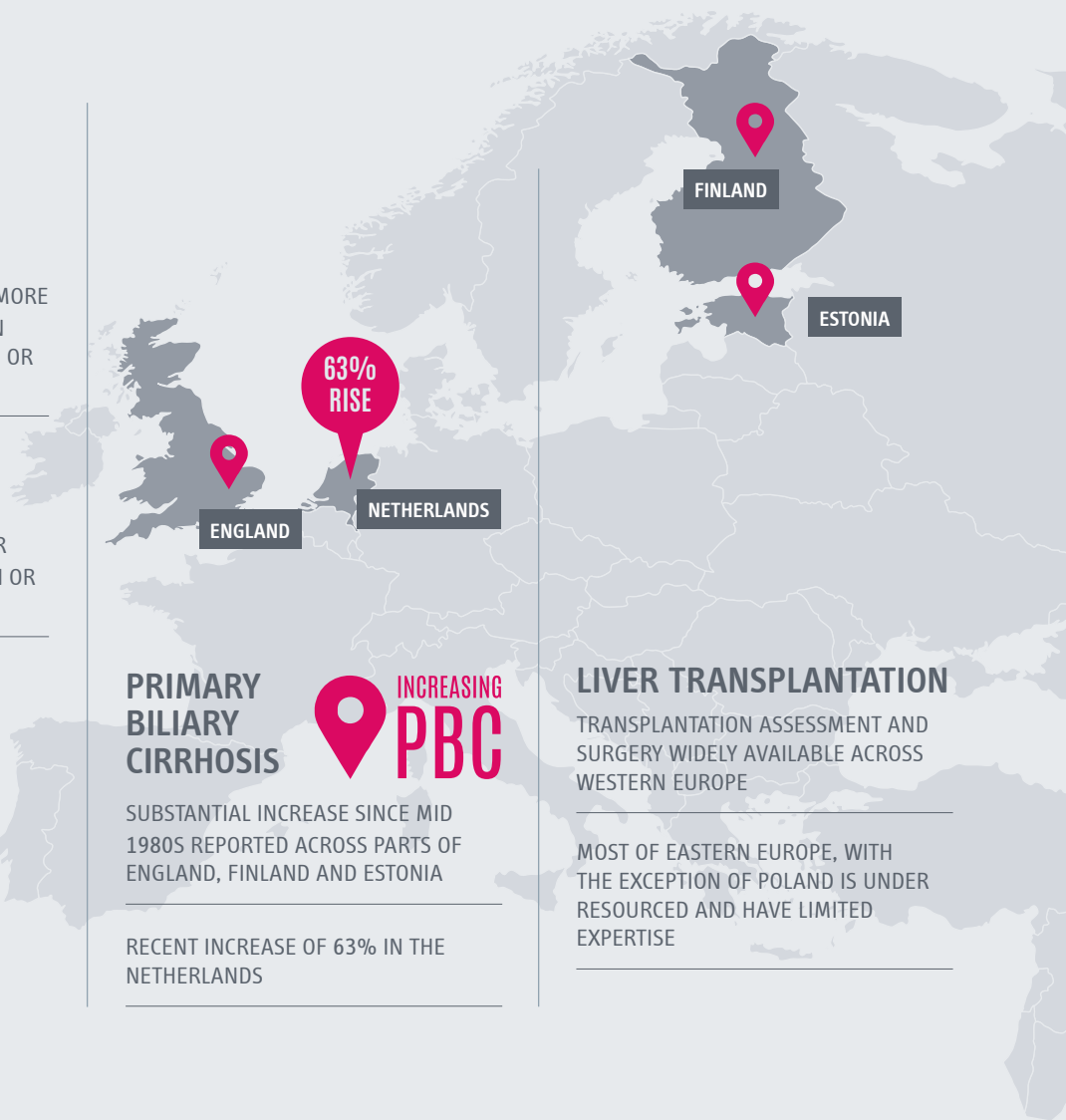
CHRONIC LIVER DISEASE

HIGHEST RATES 30 PER 100,000

HIGHEST RATES OF MORTALITY OF MORE THAN 30 PER 100,000 POPULATION ARE MOSTLY FROM SOME EASTERN OR NORTH EASTERN COUNTRIES

LOWEST RATES 8 PER 100,000

LOWEST RATES OF LESS THAN 8 PER 100,000 MAINLY IN SCANDINAVIAN OR MEDITERRANEAN COUNTRIES.



PRIMARY BILIARY CIRRHOSIS



SUBSTANTIAL INCREASE SINCE MID 1980S REPORTED ACROSS PARTS OF ENGLAND, FINLAND AND ESTONIA

RECENT INCREASE OF 63% IN THE NETHERLANDS

LIVER TRANSPLANTATION

TRANSPLANTATION ASSESSMENT AND SURGERY WIDELY AVAILABLE ACROSS WESTERN EUROPE

MOST OF EASTERN EUROPE, WITH THE EXCEPTION OF POLAND IS UNDER RESOURCED AND HAVE LIMITED EXPERTISE

Hepatitis B and C virus infections

SCREENING COMMON PRACTICE

SCREENING NOW COMMON
PRACTICE ACROSS EUROPE



HIGHEST IN ROMANIA & GREECE

HIGHEST REPORTED INCIDENCE OF
HEPATITIS B IN ROMANIA AND GREECE



HEP B

90%



HEPATITIS B IS TRANSMITTED FROM
INFECTED MOTHERS TO UP TO 90%
OF BABIES ACROSS EUROPE



IN WESTERN EUROPE, HEPATITIS C HAS BEEN REPORTED TO LEAD TO...

70%

70% OF ALL CASES OF
CHRONIC HEPATITIS,

40%

40% OF ALL CASES OF
LIVER CIRRHOSIS, AND

60%

60% OF ALL CASES OF
HEPATOCELLULAR CANCER



HIGHEST IN ITALY & ROMANIA

HIGHEST REPORTED
INCIDENCE OF
HEPATITIS C IN
PARTS OF EASTERN
AND SOUTHERN
EUROPE INCLUDING
ITALY AND ROMANIA

21%
DISCRIMINATED
AGAINST
IN THE WORKPLACE



THROUGHOUT EUROPE, 21% OF THOSE
WITH THE HEPATITIS C VIRUS (HCV) HAD
BEEN DISCRIMINATED AGAINST IN THE
WORKPLACE

LEADING CAUSE OF
LIVER
TRANSPLANTATION



The liver diseases, due to hepatitis B and C viruses, affect millions of Europeans, with the highest prevalence found amongst those who inject drugs. Hepatitis B is spread primarily through unprotected sex and contaminated needles, although perinatal transmission remains an important source of infection across Europe. While most cases of hepatitis C are found amongst intravenous drug users, blood transfusions, other medical procedures, unprotected sex, tattooing equipment and transmission from mother to baby are also important modes of virus transmission. Co-infection with both viruses may occur.

Surveillance systems for hepatitis B and C differ widely across Europe and although EU notification rates of 3.5 cases per 100,000 (hepatitis B) and 7.8 cases per 100,000 population (hepatitis C) have been reported by the European Centre for Disease Prevention and Control, these figures are likely to be an underestimate of the true situation.

The highest rates of notification for hepatitis B are currently in northern European countries such as Poland, Sweden, the UK, Latvia and Ireland. For hepatitis C, the highest rates are in Scandinavia and other parts of northern or eastern Europe.

Effective hepatitis virus surveillance systems are now in place in most European countries and these have had a major impact on the healthcare burden of these conditions. Nevertheless, from the research highlighted in the Survey, hepatitis B and C continue to exert a heavy personal burden on affected individuals, with frequent physician visits, poor work performance and discrimination in the workplace commonly reported.

Effective hepatitis surveillance systems have reduced the healthcare burden of hepatitis B and C across Europe, but affected individuals continue to pay a heavy price.

GI diseases in children

The Survey of Digestive Health Across Europe evaluated a range of GI disorders that frequently affect children, including IBD, GORD, dyspepsia, *H. pylori* infection, coeliac disease and recurrent abdominal pain – all of which add to the burden of illness in Europe. The Survey reported that the incidence of many paediatric disorders was increasing in many countries, yet the impact of these conditions on the child's social and psychological well-being is often overlooked.

Paediatric IBD is of particular concern, since up to 30% of cases of IBD begin in childhood, and studies suggest its prevalence is on the increase. Unfortunately, the Survey has emphasised the disparity between the quality of services provided to adults and that offered to children, and the lack of information on how children transition from paediatric to adult care.

Two welcome developments in the management of paediatric IBD are highlighted in the survey reports: joint publication by European Crohn's and Colitis Organisation (ECCO) and the European Society for Paediatric Gastroenterology, Hepatology and Nutrition (ESPGHAN) of the first paediatric specific guidelines for IBD patients and the initiation of the EUKIDS registry.

The incidence of many childhood GI disorders is increasing in many countries, yet the impact of these conditions on the child's social and psychological well-being is often overlooked.

GORD

2–10%
OF YOUNG
PEOPLE



INCIDENCE VARIES FROM
2 – 10% OF YOUNG
PEOPLE ACROSS EUROPE

MOST FREQUENT IN
INFANTS BETWEEN ONE
AND FOUR YEARS WITH
RISK FACTORS INCLUDING
LOW BIRTH WEIGHT AND
COW'S MILK ALLERGY

INFANTS
BETWEEN
1–4 YEARS

HELICOBACTER PYLORI

HIGHEST INCIDENCE
AMONGST YOUNG
PEOPLE REPORTED
FROM EASTERN EUROPE
ALONG WITH PARTS OF
WESTERN EUROPE

PAEDIATRIC INFLAMMATORY BOWEL DISEASE, COELIAC DISEASE AND OESOPHAGITIS ARE INCREASING IN MANY EUROPEAN COUNTRIES

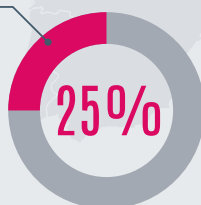


HIGH PREVALENCE
OF FUNCTIONAL
GI DISORDERS IN
CHILDREN

**30%
OF ALL
IBD CASES**

CHILDHOOD-
ONSET IBD
ACCOUNTS
FOR ABOUT
20 TO 30%
OF ALL CASES
OF IBD

**DIAGNOSED
DURING
CHILDHOOD**



UP TO ONE IN FOUR CASES
OF IBD PRESENT AND ARE
DIAGNOSED DURING CHILDHOOD
(UNDER THE AGE OF 16 YEARS)

PAEDIATRIC-ONSET IBD INCREASE



A RECENT REVIEW OF THE INCIDENCE
AND PREVALENCE OF PAEDIATRIC-
ONSET IBD REPORTED A GENERAL
TREND FOR AN OVERALL INCREASE
OVER THE PAST FEW DECADES

HIGHEST INCIDENCE CROHN'S DISEASE

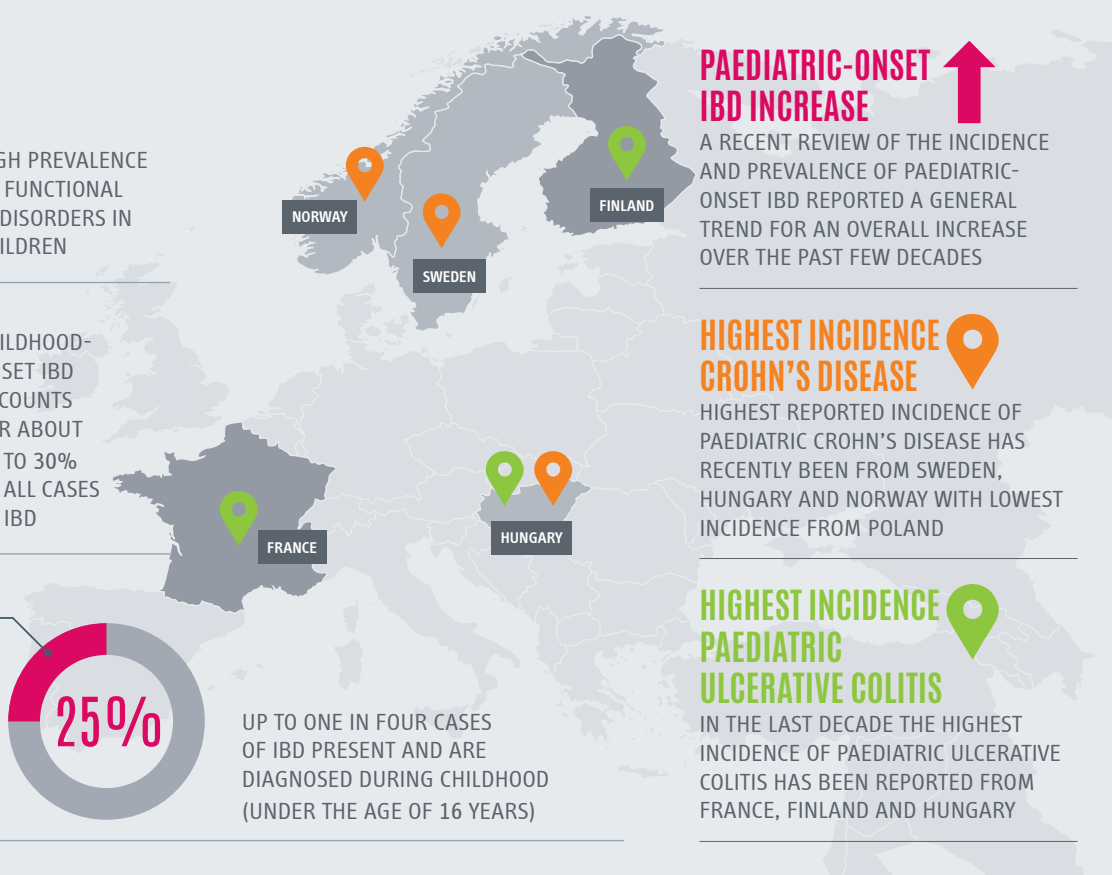


HIGHEST REPORTED INCIDENCE OF
PAEDIATRIC CROHN'S DISEASE HAS
RECENTLY BEEN FROM SWEDEN,
HUNGARY AND NORWAY WITH LOWEST
INCIDENCE FROM POLAND

HIGHEST INCIDENCE PAEDIATRIC ULCERATIVE COLITIS



IN THE LAST DECADE THE HIGHEST
INCIDENCE OF PAEDIATRIC ULCERATIVE
COLITIS HAS BEEN REPORTED FROM
FRANCE, FINLAND AND HUNGARY



Screening

VARIATION IN SCREENING STRATEGIES...

FROM VOLUNTARY GUIDELINES (UK) MULTIPLE NATIONAL GUIDELINES (FRANCE AND GERMANY) TREATMENT PATHWAYS (FRANCE AND ITALY) AND ONLINE ONCOLOGY DATABASES (NETHERLANDS AND FRANCE)

HEPATITIS SCREENING PROGRAMMES...

ARE WIDESPREAD ACROSS EUROPE WITH ONLY A FEW EXCEPTIONS, NOTABLY LITHUANIA, LUXEMBOURG AND ROMANIA

POPULATION SCREENED

PERCENTAGE OF POPULATION SCREENED FOR CRC VARIES FROM 2.6% IN MALTA TO 54.2% IN GERMANY WITH DATA LACKING FOR MUCH OF EUROPE



PARTICIPATION RATES VARY

REPORTED PARTICIPATION RATES FOR COLORECTAL CANCER (CRC) SCREENING PROGRAMMES VARY FROM 20% (CROATIA) TO 70% (FINLAND)



REGIONAL DISPARITIES

DISPARITIES IN PROVISION EXISTS ACROSS REGIONS WITH 71.6% OF NORTHERN ITALIANS HAVING ACCESS TO CRC SCREENING VERSUS 7% OF ITALIANS IN THE SOUTH





CURRENTLY NO EUROPE-WIDE
CONSENSUS OVER SCREENING FOR
HIGH-RISK GENETIC GROUPS



DEMAND FOR SCREENING PREDICTED
TO RISE WITH AGEING POPULATION



MUCH OF EUROPE WILL BE ILL
EQUIPPED TO FUND AND RESOURCE
MORE WIDESPREAD SCREENING
PROGRAMMES AND SUBSEQUENT
INCREASES IN ENDOSCOPIC AND
CANCER SERVICES

Colorectal cancer (CRC) screening programmes are now well established in most European countries. The type of screening programme varies widely from population-based faecal occult blood testing to the targeted use of screening using flexible sigmoidoscopy or colonoscopy. Participation in population-wide CRC screening also varies widely across Europe. The Survey highlights the possibility that CRC screening programmes may potentially disadvantage other patient groups that require regular endoscopy services, pointing to significant variation in endoscopy services and capacity across Europe.

Screening for hepatitis B and C is also common practice across European regions, since early detection is critical for successful treatment and eradication of the disease. Screening now plays a crucial role in the fundamental function of hepatitis services, with most countries adopting routine screening for blood-borne viruses during pregnancy and some introducing additional screening programmes for high-risk groups. While these programmes may be heterogeneous, they have been credited with markedly reducing the burden of infectious hepatitis in Europe.

CRC screening programmes are well established in most European countries, although the types of programme and participation rates vary widely. Hepatitis B and C screening programmes have markedly reduced the burden of infectious hepatitis across Europe.

Training

High quality, standardised gastroenterology training is critical to future service delivery in Europe, however, significant heterogeneity remains in the delivery of education across the continent. Major differences in terms of the length of gastroenterology training, training methodologies used, and levels of supervision were identified by the Survey, with under-training reported in several key areas.

There is an absence of evidence from European countries on both the content and quality of postgraduate and undergraduate training in gastroenterology. The Survey identified a need to map different national curricula for postgraduate and undergraduate education within the European curriculum and to address the predicted future needs of the European population.

Both the knowledge-based examination developed by the European Board of Gastroenterology and Hepatology (EBGH) and the European training syllabus in paediatric gastroenterology developed by ESPGHAN are considered important initiatives to improve standards of training and reduce variability of practice across Europe and are highlighted in the Survey.

Significant heterogeneity in the delivery of gastroenterology education and training in key areas of GI medicine have been identified across the continent. This could potentially impact future service delivery in Europe.

TRAINING VARIES FROM 4–9 YEARS 

GASTROENTEROLOGY TRAINING IN EUROPE VARIES FROM 4 – 9 YEARS WITH A MEDIAN OF 5 – 6 YEARS

INFLAMMATORY
BOWEL DISEASE
NURSE
INCREASINGLY
IMPORTANT



THROUGHOUT MUCH OF EUROPE THE INFLAMMATORY BOWEL DISEASE NURSE IS INCREASINGLY IMPORTANT IN MANAGING PATIENTS

 CLINICS ARE
AD HOC

MULTI-DISCIPLINARY CLINICS ARE AD HOC IN MOST EUROPEAN COUNTRIES OCCURRING ONLY IN THE LARGER HOSPITALS

A SURVEY OF
10 EUROPEAN
COUNTRIES
HIGHLIGHTED
A LACK OF
STANDARDISED
TRAINING

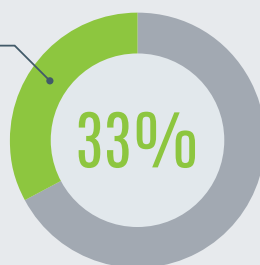
**LACK OF
STANDARDISED
TRAINING**



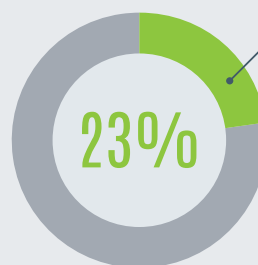
**VARIATION
IN CRC
SCREENING**

VARIATION IN COLORECTAL
CANCER SCREENING
AND OUTCOMES IS
PARALLELED BY VARIATION
IN ENDOSCOPY SERVICES
AND CAPACITY ACROSS
EUROPE

33% OF TRAINEES
IN THEIR LAST YEAR
FELT UNDER TRAINED
IN ENDOSCOPIC
PROCEDURES



**TRAINEES
FELT UNDER
TRAINED**



23% IN THEIR LAST YEAR
FELT UNDER TRAINED IN
HEPATOLOGY

**FEW UTILISE
NURSE
ENDOSCOPY**



CURRENTLY FEW COUNTRIES UTILISE
A NURSE ENDOSCOPY WORKFORCE



**HARMONISED
TRAINING
PROGRAMME**

THE EUROPEAN SOCIETY OF GASTROENTEROLOGY AND
ENDOSCOPY NURSES AND ASSOCIATES (ESGENA) HAS DRIVEN A
COLLABORATION BETWEEN EUROPEAN COUNTRIES TO ESTABLISH
A HARMONISED TRAINING PROGRAMME FOR ENDOSCOPY NURSES

The results of this survey have highlighted that there is generally poor reporting of the quality of life and economic impact of gastrointestinal disorders from the majority of European countries. Future research is required that will study incidence, prognosis and the public health burden of numerous GI conditions across Europe.

Specifically, research is needed to address the weak evidence base relating to the prevalence and public health burden of most liver diseases, the optimal tool for predicting the need for liver transplantation and the impact of minimal alcohol pricing levels.

Interested and specialist European groups need to address the absence of published work on the benefits of transitional clinics for inflammatory bowel disease and the psychological benefit for paediatric patients with IBD.

Accurate mapping of existing workforce data per head of population is a priority to ensure effective planning of future services and workforce training.

“

The Survey of Digestive Health Across Europe highlights some areas of good practice as well as showing many areas that require attention at both a national and European level. Our hope is that, ultimately, the Survey and the reports generated will help to improve care and health outcomes and reduce inequalities across the continent.

”

Michael Farthing, UEG President



Together we can advance
gastroenterological care

Starting the Conversation

Share your thoughts and comments on the situation across Europe and the priorities for improving service provision [@my_UEG](#) [#shapingGI](#)

To download the infographics or a summary of the Survey visit www.ueg.eu/research/activities

The full report can be found at:
ueg.sagepub.com/site/White_Book/White_Book.xhtml

