A COMPARISON OF HOME AND HOSPITAL TREATMENT OF PATIENTS WITH PEPTIC ULCERATION ON A LIBERAL DIET*

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In a previous paper³ I concluded that treatment in hospital of patients with peptic ulceration on a liberal diet gave results as good as those obtained in hospital by strict dieting, strict dieting plus robaden or a liberal diet plus robaden. Doll² also found that patients with gastric ulcers treated in hospital did as well on an almost normal diet as those given a strict ulcer diet. He found that his gastric and duodenal ulcer patients treated at home did as well on an almost normal diet as did those treated at home on a strict ulcer diet (12 months follow-up). Avery Jones¹ stresses the importance of bed rest and good rapport between physician and patient and he is not convinced of the value of dietetic measures in peptic ulceration. Rossett,⁵ on the other hand, advocates ambulatory treatment together with strict dieting and l-hyoscyamine.

The present study is an attempt to decide whether, in fact, admission to hospital is beneficial in the treatment of uncomplicated peptic ulceration and is based on a follow-up of ulcer patients seen by me since 1954.

Material and Method

The patients were drawn from a mixed industrial and agricultural community. After radiological confirmation of the diagnosis in the out-patient clinic the patient's name was added to a rota which decided whether they were to be treated at home or in hospital on an identical liberal diet, rest and symptomatic magnesium trisilicate powder. Those considered to be in need of surgery when they were first seen (irrespective of whether they were operated upon or not) were not included in the series.

The series consisted of patients followed up for at least six months. There were 122 patients with duodenal ulceration, of whom 29 were

female, and 25 patients with gastric ulceration, of whom 13 were female. In addition there were two male patients with both gastric and duodenal ulceration. Those admitted were kept in hospital for four weeks and then sent home on the same régime for a further two weeks, whilst those treated at home were given written instructions of the régime to be followed for six weeks. At the end of the six-week period the patients were seen by me at the out-patient clinic. If all was well they were then advised to return to work whilst keeping to their liberal diet and symptomatic antacid therapy. They were asked to come and see me again after three months and subsequently every six months, but were encouraged to come earlier if they had a severe relapse of symptoms.

The diet consisted of simple mixed food with the exclusion of such indigestible things as pickles, strong condiments, etc. (see Evans, 1954).

It is thought that the patients in each therapeutic group are comparable, as can be seen from Table I.

TABLE I

Treatment group	No. of cases		Average age	
	G.U.	D.U.	G.U.	D.U.
Liberal diet at home . .	12	63	46	41
Liberal diet in hospital	13	59	51	44

The history of previous haemorrhage and perforation and the alcohol and tobacco habits were similar in each group, as was the length of the present attack of ulcer pains.

The results have been classified as grades A, B, C and D.

A=No dyspepsia in the follow-up period.

B=No more than mild dyspepsia in the follow-up period and *not more than* two weeks away from work because of ulcer symptoms.

C=Major dyspepsia during the follow-up

*Based on a paper read to the 1959 Meeting of the Society of Physicians in Wales.

TABLE II

HOME TREATMENT (63 CASES)				HOSPITAL TREATMENT (59 CASES)		
Results (Grade)	Number	Average duration of previous symptoms in months	Average length of follow-up (A and B) and time to severe relapse or surgery (C and D) in months	Number	Average duration of previous symptoms in months	Average length of follow-up (A and B) and time to severe relapse or surgery (C and D) in months
A	26 (41%)	53	} 34½	26 (44%)	79	} 36½
B	14 (22%)	77		14 (24%)	71	
C	10 (16%)	76		12 (20%)	72	
D	13 (21%)	57		7 (12%)	70	

period and *at least* two weeks away from work because of ulcer symptoms.

D=Gastro-duodenal surgery during the follow-up period.

Results

Patients with Duodenal Ulceration

Table II gives the results achieved and the length of previous ulcer symptoms in those treated at home and in hospital.

TABLE III

Results (grades)	Home treatment (63 cases), No. and percentage	Hospital treatment (59 cases) No. and percentage
A and B	40 (63%)	40 (68%)
C and D	23 (37%)	19 (32%)

Perhaps a fairer comparison can be obtained by combining the A with the B results and the C with the D results, because my experience is that once patients have had *hospital* medical treatment they are not as willing to undergo surgery, when advised, as those who were treated initially at home.

The above two tables show no very striking evidence of the value of hospital admission in the treatment of uncomplicated duodenal ulceration.

In both groups there was a high incidence of 'worriers', but worries and being a 'worrier' did not appear to influence the results in the follow-up period. Previous heavy drinking had a slightly adverse effect on the prognosis, but the

previous smoking habits had no marked effects on the results. Regarding weight changes, from when first to when last seen, treatment at home or in hospital had little influence.

Patients with Gastric Ulceration

The numbers were much smaller and so the results must be treated with some reserve. Table IV gives the results and length of previous ulcer symptoms in those treated at home and in hospital.

The above figures suggest that in uncomplicated cases there is little to be gained from hospital admission although it must be realized that, quite by chance, the hospital-treated cases had a longer history of ulcer symptoms.

There was no correlation between the results achieved and worries and the worrying temperament, but there was a surprisingly high incidence of 'worriers' among patients with gastric ulceration. During the follow-up period those treated at home had more chance of putting on weight than those treated in hospital.

Finally there were two patients with combined gastric and duodenal ulceration. A male, aged 52, treated at home, has remained well at follow-up 18 months later, and a male, aged 56, treated in hospital, came to surgery 20 months later because of a severe relapse of pain.

Discussion

Finer and Fry,⁴ as a result of their experience in mixed suburban general practice, found the

TABLE IV

HOME TREATMENT (12 CASES)				HOSPITAL TREATMENT (13 CASES)		
Results (grades)	Number	Average duration of previous symptoms in months	Average length of follow-up (A and B) and time to severe relapse or surgery (C and D) in months	Number	Average duration of previous symptoms in months	Average length of follow-up (A and B) and time to severe relapse or surgery (C and D) in months
A and B	7	24	39	9	81	37
C and D	5	65	9	4	108	16

incidence of peptic ulceration to be 17.7 per 1,000 (total number of patients in the two practices about 10,000). In a 2½-year follow-up period they had no deaths attributable to peptic ulceration; 30 per cent. of their ulcer patients required no medical attention. In 70 per cent. of cases the attendances were less than for the practices as a whole, whilst 66 per cent. of their ulcer patients lost no time from work because of their ulcers. Elective surgery was undertaken in 25 per cent. of their cases with good results.

The Registrar-General, in his Decennial Supplement for England and Wales, 'Occupational Mortality', Part II, Vol. 1, 1951, found that at ages 20 to 64 male mortality from gastric and duodenal ulceration (and especially from gastric ulceration) was strongly associated with social class, the mortality rising steeply from social class I (highest) to social class V (lowest). The same tendency was shown by women as far as gastric ulceration was concerned, but there was no correlation in women between class and mortality from duodenal ulceration.

My findings, together with those of others, suggest that patients with uncomplicated peptic ulceration can be satisfactorily treated at home on a liberal diet, *provided* that the home conditions are reasonably good, thereby easing the pressure on hospital medical beds. I am sure

that good rapport between patient and physician is valuable and enables many patients to learn to live with their ulcers. Surgical help should not, however, be delayed unduly. My practice is to advise surgery (provided there are no contra-indications) if the patient relapses after one or at the most two courses of medical treatment.

Summary

As a result of a follow-up study of 149 patients with peptic ulceration it is concluded that treatment at home, on a liberal diet, gives results comparable with those obtained by treatment in hospital on the same diet, provided that the home conditions are reasonably good.

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