

# A sedentary lifestyle (answers on page 33)

## Part one

Joseph, aged 56, has been overweight most of his adult life. He puts his obesity down to his sedentary job (he works as a truck driver) and the fact that his long hours at the wheel leave him little chance to exercise. Once home after a long day, he just wants to sit down and relax with a cigarette. For a few years he has also had what he calls 'indigestion', which he said 'mainly amounted to a burning sensation behind the lower half of his breastbone'. It had always responded immediately to a 'slurp' (his word) of a proprietary antacid liquid, but it was now appearing when he laid down to sleep at night – so much so that he was now using three pillows to avoid lying flat. He had not had acid reflux into his mouth. Nevertheless his wife badgered him to come to the doctor.

Joseph hadn't lost any weight – in fact he said he had put a few kilos on in the past year. The extra fat was mainly distributed around his abdomen. His heart rate and blood pressure were normal. On auscultation there was a slight 'crackle' in his right lung on breathing out, which may have been related to his peak flow rate of only 300. He admitted to being a fairly heavy smoker since he was 16 — around 20 cigarettes a day — but he had never drunk alcohol, mainly because drinking did not fit in with his job as a driver.

**Q1 What is your first instinct in Joseph's case?**

- (a) The lack of weight loss rules out more serious causes of his heartburn and lung problem.
- (b) The fact that he doesn't drink makes oesophagitis less likely.
- (c) There are too few 'red flag' signs for you to investigate further, and he could be tried first of all on an H2 antagonist such as omeprazole.
- (d) He needs a chest X-ray to rule out serious lung disease.
- (e) He is a prime subject for Barrett's oesophagus, and this possibility should be investigated further.

## Part two

**Q2 To turn away from Joseph's individual case for a moment, which of the following are the risk factors for Barrett's oesophagus?**

- (a) Excess alcohol consumption
- (b) Smoking
- (c) Female sex
- (d) Central obesity
- (e) Hiatus hernia
- (f) Age under 50 years

## Part three

**Q3 Barrett's oesophagus is considered to carry the risk of becoming cancerous. Which of the following are factors that will promote this change?**

- (a) None – it is a benign condition
- (b) Male sex
- (c) Obesity
- (d) Genetic factors
- (e) Alcohol

## Part four

**Q4 When Barrett's oesophagus is diagnosed on endoscopy, what are your next steps?**

- (a) Control the symptoms of gastro-oesophageal reflux disease (GORD) with pharmacological means and advice on lifestyle.
- (b) Arrange for long term follow up every year.
- (c) Determine whether there is epithelial dysplasia before making any decision about follow-up.
- (d) If medical treatment successfully removes all symptoms there is no need for follow-up unless they return.
- (e) Barrett's oesophagus does not resolve into a normal epithelium, so that even if there are no symptoms there should always be long term follow-up.