

Assessment of the usefulness of a diagnostic test: A survey of patient preference for diagnostic techniques in the evaluation of intestinal inflammation

ABSTRACT

The reported precision of white cell scanning, in conjunction with the patient preference, confirms the usefulness of this diagnostic method for IBD diagnosis.

INTRODUCTION

The study of the role of intestinal inflammation in the etiology of irritable bowel syndrome (IBS) is one of the most important in the field of gastroenterology. A large number of studies have been performed in this area and the results are very promising. This study included the assessment of the usefulness of a diagnostic test: a survey of patient preference for diagnostic techniques in the evaluation of intestinal inflammation.

Methods:

Patients were assessed for IBS using the C-reactive protein, the lactulose-glucose-glucose index, and the inflammatory bowel disease index (IBDI). The patients were divided into two groups: those who admitted to a gastroenterologist for IBS and those who did not. The IBS prevalence The radio labeled white cell scan has been proven to be an accurate method of diagnosing inflammatory bowel disease. In spite of this, 97% of the patients we tested for sensitivity and 100% of that for specificity were still positive after using Indium111 instead of Technetium99. This accuracy is significant because it is not based on the determination of disease activity but on its ability to accurately detect disease with minimal changes in clinical practice. We aimed to determine the clinical utility of this diagnostic intervention by further research. The likelihood of patients deciding to use the intervention is a crucial factor in determining clinical effectiveness. Therefore, patient preference is an important consideration when evaluating clinical value. To test its usefulness, we conducted surveyed and asked participants to rank their preferred method of diagnosing intestinal inflammation using white cell scanning.

CONCLUSION

The survey was divided into two groups to determine the appropriate level of proficiency for each exam: those who had all the tests themselves and were burdened with chronic illness, but those whose symptoms were representative of a healthy population and had no or minimal experience with the test. The latter group may not have decided enough yet to follow their physician's recommendations and may eventually need to decide how frequently to use testing in evaluating disease activity; both chose WCS over barium enema and colonoscopy, except for expressing concern about the time it takes to perform the same procedure (Figure