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The Nicaragua Experience



By Mike Lawson, MD

In June, I accompanied eight medical students on a UC Davis field trip to Leon in Nicaragua. Leon has a population of 200,000 with per capita income \$2,200 per year. A global health system has been the vision of Dr. Michael S. Wilkes, Vice Dean of Medical Education.

Some visited families to confirm vaccination status of children in the household, while others headed for the mountains to visit a health co-op attached to a coffee plantation.

I and two students attended urgent care type clinics, while other students observed surgeries or followed other specialists. We would arrive at 7:30 a.m. at the clinic with 60 to 70 people lined up and waiting. They were orderly and patient.

Our clinic director was friendly and obliging, and we were given the break room for history taking and physical exam. We were provided a formulary of drugs that we could prescribe at no charge and basic labs were free but any imaging studies would incur cost and would often require specialist referral.

There was a preponderance of somatic complaints mostly in women, and we spent much of our time explaining the brain gut connection. We also prescribed a lot of nortriptyline. Similar to Western society, patients with functional complaints were often misdiagnosed and inadequately treated.

Nicaraguans have been caught in intense civil wars between 1975 and 1985; including the Sandinista Revolution (1975–1979) and the Contra War (1981–1985); many inhabitants of Leon have been exposed to war trauma.

In addition, domestic violence is prevalent, occurring in 15 percent of families. Therefore, it was no surprise that functional abdominal complaints and somatic syndromes were common. Studies from Leon University's Department of Epidemiology and Health show a prevalence of IBS of 12.8 percent and non-ulcer dyspepsia of 10.8 percent, with a slight female preponderance. Teenage pregnancy is very common with several generations of women supporting each other on small stipends.

In the evening, the UCD preceptors gave lectures at the medical school mostly in English or via interpreters to a mixed medical student audience. The level of comprehension varied but they all seemed to value the information.

I sent my last Sleisinger Gastroenterology textbook to a student who was dedicated to studying gastroenterology. He had started to look at the prevalence of Hepatitis B induced cirrhosis in the Leon population and could not afford a reference book.

Before leaving, we helped our favorite Leon student chaperone celebrate his birthday by baking a Pavlova desert cake and partying at a local night club as part of the cultural exchange.

Finally, we were shown the ruins of the capital, Managua, which resulted from the internal conflicts. We were amazed how the people of Nicaragua survived that turmoil plus the natural disasters of earthquakes and tsunamis.

This is how one student, Andrea Griem, reacted to the trip: “This was an amazing opportunity to learn about practicing primary care medicine in an international setting. It opened my eyes to the challenges unique to practicing global medicine, where typical barriers like limited resources, lack of access to health care, language, and cultural differences are amplified a thousand-fold. MEDICOS Nicaragua has made my first year a richer one with unique clinical experiences that will make me a more well-rounded physician in the future.”

Nicaragua is a country of resilient, forgiving, friendly people deserving of any help that we can provide.

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