



THE ART OF TUMMY TALK

It may sound awfully serious,
but the solution to stomach problems
can be surprisingly simple

by Dr. David Hepburn

Most people aren't as comfortable talking about bodily functions (or dysfunctions) as I am as a doctor. You see, we've got a lot of big fancy words to describe some pretty embarrassing problems, which makes those harrowing trips to the ladies room or that alarming pain in your chest a heck of a lot easier to talk about. Heartburn, diarrhea, uncontrollable flatulence and/or burping, constipation — you name it, I've seen it, and I probably have an official-sounding word to describe it.

The truth is, gastrointestinal (see, that's a big word for "gut") problems are quite common, so don't wait any longer to tell your doctor about your tummy troubles. Learn the lingo and get the help you need.

IBS

You know how that kid in high school would break out in hives whenever he was stressed out? Or how your sister would reach for her asthma inhaler whenever she got nervous? Well, some people have touchy stomachs. Every now and then their digestive system gets all out of whack — often aggravated by stress or certain foods — leading to such delightful symptoms as cramping, bloating, diarrhea and/or constipation, gas and mucous in the stool. Though it

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HOW TO TACKLE GERD

- Don't smoke
- Avoid alcohol, coffee (decaf included), tomato juice, fats, carbonated drinks, chocolate and any other foods and beverages that worsen symptoms
- Never eat within 3 hours before going to bed
- Raise the head of the bed 6 inches by placing some blocks or books under the legs at the head of the bed
Your head should be 6" higher than your tail
- Antacids and other over-the-counter meds can provide occasional relief
- Prescription medications are available that can reduce the acid production
- Surgery as a last resort

can certainly feel like something's seriously wrong, this non-life-threatening-though-admittedly-unpleasant circumstance is what we doctors call irritable bowel syndrome (IBS, for those who would rather avoid the word "bowel" altogether).

IBS comes in three equally disagreeable varieties:

- IBS with constipation. Bloating, stomach pain and discomfort, infrequent bowel movements and hard/lumpy stool are the main feature
- IBS with diarrhea. Stomach pain and discomfort, urgent and frequent bowel movements that are loose and watery, take center stage
- IBS with alternating constipation and diarrhea

Conservative estimates say that a good 10-15% of the population suffers from IBS, though more than half of the folks who have symptoms never say a word about it to their doctor, and so are never diagnosed. Some fear a diagnosis of colon cancer or Crohn's disease. Others attribute their symptoms to something else, like premenstrual syndrome, a spot of bad sushi or an impending visit from the in-laws. IBS is no walk in the park, but the good news is the condition doesn't cause any permanent damage and can usually be kept under control by managing your diet, lifestyle and stress.

GERD

I hated my nickname as a kid. "Heartburn" was the cruel replacement for Hepburn. "Hey Heartburn, wanna belch the alphabet?" I was sure that the nickname was costing me tons of chicks, but despite my best efforts I was stuck with this witty moniker of teenagerdom. I have hated the word heartburn ever since. To this day, I refuse to ask a patient if they suffer from it. Instead, I inquire "Have you noticed any gastroesophageal reflux?"

"What?"

"You know, acid reflux."

"You mean heartburn, doc?"

<wince>

Two out of every five people will experience, you know, heartb*** or acid regurgitation at least once a month, but persistent heartburn may be a sign of something for which



we have a whole different (and ominous-sounding) word: **gastroesophageal reflux disease** or GERD.

Ironically, heartburn has absolutely nothing to do with the heart. Burning pain is felt in the chest when the highly acidic stomach contents slide up out of the stomach and into the esophagus. The two are separated by means of a bulge of muscle known as the **lower esophageal sphincter** or LES. When this sphincter doesn't stay taut and protect the esophagus, acid sneaks up from the stomach into the chest. If this happens every once in a while, it's usually nothing to worry about. GERD, on the other hand, is characterized by symptoms that result from prolonged exposure of the esophagus to acidic contents from the stomach. See, while the very thick and protective stomach lining can handle the powerful hydrochloric acid, the sensitive, wimpy esophagus cannot. Besides digesting food, the acid starts to digest the esophagus. In some cases, this problem can lead to erosion of the esophagus, and over time, a very nasty form of cancer. It's estimated that 5% to 7% of the global population suffers from GERD.

Persistent heartburn or an acidic taste in the back of the mouth is the most frequently reported symptom of GERD, but it's not a prerequisite for a diagnosis. Some people will have chest pain or trouble swallowing,

Even if you already know you have GERD, persistent symptoms aren't something you should keep under wraps

while others' only symptom is a chronically irritated throat. Still others will have no symptoms at all.

Take this case for example, one of my greatest triumphs as an intern. While working under the watchful eye of an experienced MD preceptor, I met 55 year-old Vern Davis (nicknamed VD). "My problem," he told me, "is that I have this cough that just won't go away and I'm constantly clearing my throat." Over the years VD had had allergy tests and X-rays, cough medicines, sinus treatments and asthma inhalers, all to no avail. It was one of those rare moments in my career where

everything just...clicked. His lungs and throat were not the source of his cough and irritated throat, he had heartb... er...acid reflux! I suggested we treat him for GERD. The next time I saw VD, he said he felt better.

If you're experiencing any of these stomach symptoms, don't be afraid to talk to your doctor. Even if you already know you have GERD, persistent symptoms aren't something you should keep under wraps. If you've been prescribed a medication to treat it and you're afraid it's not working as well as it should, take the PASS test below and bring it to your doctor on your next visit. Don't be afraid or embarrassed — we'll talk shop together. 🍷



SELF-TEST

TAKE THE PASS TEST

Are you taking prescription medication for any of the following stomach problems/symptoms: stomach pain or discomfort; heartburn; sour taste in mouth / acid regurgitation; excessive burping / belching; increased abdominal bloating; nausea; early satiety (fullness)?

If yes, please complete the following questions:

1. Are you still experiencing stomach symptoms?

- YES
- NO

2. In addition to your main medication, are you taking any of the following medications to control your symptoms: antacids (e.g. Tums[®], Rolaids[®], Maalox[®]), H₂ blockers (e.g. ranitidine, Zantac[®], Pepcid AC[®]), motility drugs (e.g. domperidone) or others (e.g. Gaviscon[®], Pepto Bismol[®])?

- YES
- NO

3. Is your sleep affected by your stomach symptoms?

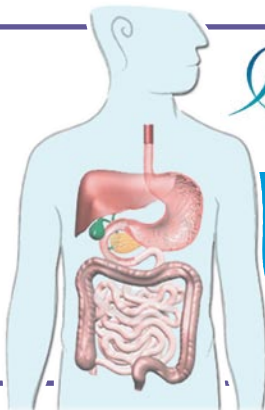
- YES
- NO

4. Are your eating and drinking habits affected by your stomach symptoms?

- YES
- NO

5. At any time do your stomach symptoms interfere with your daily activities?

- YES
- NO



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