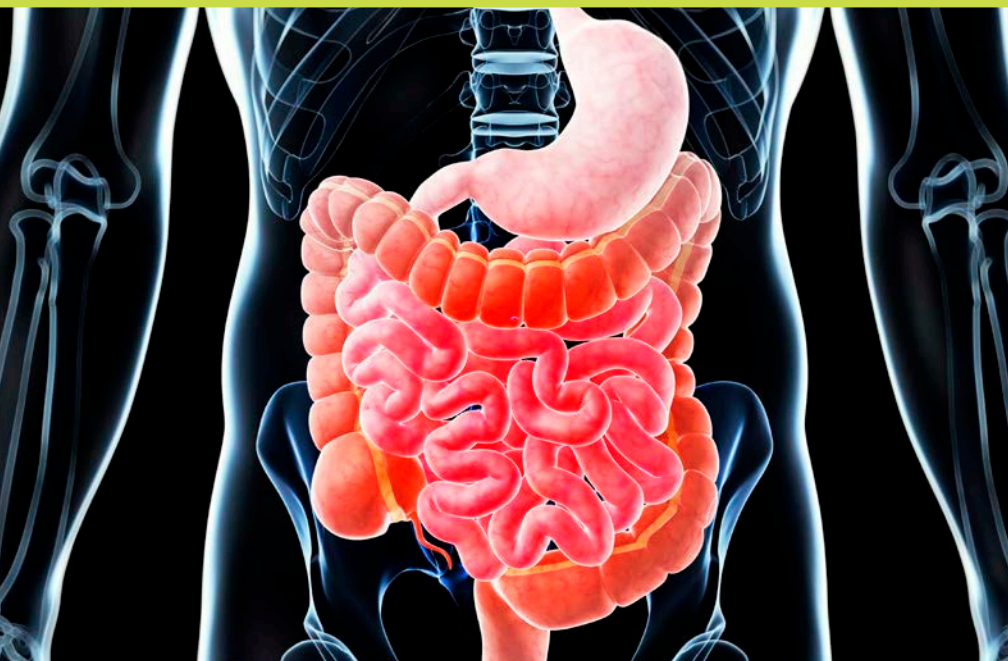


Gastrointestinal Disorders



Your Guide to Healthy Digestion

MHN Men's Health Network™
www.menshealthnetwork.org

(A part of the Blueprint for Men's Health series of publications.)



Table of Contents

Introduction	1
A Quick Tour of Your Gastrointestinal (GI) Tract	2
Functional Gastrointestinal Disorders (FGID)	3
Irritable Bowel Syndrome	6
Chronic Constipation	8
Inflammatory Bowel Diseases (IBD)	10
Crohn's Disease	10
Ulcerative Colitis	12
Gastroesophageal Reflux Disease (GERD)	13
You and Your Doctor: A Critical Partnership	15
At Your Appointment	15
Seeing a Specialist	16
Preventing GI Tract Disorders: Keeping Your Intestines Healthy	18
Resources	inside back cover



Introduction

At least 1 in 4 people in the U.S. have stomach- or intestinal problems that are so severe that they interfere with the person's daily activities and quality of life. Problems with the intestines or digestion are collectively referred to as Gastrointestinal (or GI) Disorders, and can be divided into two broad categories:

Functional Gastrointestinal Disorders (sometimes called FGIDs), which are the result of abnormal functioning of the GI tract (that's the system of connected organs that starts at the mouth and ends at the anus. See the illustration on the next page). FGIDs are often hard to diagnose because even though they produce frequent symptoms, there is no visible damage to the GI tract, and there are no screening tests to identify them.

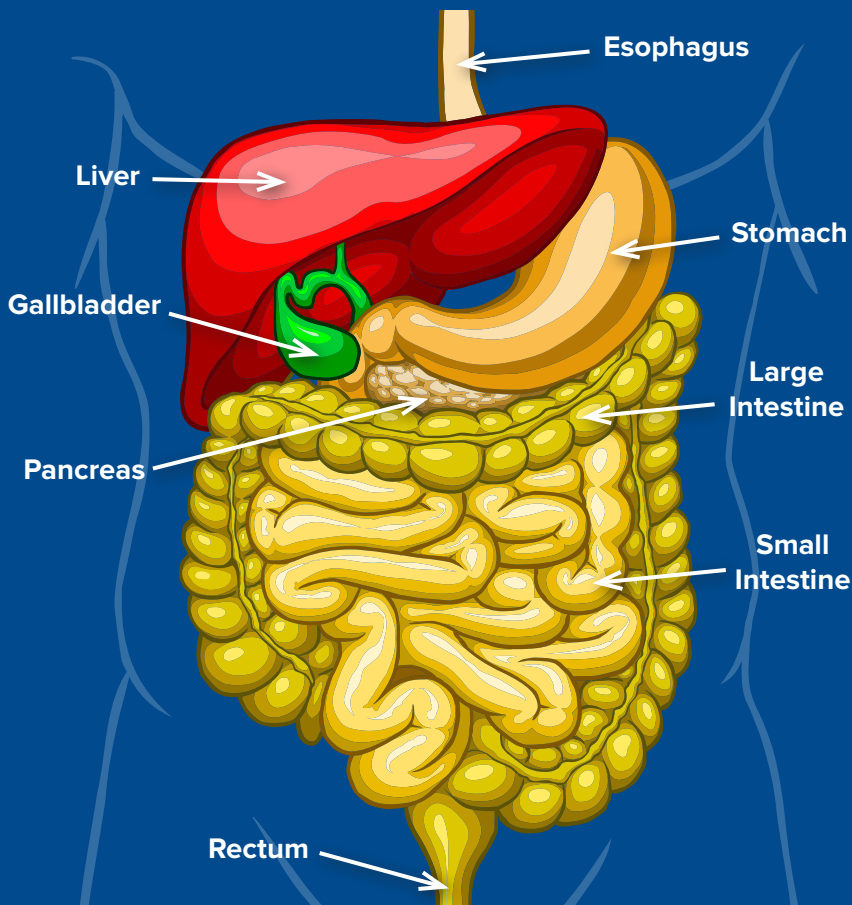
GI Diseases (sometimes referred to as Inflammatory GI diseases) also produce symptoms, but they are the result of something being physically wrong or damaged somewhere in the GI tract, such as cancer, growths, ulcers, infection, or inflammation. GI diseases are often diagnosed with the help of x-rays, blood tests, and other tools. In the pages that follow, we'll discuss both types of GI disorders, what causes them, and how to treat (and/or prevent) them.

As you read through this book, pay close attention to the symptoms we describe. In the United States, women are 3-4 times more likely than men to see a primary care doctor or a specialist for GI-related problems.

If you think you have any of the conditions discussed in this book, we strongly encourage you to schedule an appointment with a healthcare provider right away.

A Quick Tour of Your Gastrointestinal (GI) Tract

The GI tract is basically a hollow tube that takes food from your mouth, down your throat (esophagus), into your stomach, and on to the intestines. Along the way, your body extracts nutrients from the food and turns them into the fuel you need to walk, talk, think, read, play, and everything else you do. After that, the GI tract takes what's left over and moves it down to your rectum where it eventually leaves your body as feces.



Functional Gastrointestinal Disorders (FGID)

Just about everyone experiences symptoms of FGIDs at some point in his or her life. But for millions of people, those symptoms are chronic (meaning they happen frequently or have been going on for a long time). Unfortunately, many people—especially men—with chronic symptoms don't get the help they need because they don't know where to go, they're afraid of what they'll find out, or they're just embarrassed to talk to anyone about their problem. Read through the list of symptoms below. If any of them are chronic or are interfering with your daily activities, see your healthcare provider right away.

Symptoms

- **Abdominal pain** (in or around the stomach, either chronic or sudden)
- **Anal or rectal pain** (chronic or sudden)
- **Belching** (frequent, repetitive)
- **Bloating** (in the abdomen)
- **Chest pain**
- **Constipation** (straining to defecate and/or hard or lumpy stool)
- **Cramping** (below your belly button)
- **Diarrhea**
- **Gas** (sometimes called flatulence)
- **Heartburn**
- **Indigestion** (sometimes called dyspepsia)
- **Nausea**
- **Trouble swallowing**
- **Vomiting** (frequently)

Causes and Risk Factors

While healthcare experts don't know exactly what causes FGIDs, many believe that it's the result of a communication breakdown between the brain and the intestinal tract. For example, abnormal signaling could cause the GI tract to overreact (which would lead to diarrhea) or underreact (which would lead to constipation). They also know that FGIDs can be caused—or made worse—by a number of other factors, including:

- Regularly consuming a diet low in fiber
- Not drinking enough water or other liquids daily
- Lack of exercise
- Travel or another change in routine
- Eating large amounts of dairy products
- Stress
- Resisting the urge to have a bowel movement
- Pain from hemorrhoids that is bad enough that it makes you resist bowel movements
- Overuse of laxatives (stool softeners) which can weaken the bowel muscles
- Antacids that contain calcium or aluminum
- Medication, including antidepressants and iron supplements, and many narcotics and other powerful drugs for pain.
- Pregnancy

Diagnosis and Treatment

As we mentioned above, even though FGIDs produce symptoms, examinations and tests will not be able to identify the cause.

Your entire GI tract may look fine, but there's clearly something wrong. That means your healthcare provider will rely on your description of the symptoms. That's why it's important that you keep track of what your symptoms are, when each one started, how frequently you have them, how long they last, how severe they are, and so on.

On the following page we discuss the specific symptoms, diagnosis, and treatment of two of the most common FGIDs.



IRRITABLE BOWEL SYNDROME

Irritable Bowel Syndrome is one of the most common FGIDs. It can affect people of any age, but is most common among people 30-50. Some people use the phrases “Irritable Bowel Syndrome” (IBS) and “Inflammatory Bowel Disease” (IBD) interchangeably. However, although they may sound similar, the two are quite different. While IBS is certainly unpleasant, it’s not a disease. In fact, it’s actually a group of symptoms that occur together. IBD, on the other hand, is a far more serious condition, which we’ll discuss on page 10.

Symptoms

No two people with IBS have exactly the same symptoms. For some, the symptoms are manageable, while for others, they are debilitating. Many of the symptoms of IBS are the same as those of other functional GI disorders. However, there are several things that set IBS apart:

- Pain and discomfort in the abdomen. It can be sharp or dull and may feel like gas or cramping. In most cases, the pain and discomfort will lessen after a bowel movement.
- Changes in bowel habits, most notably a change in the frequency or consistency of your stool. In other words, you could be constipated, have diarrhea, or go back and forth between the two.
- Feeling full after eating very little.
- Feeling that even though you just had a bowel movement, you didn’t get everything out.
- Urgency. You need to find a restroom *right now*.

In addition, there can be several symptoms that have nothing to do with your intestines:

- Fatigue
- Muscle and/or low-back pain
- Headaches
- Sexual dysfunction

If you’re a little confused about the symptoms, you’re certainly not alone.

But if you're even the slightest bit suspicious about whether you've got IBS, ask yourself these questions:

- Do I have recurrent abdominal pain or discomfort?
- Do I often feel bloated?
- Am I often constipated?
- Does mucus occasionally come out with my stool?

If you answered Yes to one or more of these questions, speak to your healthcare provider right away.

Causes and Risk Factors

As with other functional GI disorders, the exact causes behind IBS are a mystery. One theory is that people with IBS may have an excess of natural chemicals in the body that produce contractions in the intestines and make them especially sensitive to pain.

Diagnosis and Treatment

Unfortunately, without understanding what causes IBS, it's impossible to cure. There are, however, a number of changes you can make that may relieve your symptoms or at least make them more manageable. For example:

- Eat a diet high in fiber. Avoid fatty foods, chocolate, alcohol, dairy products, soda, and caffeine as these foods may make symptoms worse.
- Quit smoking
- Ask your healthcare provider about appropriate medications. This may include laxatives, antidepressants (which may reduce abdominal discomfort or pain), antispasmodics (to control contractions in colon), or approved IBS agents
- Reduce your stress levels. Less stress will mean less cramping and less pain.

IBS is a long-term condition and symptoms can change or come and go over time. For that reason, it's helpful to keep a diary of your symptoms and when they occurred. This may help you and your healthcare provider identify certain behaviors or foods that are making your symptoms worse or causing them to flare up in the first place.

CHRONIC CONSTIPATION

Constipation is a condition in which a person either has three or fewer bowel movements per week or has bowel movements that are hard or difficult to pass. We all deal with occasional constipation. However, when the symptoms last for months or years rather than days, it becomes what’s called *Chronic Constipation*. The chart below illustrates the differences between occasional and chronic constipation.

Occasional Constipation	Chronic Constipation
Short-term problem	Long-term problem
Symptoms resolve in a relatively short time, usually no more than a few days.	Symptoms last three or more months may persist for years.
May be caused by poor diet, lack of exercise, illness, or certain medications.	In addition to poor diet, lack of exercise, illness, or medication, may also be caused by physical problems.
May be relieved by change in diet, exercise, and over-the-counter (OTC) medications.	Requires medical attention and possibly prescription medication.

Symptoms

- Infrequent bowel movements and/or difficulty having bowel movements
- Swollen abdomen or abdominal pain
- Straining during bowel movements

Causes and Risk Factors

- Not eating enough fiber
- Eating too much dairy
- Ignoring the urge to have a bowel movement
- Not drinking enough water or liquids
- Lack of physical activity
- Medications (especially those for pain) and antacids that contain aluminum and calcium
- Life changes or daily routine changes
- Eating disorders
- Overuse of laxatives and/or stool softeners.

Diagnosis and Treatment

If you suffer from chronic constipation, your healthcare provider will decide how to treat it depending on what's causing your symptoms, how severe they are, and how long you've had them. Treatment typically includes one or more of the following:

- Changing your diet—specifically, eat more fiber, less dairy, and drink more water.
- Getting more exercise and/or making other lifestyle changes.
- Taking prescribed medication, possibly including laxatives, enemas, and/or stool softeners, and/or approved IBS agents.
- Surgery. This will be used as a last resort by your healthcare provider.



Inflammatory Bowel Diseases (IBD)

There are several types of IBD. We'll discuss three of the most common below.

CROHN'S DISEASE

Crohn's disease is a form of Inflammatory Bowel Disease (IBD). With IBD, the immune system misidentifies harmless bacteria as a threat and starts attacking the intestines. Unlike Irritable Bowel Syndrome (IBS), IBD causes the intestines to become inflamed and may lead to ulcers (small, open sores) or other damage.

Symptoms

The symptoms of Crohn's Disease can be mild or severe and may include any or all of the following:

- Abdominal pain
- Diarrhea (possibly bloody)
- Slight fever
- Cramping
- Vomiting
- Occasional rectal bleeding
- Weight loss

If you experience frequent abdominal pain, blood in your stool, unexplained fever that lasts more than a few days, and/or frequent diarrhea, consult your medical provider immediately.

In addition, Crohn's disease affects the intestines, its effects show up in many other parts of the body as well. For example, Crohn's may be associated with arthritis, blood clots, depression, eye disease (and vision loss), headaches, kidney stones, liver disease, mouth sores, osteoporosis, seizures, skin disorders, and strokes.

Causes and Risk Factors

Crohn's disease can affect anyone at any time. However, there are a few things that may affect your risk.

- Your age. Most people develop Crohn's disease before they turn 30.
- Smoking. Smoking may not cause Crohn's, but it can make many of the symptoms a lot worse.
- Your ethnicity. Anyone can get Crohn's, but Caucasians are the most likely. If you're of Ashkenzai (Eastern European Jewish) descent, your chances are higher.

- Your family history. If anyone else in your immediate family has Crohn's, your risk of developing it are higher than for those without a family history of the disease.

Diagnosis and Treatment

Because there are so many possible symptoms—and because those symptoms can range from mild to severe and may even disappear for a short while—it's often very difficult to diagnose Crohn's Disease. That said, if your medical provider suspects that you have Crohn's, he or she may order one or more tests, including an endoscopy (inserting a small, flexible tube with a camera through the patient's mouth to see the lining of the upper GI tract and stomach) and/or colonoscopy (inserting a small camera through the patient's rectum to view the intestines), specialized x-rays and other scans, stool samples, and blood tests.

There is no sure-fire cure for Crohn's Disease. However, there are treatments that may help relieve and manage your symptoms. In most cases, your provider will prescribe drugs. These may include:

- Anti-inflammatory drugs to reduce inflammation
- Drugs to suppress your immune system. These are important because Crohn's causes your immune system to overreact and attack the rest of your body.
- Antibiotics to help fight infections caused by the disease.
- Other drugs to treat diarrhea, pain, constipation, low levels of iron in the blood.

In addition, your provider may recommend that you make some lifestyle changes, such as:

- Limiting dairy products (milk, cheese)
- Limiting fiber—if they make your symptoms worse
- Eliminating other foods that you believe trigger your symptoms or make them worse.
- Making other diet changes, such as reducing fatty foods, alcohol, or spices
- Taking nutritional supplements to counteract the loss of nutrients caused by Crohn's.
- Quitting smoking
- Reducing your stress

If medication and lifestyle changes haven't improved your symptoms, your doctor may recommend surgery to remove the damaged sections of your intestines

ULCERATIVE COLITIS

Ulcerative Colitis is another form of Inflammatory Bowel Disease (IBD) in which the immune system misidentifies harmless intestinal bacteria as a threat. When the immune system gets switched on, it's very hard to get it to turn off again. Unlike Crohn's, which can affect any part of the intestinal tract, ulcerative colitis attacks only the lining of the colon (also called the large intestines), causing inflammation and creating small ulcers that produce pus or mucous.

Unfortunately, medical professionals don't know what causes ulcerative colitis. Many suspect, however, that it's a combination of several factors, including the genes of the person who has the disease, his immune system, and coming into contact with certain substances in the environment.

Symptoms

- Abdominal discomfort
- Urgent bowel movement
- Blood in the stool
- Anemia
- Fatigue
- Weight loss
- Loss of appetite
- Rectal bleeding

As with other chronic diseases, the symptoms may appear in periods of flare-ups and then subside for a period of time.

Causes and Risk Factors

Some of the factors that increase your risk of Crohn's Disease also increase your risk of developing Ulcerative Colitis, including age, ethnicity, and family history (see page 10 for more).

Diagnosis and Treatment

These are essentially the same as for Crohn's Disease. See page 10 for more.

GASTROESOPHAGEAL REFLUX DISEASE (GERD)

Gastroesophageal reflux disease (GERD) is a serious, chronic, or long-lasting form of *Acid Reflux* (also known as GER). Acid Reflux is when stomach contents flow backwards, from the stomach up into the esophagus (the tube that carries food and liquids from your mouth down to your stomach).

When Acid Reflux occurs more than twice a week for a few weeks, it could be GERD, which over time can lead to more serious health problems.

Symptoms

- Frequent heartburn or acid indigestion, particularly after consuming acidic foods and drinks, caffeine, and fatty foods
- Persistent sore throat, hoarseness, or laryngitis (swelling and irritation of the voice box that results in losing your voice)
- Wheezing
- Pain or difficulty when swallowing
- Chronic cough
- Frequent nausea and/or vomiting
- Pain in the chest or the upper part of the abdomen
- Dental erosion and bad breath



Causes and Risk Factors

- Obesity
- Abnormalities in the body such as hiatal hernias. Hiatal hernias are common among people over 50 and occur when the upper part of your stomach pushes up through the diaphragm (a sheet of muscle that normally separates the stomach from the chest) into your chest.
- Pregnancy
- Certain medications, such as asthma medications, calcium channel blockers, and many antihistamines, pain killers, sedatives, and antidepressants
- Smoking
- Having another condition such as asthma or diabetes

Diagnosis and Treatment

If your healthcare provider tells you that you have GERD, her or she will decide how to treat it depending on what's causing your symptoms, how severe they are, and how long you've had them. Common treatments include:

- Losing weight (if necessary)
- Making dietary and lifestyle changes, such as:
 - Avoiding foods that make your symptoms worse
 - Quitting smoking and avoiding being around smokers
- Not laying down within 3 hours of eating (this may prevent acid from rising)
- Raising your head off the bed 6 to 8 inches with a pillow
- Wearing loose-fitting clothing around the stomach area (tight clothing can increase reflux)
- Medications including:
 - Antacids for relief or heartburn
 - Proton pump inhibitors or H2 blockers to help heal the esophagus
 - Antibiotics, including those which improve gastric emptying
- Surgery (as a last resort)

You and Your Doctor: A Critical Partnership

If you think you have any of the stomach problems or conditions we've described in this book, we strongly recommend that you speak with your healthcare provider immediately. Ignoring your symptoms or hoping they'll go away on their own could make your condition worse.

Preparing for Your Visit

Although your provider may want you to have certain tests, most of what he or she will use to diagnose your condition will come from what's called a patient history—the information you provide about your symptoms. Before meeting with your provider, it's as good an idea to write down in a notebook the following information:

- What your symptoms are and how long you've had them
- Anything you think triggers your symptoms, makes them worse, or relieves them

At Your Appointment

Even after reading the detailed journal of your symptoms, your provider will ask you a lot of questions. Be sure to answer honestly and completely. This is no time to be shy or to be keeping secrets. Some detail that you think is insignificant could possibly make the difference between life and death or between a healthy life and an unhealthy one. When your provider has finished with his or her questions, it's your turn. Again, don't be shy. The more you know about your condition, the better you'll be able to manage it and the better your outcome will be. Below, you'll find a number of questions to ask your provider. We recommend that you bring it with you to your appointment.

Questions to Ask about Your GI Condition

- What is the name of my condition?
- How severe is my condition? Is my condition considered chronic (long-lasting)?
- Is it hereditary or related to my environment or lifestyle?
- What complications might I experience?
- Does my condition increase my risk for developing any other medical problems?

Questions to Ask about Diagnosing Your Conditions

- What tests are available to diagnose my condition?
- Which of them do you recommend and why?
- What does the test involve?
- What are the side effects of each test?
- How should I prepare for this diagnostic test?
- How long will the test take?
- Will I be able to drive myself home immediately following the test?
- How long will it take to get the results of the test? Should I call for the results, or will someone contact me?
- If my test finds a problem, what will our next steps be?

Questions to Ask about Your Treatment

- Is there a cure for my condition?
- What are my treatment options and which do you recommend?
- What are the potential benefits and drawbacks of this treatment?
- What are the common side effects of the recommended treatment?
- What should I do if I experience severe side effects?
Telephone # to call: _____
- Should I take any over-the-counter medications (e.g., antacids, aspirin) during treatment? Over-the-counter medications to avoid:

- How long should it take for the treatment to work?
- Are there any medications that I am already taking or am likely to take that can interact with the medications you are prescribing?
- What types of lifestyle and dietary changes may be helpful to manage my condition during and after treatment?
- Should I schedule appointments with a nutritionist, dietician, or other healthcare specialist? How often should I be seen for follow-up appointments?
- Are there any clinical trials available for my condition?

Seeing a Specialist

If your healthcare provider determines that you have a GI Disorder, he or she may refer you to a Gastroenterologist (a GI doctor). Gastroenterologists go through the same medical training as other physicians, but they also spend several more years studying and learning to treat conditions and diseases of the digestive tract.



Preventing GI Tract Disorders: Keeping Your Intestines Healthy

Constipation and other digestive problems are no fun, especially for people who suffer from them often. They can cause disruption in your daily life. Fortunately, these diseases are often manageable—and sometimes even preventable—through diet and lifestyle. Here are some tips that will help keep your intestines and digestive system healthy:

1. **Eat to beat disease.** This means a healthy diet with plenty of fruits, high fiber foods, green leafy vegetables, and yellow vegetables.
2. **Cut the fat.** Excess fat slows digestion and can lead to heartburn, bloating, and constipation. It also increases your risk of heart disease, diabetes, and perhaps even colon cancer.
3. **Hydrate.** Get in the habit of drinking plenty of water every day. Drinking 6 to 8 glasses of water every day will help you maintain your natural digestive process.
4. **Lose weight.** Heartburn, bloating, and constipation are more common—and more severe—in people who are overweight.
5. **Exercise regularly.** Being physically active is good for healthy digestion.
6. **Avoid alcohol and tobacco.** More than one or two alcoholic drinks per day, or chewing or smoking tobacco can lead to serious digestive disorders. When combined, tobacco and alcohol greatly increase your risk of mouth and esophageal cancer.
7. **Take medication only as directed.** Anti-inflammatory medications such as aspirin, ibuprofen (Advil/Motrin), and naproxen (Aleve) can be hard on your intestines and digestive system. If you need to take them, do it with food.

Resources

For more info on GI conditions visit:

AMERICAN GASTROENTEROLOGICAL ASSOCIATION

www.gastro.org

CENTERS FOR DISEASE CONTROL

www.cdc.gov/ibd

INTERNATIONAL FOUNDATION FOR FUNCTIONAL

GASTROINTESTINAL DISORDERS

www.iffgd.org

NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE

AND KIDNEY DISEASES

www2.niddk.nih.gov

MEN'S HEALTH LIBRARY

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Want to Learn More?

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