



Frequently Asked Questions On Bloating, Weak Digestion & 'Gastric'

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What exactly are these symptoms?

Bloating is a subjective sensation of fullness in the abdomen. This may be associated with flatus, which is the expelling of intestinal gas through the anus. 'Indigestion' and 'gastric' are laymen terms often used to describe nonspecific abdominal symptoms, which typically occur after eating. These symptoms include abdominal discomfort, cramping, bloating, diarrhoea or constipation. As these symptoms are nonspecific, it is often difficult to pinpoint the location of the problem within the digestive tract, whether it is in the stomach, small intestine, colon or elsewhere.

How common are these symptoms?

Digestive symptoms are very common, and affect 20-40% of adults annually. Of these, 50% will self-medicate, while only 10-25% will seek medical attention.

What are the symptoms due to?

Statistically, 20% of patients who see a doctor and undergo extensive tests such as endoscopy and radiologic scans will be found to have common digestive conditions such as Gastroesophageal Reflux Disease (GERD) and stomach ulcers. These are easily treated with short courses of medication. Less than 1% will have a serious condition such as cancer or other similar serious condition.

The vast majority or 80% of patients will not have any significant finding with further tests. In these patients, the symptoms are attributed to nerve and movement problems in the digestive tract. In 10-20% of patients, these symptoms are chronic or recurrent, and trouble patients over many years. Known collectively as 'Functional Gastrointestinal Disorders (FGD)', these include common problems such as Irritable Bowel Syndrome and Functional Dyspepsia. Although these problems are not dangerous and do not harm one's health, they can affect one's quality of life.

When should I be worried?

Based on symptoms, it is very difficult for a doctor to tell if there is a serious underlying condition. Only 4 factors have been properly proven to increase the risk of a serious condition: age more than 45 years, weight loss, bleeding in stools, and a family history of digestive diseases or cancer. Of these, age is the biggest risk factor for a serious condition. Without any of these 4 factors, the likelihood of a serious condition is the same as someone without any symptoms at all!

Nonetheless, most experts advise seeing a doctor if the

symptoms persist beyond 6 weeks. Even if there is no serious underlying condition, the doctor may be able to prescribe some medication or give lifestyle advice that may help the symptoms to resolve.

Which doctor should I see?

The family doctor should be the first doctor a patient should see. As majority of symptoms are temporary, they often improve with simple symptomatic medication given by the family doctor.

If the symptoms persist or recur despite seeing a family doctor, the patient should see a gastroenterologist. A gastroenterologist is a physician who specialises in the digestive tract. He focuses on making an accurate diagnosis, and on treating with medication. Statistically, 99% of patients with these common symptoms will have a condition that falls under the specialty of the gastroenterologist, and can be treated with medication. This includes the largest group with functional disorders, which is a complex group with many different sub-types that the gastroenterologist needs to diagnose to treat.

What will the gastroenterologist do?

He will first focus on making a proper diagnosis. This involves a detailed medical history, as well as diet and lifestyle history. He will likely order some test to help him make a diagnosis. This may include blood tests, radiologic scans and endoscopy. Recently, there have been many advances in digestive investigations, mainly targeting the commonest problem of Functional Disorders. Today, the gastroenterologist is able to perform intestine movement studies, food absorption studies and even food sensitivity tests. Based on the test findings, the gastroenterologist will develop a management plan to treat the patient. This may incorporate medication, nutritional supplements and diet modification. In less than 1% of patients, surgery may be needed. The gastroenterologist will facilitate referral to a surgeon specializing in that particularly part of the digestive tract.

Can Functional Gastrointestinal Disorders be treated?

The understanding of this group of disorders has evolved a long way since it was first recognized as a specific entity. Although there is still much to learn about these conditions, gastroenterologists today have many more options help patients. This includes an expanding range of medication and supplements, as well as dietary and lifestyle approaches. Rather than the traditional thinking of 'nothing can be done', gastroenterologists today are trained to approach these problems with the intention of fully controlling the symptoms and restoring a normal quality of life.