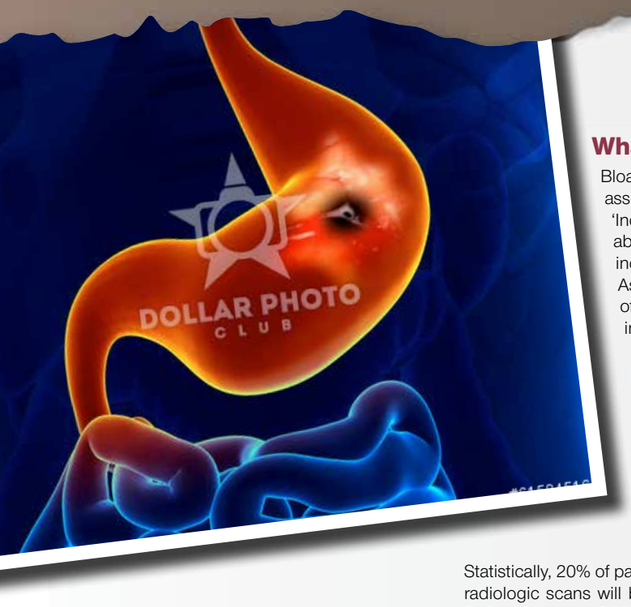
Bloating, Weak Digestion & 'GASTRIC' PROBLEMS



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. Hence, what doctors see is really the 'tip of the iceberg'. While these symptoms are often self-limited and short duration, quality of life is impaired, and patients have more absent days from work.

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 Peptic Ulcer Disease (PUD). These are easily treated with short courses of medication. Drugs can also cause these symptoms. Common offending drugs to look out for include antibiotics, bisphosphonates, metformin, corticosteroids and non-steroidal anti-inflammatory drugs (NSAIDs). Even supplements and herbs like garlic and gingko have been shown to cause these symptoms. 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, including endoscopy and imaging. 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 (FGID), these include common problems such as Irritable Bowel Syndrome (IBS) and Functional Dyspepsia (FD). Although these conditions are not dangerous and do not harm one's health, they can severely impact one's quality of life.

When should the doctor be concerned?

Based on symptoms, it is very difficult for a doctor to tell if there is a serious underlying condition. In bloating, 'indigestion' and nonspecific abdominal symptoms, only 4 factors have been properly proven to increase the risk of a serious condition: age more than 45 years, loss of weight, bleeding in stools, and a family history of digestive diseases or cancer. Of these, age is the biggest risk factor for a serious condition. These qualify as 'alarm' symptoms and the patient should be offered further evaluation. Without any of these 4 factors, the likelihood of a serious condition is the same as someone without any symptoms at all!

Likewise, in 'gastric' symptoms or symptoms arising from the gastro-duodenal region, the 'alarm' symptoms are loss of weight, progressive dysphagia, anaemia, melena or hematemesis, persistent vomiting, fever and family history. The presence of these symptoms should prompt further evaluation.

Nonetheless, most experts advise seeing a doctor if the symptoms persist beyond 6 weeks even if there is no alarm symptoms. Even if there is no serious underlying condition, the symptoms would likely be affecting the patient's quality of life. The doctor may be able to prescribe some medication or give lifestyle advice that may help the symptoms to resolve.

DR JARROD LEE
is the founder of gutCARE Digestive • Liver • Endoscopy Associates, the only sub-specialty gastroenterology group practice in Singapore. He is a well-recognised endoscopist in the region for advanced endoscopy.

Which doctor should I see?

The family doctor should be the first doctor a patient should see. As majority of symptoms are self-limited, they often improve with simple symptomatic medication given by the family doctor. The family doctor will also be able to identify confounding factors such as drug induced symptoms, and look for alarm symptoms which may warrant further investigations.

If the symptoms persist or recur despite seeing a family doctor, the patient should see a gastroenterologist. Statistically, 99% of patients with these common symptoms will have a condition that falls under the specialty area of the gastroenterologist, and can be treated with medication nutritional supplements or diet modification. This includes the largest group with functional disorders, which is a key area in gastroenterology. Gastroenterologists now recognize this as a complex group with many different sub-types that are approached differently. 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.

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What are some of the new tests available to diagnose common abdominal symptoms?

Image Enhanced Endoscopy (IEE). This utilizes various techniques such as special dyes, light filters or computer algorithms to enable the endoscopist to look for lesions that may be easily missed with routine endoscopy. This includes areas of inflammation, dysplasia and even early cancer.

Endoscopic Ultrasound (EUS). Essentially, this uses an ultrasound probe attached to a gastroscope, allowing the endoscopist to examine structures beneath the mucosal wall and even outside the digestive tract altogether. Today, EUS is recognized as the most accurate way to examine the pancreas, biliary tract and submucosal lesions.

Combined pH – Impedence Testing. Treatment of refractory reflux symptoms that do not respond to proton pump inhibitors (PPIs) is a frustrating experience. Combined pH – Impedance Testing allows doctors to evaluate for the other subtypes of GERD, particularly Non Erosive Reflux Disease or NERD. This is invaluable in guiding further treatment where PPIs do not work.

High Resolution Manometry (HRM). Nonspecific chest discomfort and swallowing difficulties can be a huge diagnostic challenge. Likewise, anal tone problems result in passing motion symptoms such as diarrhoea and constipation. HRM allows doctors to assess for over 10 different types movement disorders in the oesophagus ad anus, thus facilitating the appropriate interventions.

Absorption Testing. Malabsorption of carbohydrates can cause IBS like symptoms such as abdominal discomfort, bloating, flatus, and diarrhoea. Accurate testing of a patient's ability to absorb sucrose, fructose and lactose is rapidly emerging as an important tool to assess these symptoms, and to guide dietary interventions. Breath testing has also become an important way to test for small intestine bacterial overgrowth, which can also cause these similar symptoms.

Colonic Marker Studies. Chronic constipation is a common problem. Colonic marker studies allow evaluation of colonic transit type, and enable doctors to differentiate between the most common causes of constipation. This in term allows doctors to manage the exact type of constipation appropriately.