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TO YOUR STOMACH

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Readers Digest

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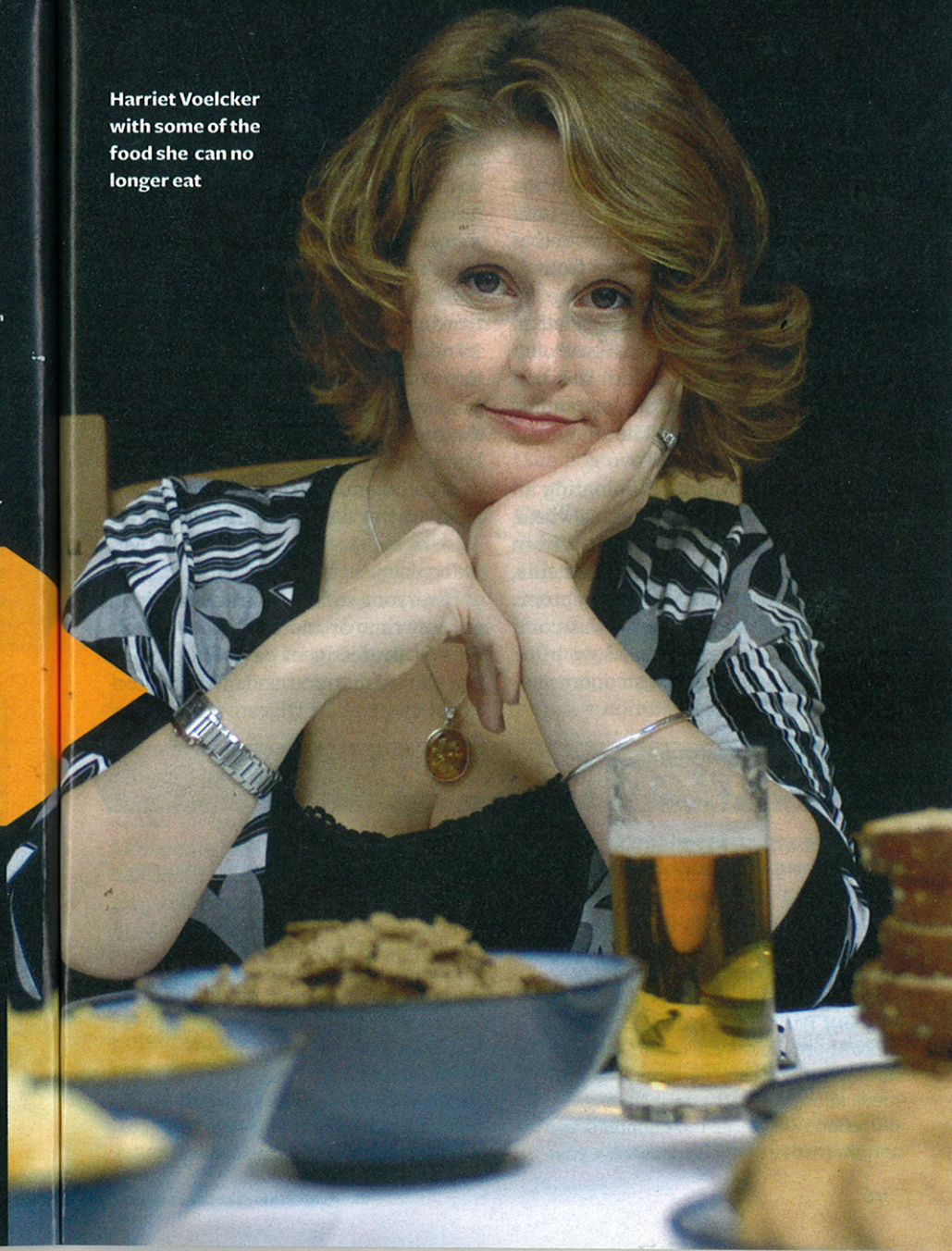
Gut Instinct

How to tell if your
stomach pain is from job
stress, that curry or
something more serious

BY ELIZABETH ADLAM

It started when Harriet Voelcker was a 17-year-old schoolgirl, suffering constant, painful constipation. Over the next couple of years, as a student at Southampton University, she was plagued by cramping abdominal pain, reflux and a constant tiredness. "I was always bloated, with a fat stomach," she recalls. "Yet the rest of my body was thinner." Harriet's weight plummeted. Then, in her final

Harriet Voelcker
with some of the
food she can no
longer eat



year, a cut on her arm took six months to heal. "I remember sitting on my bed, crying. My life was so exhausting." Her GP told her she was suffering from stress.

With a degree in philosophy, Harriet found a job with a charity in London, but was so fatigued at the end of each day she'd just collapse in front of the TV. She barely had the energy to climb the stairs. On the fifth visit to her GP, she was referred to a gastroenterologist. Tests revealed she had coeliac disease, a condition marked by intolerance to gluten. The diagnosis had taken six years.

And the treatment? Eliminating all gluten-containing foods, such as wheat, barley and rye, from her diet. Within weeks Harriet noticed improvements, but it took two years for her symptoms to disappear. Her recovery was complicated by anaemia and low bone density—a precursor to osteoporosis—brought on by her condition.

But as her energy levels increased, she determined to find a challenging job. "Someone said I'd always wanted to be a lawyer—why not retrain?" recalls Harriet, now 35 and married with two small boys. "So I did. Today I have a family law practice in Ipswich, a career I'd never have had if my disease hadn't been diagnosed."

Gastrointestinal disorders plague a third of the population—more than 20 million of us. Some are more serious than others. But all can be painful, puzzling, embarrassing and tricky to diagnose and treat. So how do you know if your stomach ache is the result of a pathogen, overindulgence, stress, an allergy or some rare disorder?

We all hurt

"Everyone suffers from stomach pain at some time or another," says Alastair Forbes, professor of gastroenterology and clinical nutrition, and medical director of CORE—The Digestive Disorders

Doctor, can we talk?

"Don't be embarrassed to tell your doctor about your bowel problems; he's heard it all before and he can't help you unless you're entirely open," says Dr Nick Read, consultant gastroenterologist and psychotherapist at the Claremont Hospital, Sheffield, and medical adviser to The Gut Trust. Before your appointment, make a note of tests you've had, other doctors you've seen, therapies and medications you've tried—including prescription and over-the-counter drugs and alternative therapies. How have your

toilet habits changed? Jot down how often you go to the toilet; the amount, colour and consistency of your stools; the quality of the pain (cramping, burning, like a stitch); even the wind you evacuate. **Think seriously about your symptoms, says Dr Read.** What provokes them (fatty foods, stress)? What eases them (antacids, stress reduction)? What was happening in your life when the problems started? Was it a particularly stressful time? Did you have an attack of food poisoning?

Foundation. "Fortunately in most people pain is mild and short-lived. But one in ten people will have irritable bowel syndrome and one in 1,000 the more serious Crohn's disease."

Often a stomach ache is just a stomach ache. But if you've had recurrent pain on going to the toilet, or experienced serious symptoms such as blood in the stool, unexplained weight loss and a persistent change in bowel habit over four to six weeks (red flags for bowel cancer) see your GP for prompt investigation. There are many possible causes for pain. Here's how to recognise a few of the most common:

Irritable bowel syndrome. IBS is one of the toughest disorders to diagnose. You have crampy stomach pains, you're bloated, you have constipation or diarrhoea (or both), but tests don't show anything wrong. Is it all in your head? No. It's in your gut and it's not going away quietly.

There's no single test to prove you have IBS. "Diagnosis is based on two key factors," says Dr Anton Emmanuel, senior lecturer in gastroenterology at University College Hospital, London. "First, an accurate history of the pattern and timetable of your symptoms. Second, exclusion of other diseases by clinical assessment and investigation—blood tests, CT scans."

One in 14 people who get severe food poisoning may develop IBS, raising speculation that gastrointestinal (GI) infection makes the gut more sensitive.

Once diagnosed, your doctor may suggest dietary changes such as eating

more fibre, which can help constipation. (Increase fibre gradually, since an excess can cause bloating, wind and diarrhoea.) Keeping a food diary to work out what triggers symptoms and avoiding those foods helps some people. Doctors may prescribe antispasmodic drugs, laxatives or antidiarrhoeals such as loperamide (Imodium); or low-dose antidepressants (particularly amitriptyline), which calm the gut. "Probiotics are now being recommended for IBS patients too," says Dr Emmanuel, "as they may help restore a healthy balance of intestinal bacteria." (See box overleaf.)

Coeliac disease. Considered one of the most under-diagnosed chronic conditions in the UK today—some seven out of eight cases go undiagnosed—and affecting an estimated one in every 100 people, coeliac disease is a life-long autoimmune condition that causes inflammation of the small intestine. It's triggered by intolerance to gluten—a protein found in wheat, rye and barley. Some sufferers are also sensitive to oats.

The most common symptoms are abdominal pain or bloating, anaemia, diarrhoea, chronic fatigue and weight loss. You have a ten per cent greater likelihood of developing coeliac if a close family member already has it.

A healthy small intestine is lined with finger-shaped projections called villi, which absorb nutrients and fluids, says Dr Kelvin Palmer, president of the British Society of Gastroenterology. "In coeliac disease, gluten intolerance

results in loss of villi and your body loses the ability to digest nutrients." Untreated coeliac disease can lead to malnutrition, osteoporosis and problems with fertility.

The only treatment, says Palmer, is sticking to a gluten-free diet. "This reverses the damage, the villi return and, in time, symptoms disappear." Unfortunately, gluten is in many of the staple foods we eat—cereal, pasta and bread. But avoiding it is getting easier. There are now numerous cookbooks for the gluten intolerant.

Initial screening is a simple blood test taken by the GP. A new home test, the Biocard Celiac Test, available from Boots for £19.99, is 96 per cent accurate. If you think you're a coeliac, it's important to see your doctor before cutting gluten from your diet, as the tests that clinch the diagnosis could come back negative. Coeliac

disease must be confirmed through an endoscopy and biopsy of the small intestine.

Crohn's disease. A form of inflammatory bowel disease, a group of conditions in which the GI tract is chronically inflamed. (Picture the GI tract as a continuous hollow tube stretching from mouth to anus.) Some of the symptoms of mild Crohn's are similar to those of IBS, but unlike IBS, in which there is no detectable damage to the digestive system, Crohn's causes the intestine to be progressively inflamed, says Subrata Ghosh, professor of gastroenterology at Imperial College, London. Ulcers can form in the wall of the GI tract—when they heal, scar tissue makes the tract narrower. The small intestine has to work harder to push waste through, resulting in stomach pain (especially while

Feel bloated?

Got that uncomfortable, need-to-loosen-the-belt feeling? "Bloating is most often associated with IBS, but it also affects people with coeliac, Crohn's and common dyspepsia," says Dr Emmanuel. "When you're stuck with painful bloating, distension and wind—symptoms least responsive to conventional drugs—try taking probiotics. Emerging evidence suggests that preparations of a single bacterium (such as Bifidobacterium or Lactobacillus) and those with multiple strains of bacteria such as VSL#3, (available online) can be highly effective." If symptoms are due to

reflux, then antacids or Pepto-Bismol—which coat the stomach—may ease symptoms. Here's how to avoid a build-up of wind, which can cause bloating:

- * **Don't eat on the run**—air swallowing contributes to belching.
- * **Eat slowly** and chew food thoroughly.
- * **Don't drink water** with meals.
- * **Don't lie down after eating**; get up and take a 20-minute walk.
- * **Avoid gaseous foods**, including beans, cabbage, Brussels sprouts, cauliflower, onions, garlic, leeks and seeds such as fennel, sunflower or poppy. Fizzy drinks also produce a lot of wind.

eating), diarrhoea, weight loss and fever.

What causes Crohn's? Genes play an important role. "Many experts now agree that the disease is linked to an impaired immune system," says Professor Forbes. Infection-fighting white blood cells appear to function abnormally and the balance of bacteria in the GI tract could also be irregular. Environmental factors, particularly smoking, can trigger Crohn's in genetically susceptible people.

Diagnosis is based on a combination of tests, which may include blood tests, colonoscopy and biopsies, scans and X-rays. It is usually treated with steroids, though more doctors now are prescribing immunosuppressant drugs. The drug azathioprine suppresses the damaging immune overdrive that results in gut ulceration. In severe cases, targeted drugs such as Infliximab (Remicade) may be prescribed. They inhibit harmful proteins produced by immune cells, reducing inflammation.

Stress connection

You speed past a police car doing 20 miles over the limit, or you're about to go for a job interview. Suddenly, your stomach lurches, you feel cramping

pain, the need to rush to the toilet. What's wrong? Blame the enteric nervous system (ENS). It's your gut's "brain" and it has its own muscles, nerves and neurotransmitters, which tell the gut to move its contents through the body.

The ENS is always communicating with your brain, sending and receiving signals. When you're stressed, there are an abnormal number of signals firing away. That can lead to discomfort.

Given this close brain-gut connection, it's not surprising that if your brain is stressed the same thing is happening to your gut. "We know how anxiety can give us diarrhoea, depression can make us constipated, fear make us sick," says consultant gastroenterologist Dr Nick Read, author of *Sick and Tired: Healing the Illnesses that Doctors Cannot Cure* (Orion). Long-term stress can also aggravate symptoms of chronic bowel disorders such as Crohn's disease.

Reducing stress, says Read, through meditation, hypnotherapy, deep breathing, yoga—or whatever works for you—will help to ease your symptoms.



Find out more about your symptoms at rdmag.co.uk.



PETER O'TOMBSTONE

Peter O'Toole knows what he wants as his epitaph. He stated on a US chat show that when he sent a leather jacket to the cleaners, it was returned with this note attached:

"It distresses us to return work which is not perfect."

"So," he explained, "I'm having that on my tombstone."

Carol Kendrick