

*National Digestive Motility
Awareness Month
Proclamation
2006*

Whereas, digestive diseases, in general, rank first among illnesses for total economic burden making up about 15% of all direct health care costs, therefore being the Nation's most important health care issue;

Whereas, 20 to 30% of the general North American population experience bothersome upper or lower digestive tract motility disturbances on a chronic basis;

Whereas, this family of digestive motility diseases/disorders which are caused by a poorly understood neuro-muscular dysfunction of the gut that may produce in any region of the digestive tract chronic motor and sensory disturbances characterized by weakened, spastic or failed propulsion (motility) of food through the digestive system;

Whereas, compared to all other illnesses, these digestive motility disorders/diseases cause the highest rate of workplace absenteeism;

Whereas, this family of digestive motility disturbances — loosely referred to as “dyspepsia” when affecting the upper digestive tract and commonly found in association with delayed gastric emptying — amounts to more than 2 million physician outpatient visits annually and almost 40% of all referrals to a gastroenterologist;

Whereas, 10% of Americans are affected on a daily basis by heartburn, which for half of this group is caused by a motor disturbance of the stomach that results in delayed gastric emptying whose symptoms of bloating, a feeling of fullness with abdominal discomfort, and nausea are not addressed by acid-suppressing drugs alone;

Whereas, according to the National Institutes of Health, 5 million Americans are affected by a more severe form of dyspepsia known as **gastroparesis**;

Whereas, women make up the largest group to develop gastroparesis, and with so few medical treatment options available to them, are disabled in the prime of their lives;

Whereas, the second largest group of gastroparesis sufferers are Type I diabetics, 10 % of whom, as with other gastroparetic sufferers, experience repeated hospital emergency room visits and hospital admissions for nausea, vomiting and abdominal pain;

Whereas, not one drug currently on the North American market was designed specifically for the enormously large group of patients who suffer from these complex motor disturbances of the stomach;

Whereas, 15% of middle school-aged children are affected on a weekly basis by abdominal pain caused by mid-gut motility/sensory disturbances, which, for many, may persist into adulthood;

Whereas, chronic intestinal pseudo-obstruction — a more severe form of mid-gut motility disturbance causing severe abdominal pain associated with severe constipation, nausea, vomiting and profound malnourishment — primarily affects young females and, often initially misdiagnosed as an eating disorder, may take up to ten years before being accurately diagnosed;

Whereas, 1.5 million Americans are affected by chronic constipation caused by motility disturbances of the lower digestive tract, which, for many, starts in childhood and persists into adulthood, and which, for a smaller number — mainly women — progresses to complete colon failure (colonic inertia);

Whereas, patients, who may appear well but are nevertheless suffering, must struggle against lack of support from the medical community, employers, teachers, family and friends, who do not understand the debilitating nature of their digestive symptoms;

Whereas, patients must live in despair with the unpredictable nature of symptom flare-ups, rapidly exhausted treatment options and the lack of hope for a major research breakthrough in the near future;

Whereas, despite the high prevalence, economic burden to society, and psychological and physical costs to individuals, no nationally accepted, evidence-based guidelines exist for the evaluation and treatment of digestive motility diseases/disorders;

Whereas, lack of awareness surrounding digestive motility diseases/disorders is the largest challenge to moving forward with desperately needed research;

Whereas, national and international organizations, such as the **Gastroparesis and Dysmotilities Association**, the **Gastroparesis and Dysmotilities Association -- USA**, and the **Association for Gastrointestinal Motility Disorders**, are committed to educating the health care community and the general public regarding the serious nature of digestive motility diseases/disorders and to provide accurate information on treatment, early detection and symptom management;

Therefore, be it resolved that the government:

- 1) **Designate the Month of May as National Digestive Motility Awareness Month, and**
- 2) **Encourage the promotion of knowledge and understanding of digestive motility diseases and disorders.**