

**Gastroparesis and Dysmotilities
Association
GPDA**

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Press Release

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Women's issues in Gastrointestinal Motility

The public is now well informed about some digestive disease issues such as irritable bowel syndrome and recognizes that such a disorder is primarily a problem experienced by females. "The challenge for our non-profit association is to get the word out to the public about another, more serious women's digestive disease known as gastroparesis," says Jeanne Keith-Ferris, president of the Gastroparesis and Dysmotilities Association. "Very few people — including members of the medical profession — have heard of this unusual stomach disorder. The problem is due, in part, to the fact that there is very little scientific literature about this disabling illness.

GPDA, the Gastroparesis and Dysmotilities Association, is a newly formed non-profit Association campaigning for awareness and increased research funding for this disorder and other related digestive motility problems.

"Educating the public is difficult since there are no ready statistics to cite as is the case with irritable bowel syndrome," says Ms. Keith-Ferris.

Gastrointestinal motility disorders such as gastroparesis, however, are very costly to society since many patients experience prolonged hospitalizations or frequent visits to the emergency department to treat dehydration and starvation.

What are Digestive Functional/Motility Disorders?

Irritable bowel is one disorder in a broad category of illnesses known as functional gastrointestinal disorders. The hallmark of these illnesses is the lack of tangible abnormalities such as tumors, ulcers or inflammation. Rather it is an alteration in normal functioning that produces the symptoms.

Functional disorders come in a range of severity. Increasing impairment of function eventually crosses over the spectrum into another broad category of illnesses defined as gastrointestinal motility disorders. On one end of the continuum are functional disorders extending in severity to motility disorders.

Motility is defined as the digestive tract's ability to contract, compress and propel food along its hollow passageway. Disorders of motility are also impairments of function but are considered even more pronounced than functional disorders, so much so that they can mimic an intestinal blockage. Food just pools or sits and does not move down the digestive tract, but instead may be vomited back up. While functional disorders may be disabling to the suffering individual, they do not carry mortality statistics as do motility disorders.

There is no consensus among specialists for drawing a line between where milder forms of functional GI disorders end and severe forms of dysmotilities begin.

Motility disorders can occur as regional problems within the digestive tract and each disorder has its own diagnostic term. Some individuals can suffer with a blending of motility problems extending from their esophagus down through the colon.

Of the severe forms of adult motility disorders, all show predominance among females. In particular, a high proportion of patients who suffer from the large bowel motility problem of colonic inertia are female.

The most common of the motility disorders is gastroparesis. Literally meaning "weak stomach", this severe neuromuscular motility disorder leaves the stomach partially or even completely paralyzed.

Few have had as much experience with this illness as Ruth Ann Wall of Williamsport, PA. "I am sure that I developed this illness some time in the mid-70s, but back then they didn't even have a name for it," says Ruth, "and because I don't have diabetes, my doctors didn't know what to make of it. By 1986 I became dramatically ill, vomiting constantly and spending more time in the hospital than at home. I had to live on a completely liquid diet for over a year. My weight just kept falling, so I had to be switched to complete intravenous nutrition or face starvation."

Ruth has since had a J-tube implanted. It is a long tube that runs from the small intestine and exits out a hole in her abdomen. This is her lifeline for nutrition and has sustained her for all of these years. "There is no way I could work. I had to give that up back in 1990. I still vomit frequently and I am not sure if I even weigh 80 pounds. Last year I was in the hospital several times, one stretch for over 6 months. I can no longer use complete intravenous nutrition because it damages my liver. Over the years doctors have tried every medication possible, but since no one has ever developed a medication specifically for this illness, is it any wonder the medicines didn't help?"

Gastroparesis is a well-recognized disorder in diabetics. Some research has shown that as many as half of diabetics suffer to some degree with gastroparesis. So this is not a rare disorder. What is puzzling to the medical community is how individuals

develop gastroparesis and no known cause can be found. Yet, some of these people are profoundly ill.

Among gastroenterologists who specialize in motility disorders, all agree that the majority of their patients with gastroparesis are women; yet again, there are no statistics to cite.

So why has so little been done in regard to research and awareness? "For one thing," says Keith-Ferris, "there hasn't been a famous face to tell the story of the real impact of this illness on the public, and sadly, without that key it is difficult to raise funds for research. Those afflicted are just ordinary women and men. Some are severely disabled, and out of the loop of life.

GPDA is working to raise awareness by organizing the first International Scientific Task Force meeting on Gastroparesis, May 17, 2003 in Orlando Florida. Details can be found at: www.gp-workshop.com