

Gastroparesis and Dysmotilities
Association
GPDA Media Fact Sheet

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Welcome to the Gastroparesis and Dysmotilities Association Fact Sheet.

Here are some ready facts and figures to help you cover the story on digestive motility diseases and disorders.

Background facts:

- President and Founder: Jeanne Keith-Ferris, RN, BScN
- Est. in June of 2002 as a federally registered, Canadian, not-for-profit charity
- International membership.
- In 2005, May has been proclaimed: Digestive Motility Awareness Month.
- Severe forms of digestive motility problems represent total paralysis either in a specific region of the gut or across the entire gut, resulting in digestive organ failure. These are poorly understood neuromuscular disorders affecting all or parts of the digestive tract.
- Severe digestive (gastrointestinal) motility diseases attacking the various regions of the digestive tract are as follows: in the esophagus, achalasia; in the stomach, gastroparesis; in the mid-gut, chronic intestinal pseudo-obstruction; and finally, in the colon, slow-transit constipation, or colonic inertia.
- While these severe forms of motility diseases are considered to be rare, just a few patients can add up to a staggering cost to both the medical system and to the personal pocketbooks of suffering individuals. One patient may incur direct medical costs in excess of one million dollars each year.
- Severe forms of digestive motility problems can occur as secondary complications to persons suffering from other illnesses such as HIV/AIDS, Parkinson's disease, diabetes, scleroderma, cancer, chronic liver failure (such as with hepatitis C) and chronic kidney failure requiring renal dialysis. In addition, they may be caused as a complication resulting from some types of gut surgeries such as gall bladder, stomach or pancreatic surgery.
- Digestive symptoms brought on due to certain digestive motility disorders can be life-threatening, and under some circumstances, can, indeed, lead to death.
- In cases where digestive motility problems occur for unknown medical reasons (called idiopathic), 80% are young females.
- The digestive symptoms brought on due to faltering motility result in significant time lost from work or school, a loss of sleep and an inability to eat, all exacting a toll on the mental health and well-being of the sufferer.
- Less severe forms of the vexing and persistent symptoms of nausea, vomiting, bloating, difficulty swallowing, belching, acid reflux, regurgitation, constipation

and abdominal pain occur in either clusters of symptoms or individual entities in over 35% of the North American population. These symptoms represent faulty nerve-gut functioning, leading to uncoordinated digestive motility.

- Upper-gut symptoms, collectively known as dyspepsia, cost \$2 billion annually in medical costs.
- The indirect cost of digestive motility problems has been estimated at \$20 billion annually in the USA.
- The most common reason a person sees a gastroenterologist specialist is for dyspepsia symptoms.

Enterra Therapy for the treatment of gastroparesis

- In severe gastroparesis, some patients vomit more than 50 times a week — for years.
- Enterra therapy (also called gastric electrical stimulation) effectively diminishes and, in some cases, arrests the disabling and life-threatening symptoms of chronic, persistent nausea and vomiting in gastroparetic patients.
- Enterra Therapy is approved for marketing by the federal government of Canada but is not covered by the Alberta Health Care Plan.
- Gastric electrical stimulation uses the same pulse-generator “hardware” as is used in spinal cord stimulation. Spinal cord stimulation **is** covered under the Alberta Health Care Plan.
- Enterra therapy works by sending weak electrical impulses to the stomach via two small wires (leads), which block the noxious signals of nausea and vomiting. Patients, then, are no longer disabled and many are able to return to their roles as functioning, contributing citizens.