

**Gastroparesis and Dysmotilities
Association
GPDA**

www.digestedistress.com

Press Release

Jeanne Keith-Ferris, RN, BScN President/Founder
FOR IMMEDIATE RELEASE: February 13, 2007

Calgary, AB

Diabetes and gastroparesis: when will the discrimination stop?

Attention to digestive illnesses in women continues to take a back seat with Alberta Provincial Health. Patients — primarily women — are unintentionally discriminated against due to non-approval by our provincial health care system of a safe and effective, neurostimulating device used to treat chronic nausea and vomiting. Paradoxically, the same device is approved — and paid for — by Alberta Health for use in the treatment of intractable pain.

Patients in Alberta — and, indeed, across Canada — who suffer from constant, life-threatening vomiting related to a poorly understood digestive disease, must continue to shoulder the burden of cost for a physician-recommended treatment device.

The digestive illness in question — known as gastroparesis — represents a severe nerve-gut disorder, which afflicts many more women than men. This stomach disorder is often attributed to diabetes, which, due to unstable blood sugar levels, can take a toll over the years on the nerves that regulate digestive function. Non-diabetics, too, may be affected by gastroparesis; in such cases, the cause is often unknown.

Upper digestive symptoms — constant nausea, vomiting, abdominal pain, bloating, heartburn and an early feeling of fullness when eating — are daily reminders for those who suffer from gastroparesis that their stomachs are partially paralyzed and not working right.

Gastric electrical stimulation (GES) is an implantable neurostimulating system. A device consisting of a small battery with an adjustable pulse generator is sealed in a titanium jacket and embedded in a tissue pocket just under the skin's surface. Two wire leads are tunneled to the stomach and secured to its outer surface providing a stream of electrical pulses that effectively dampen the symptoms of severe nausea and vomiting.

While not a cure, gastric electrical stimulation may provide many patients with an appreciable reduction of their relentless nausea and vomiting, and for some patients, the

response is so dramatic as to render them nearly symptom-free. Once relying on artificial means of feeding via tubes, patients who respond so positively to GES can have their feeding tubes removed and get back to living normal lives. With over 2,000 patients in the United States implanted to date, researchers no longer ask if the device works; instead, they are now asking how it works.

But for those who have suffered from gastroparesis, it doesn't matter how GES works. Having endured years of daily bouts of nausea and vomiting despite having tried every available medication, these patients — many in their prime — were experiencing life as a living hell.

Neurostimulation is hardly new and, in fact, has been used safely and effectively in a variety of applications. Spinal cord stimulation has been used over the past 40 years to treat patients with intractable pain related to back injuries, and as such, has served as a platform in the discovery of other neurostimulating treatments. And there are many possible applications of neurostimulation such as deep brain stimulation for controlling intractable tremors caused by Parkinson's disease as well as sacral nerve stimulation for the treatment of weak bladders (often referred to as bladder paresis, "paresis" meaning a nerve weakness or paralysis).

The Itrel III neurostimulating device, developed by Medtronic Inc. and used for spinal cord stimulation is **the same device** used for treating gastroparetic patients. Both applications for the Itrel III neurostimulator have been approved by the federal government's Therapeutic Products Directorate office for marketing in Canada. So while Albertans in pain have access to provincially funded spinal cord stimulation, vomiting patients do not enjoy the same access to gastric electrical stimulation as provided by the same device.

The Gastroparesis and Dysmotilities Association (GPDA) has again taken up action with our new Alberta Minister of Health with submission of a detailed document challenging the provincial government's rationale for last year's rejection of GES as an insurable treatment under our provincial health care plan (By late July last year, GPDA had been surprised to receive a rejection letter from former Minister of Health Iris Evans' office declaring this treatment to be experimental and unproven.)

"Our past Minister's department has arrived at an indefensible and amoral position," says Ms. Keith-Ferris, president and founder of GPDA. She continues, "Many for-profit insurance providers in the US cover gastric electrical stimulation as a medical necessity for the treatment of gastroparesis. Why? Because it saves them money on their bottom-line calculations and it works. The American Medical Association (AMA) has developed treatment 'codes' for gastric electrical stimulation. These treatment codes are used by the medical and insurance industry as an effective means to communicate treatments and procedures. These codes are **not** generated for experimental therapies."

“All that our patients want is what is wanted by any other group who faces a chronic, life-threatening illness — we want access to the treatment developed specifically for our digestive disease,” states Ms. Keith-Ferris.

“In my opinion, our government officials clearly did not understand the seriousness of this digestive illness when they chose to reject coverage of gastric electrical stimulation as an insurable treatment,” says Ms. Keith-Ferris. “Not having access to GES places the lives of many of our patients in jeopardy.”

All of these facts are clearly documented in GPDA’s submission to the new Minister of Health as well as the suggestion of an initial program to insure Alberta’s diabetic gastroparetic patients.

“All we can do now is wait. This is a political decision and our government needs to be held accountable. They cannot hide behind such fallacies as this treatment is “unsafe, too expensive or experimental”. Four Albertans to date have paid out of their own pockets to be implanted with the GES device; all four are no longer disabled by digestive symptoms. How do we ignore their results?” asks Ms. Keith-Ferris.

All the necessary ingredients exist for implanting patients in Alberta. Calgary has a specialist trained in the care of patients suffering from gastroparesis as well as a surgeon trained in implanting gastric electrical stimulators.

In the meantime, many patients continue to suffer and wait in the wings hoping that our new Minister of Health will do the right thing for this women’s digestive issue.