

**Gastroparesis and Dysmotilities  
Association  
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**Press Release**

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**The First Lady of Country Music, Tammy Wynette, is cast in a new light with latest medical understanding regarding digestive motility diseases.**

Nashville music icon, Tammy Wynette, has been cast in a new light. WSNV (NBC-Nashville) Channel 4 news recently reported that Tammy Wynette has suffered from an intestinal dysmotility, a poorly understood chronic digestive illness. These simple words, when reviewed under the scrutiny of today's better medical understanding, re-frame her image from a drug-using performer to a stoic, hard-willed woman struggling against unrelenting abdominal pain.

“The media missed the story as to why she was on narcotics,” says Jeanne Keith-Ferris, founder of the Gastroparesis and Dysmotilities Association. Tammy's daughter, Jackie Daly, in her book, *Tammy Wynette, A Daughter Recalls her Mother's Tragic Life and Death*” carefully chronicles Tammy's health problems and drug use, and reports that Tammy's autopsy lists “intestinal dysmotility” as one of her medical problems. The words “intestinal motility” are packed with significance for had Tammy been diagnosed with this disorder, it would have defined the last two decades of her life. However, this digestive disease is often misdiagnosed and under-recognized by the medical community. Sadly, even when recognized there are precious few treatments available and those afflicted must bear chronic suffering.

Cast in this new light, the cloud of drug use that hung over the final years of Tammy Wynette's career can be lifted and instead reveal a courageous and tenacious performer. Disordered intestinal motility would have caused her gall bladder failure in 1978, and throughout her career, a slow downward spiral of chronic, debilitating abdominal pain, countless abdominal surgeries, malnourishment, blood clots and finally her death in 1998.

Tammy Wynette's story, as told by her daughter, is a classic story of someone suffering with a digestive motility disease of the small intestine.

Ms. Keith-Ferris states that digestive motility diseases can strike any age group. In some situations it can take as long as 10 years to get an accurate diagnosis. Digestive motility diseases can affect any region of the digestive tract and each region has its own label. They are all characterized by weak to paralyzed contractions within the gut. These diseases represent a failure of digestive motility, which is the active processing and pumping of food needed for turning the fuel into nutrition. When this action fails, symptoms can come on gradually and are very non-specific or they may erupt into the apparent appearance of a complete intestinal blockage.

When food does not move down the digestive tract because of this failed or weak motility, it backs up. The sufferer will experience episodes of terrible abdominal pain, nausea, vomiting and abdominal bloating. To the emergency room physician, this appears to be a full intestinal blockage needing immediate action. When the surgeon goes in to look for the blockage, nothing is found; no abnormalities, no inflammation — in fact, nothing to explain the terrible symptoms. What is unseen to the surgeon's eyes is the microscopic damage to the nerves in the digestive tract, which is the cause of the problem. This scenario of repeat blockages and emergency surgery with nothing found can play out over and over again. The surgeries themselves can compound the problems and pose a risk of infections.

Tammy, as reported in her daughter's book, endured 27 abdominal surgeries. Multiple surgeries are, unfortunately, common to intestinal dysmotility, which can cause failure of the gall bladder, liver and pancreas. Tammy's declining health and reliance upon narcotics is a typical pattern of someone suffering with a more severe case of intestinal dysmotility. Sadly, confusion among the medical community over these diseases is all too familiar.

On the outside, people suffering with digestive motility diseases look normal and healthy. "Appearance has nothing to do with how these people feel," says Ms. Keith-Ferris. "They can rise to an occasion, then pay for it with increased symptoms. On bad days, they are throwing up to the point of needing hospitalization, or stuck in a bathroom with profound constipation, terrible abdominal bloating and pain. They are miserable with symptoms." Patients become filled with despair, as would anyone struggling against a chronic illness; their despair is compounded by lack of guidance from the medical doctors, a lack of effective treatments and a community at large that does not understand the degree of their suffering.

The misunderstanding surrounding these diseases continues to persist and impacts the care received by ordinary people, not just famous faces such as Tammy's. Doctors are good at recognizing digestive failure brought on as a result of other chronic illnesses such as scleroderma, Parkinson's disease, AIDS, and diabetes. However, when the symptoms

of motility failure seem to have no identifiable underlying cause, many doctors are all too quick to suggest the problem may be psychosomatic or created by stress.

The one message that comes through in Tammy's biography is the frustration her family felt since no one could explain the full cause of her health problems. It is little wonder that the medical community had difficulty explaining her problems. This group of diseases did not even have diagnostic labels until the mid-1980s, and even now, the amount of money spent on research to help define these illnesses is minimal in comparison to other non-lethal digestive disorders.

"Our challenge," reports Ms Keith-Ferris, "is to help doctors and the community to realize that these are diseases in their own right. They have been overlooked and under-researched so much so that controversy over them still reigns among the specialists. All the while, patients are suffering and some are dying. These are not rare diseases and millions of Americans are affected."

Teen-aged girls suffering from digestive dysmotility want to eat but cannot; they are misdiagnosed with an eating disorder and wind up in psychiatric care. Parents, who yearn for an end to their child's disabling symptoms, may be accused of inflicting the suffering on their child and labelled with Munchausen by proxy. And adult sufferers may be dismissed as medical malingerers, wrongly labelled and turned away by the medical community. But, when a large group of patients is studied, the patterns are easy to see: all of these patients share characteristic symptoms that identify them as a community of suffering individuals who are very much misrepresented.

Tammy Wynette was an incredible performer with a deep affection for her audience. The realization that she suffered from intestinal dysmotility brings a whole new understanding to the strength of her indomitable spirit. This disease can stop anyone in their tracks, but there was no stopping Tammy. She would have had to will herself to the stage for yet another performance. The depth of her suffering brought on by digestive motility disease makes the re-telling of this tragic story essential and even more powerful.