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She is worried!

**Will her digestive disease continue
to receive clinical research funding?**

Imagine feeling nauseated everyday with vomiting spells,
endless days in a hospital bed and feeding tubes.
How can she fulfill her dreams?

Jennifer, and
millions of other North Americans like her, suffer from a
mysterious stomach disorder called :

Gastroparesis

(GAS-tro-par-ee-sis: or also abbreviated GP, means a weak
or partially paralyzed stomach).

Its cause is often unknown and frequently goes undiagnosed.

The upper digestive symptoms of:
nausea, vomiting, bloating, fullness, heartburn, and
pain disable many sufferers. Jennifer has lived
with her digestive illness for a decade witnessing
her already limited treatment options being whittled away.
Her only hope lays in future clinical research.

Give Hope, Fund GP Research!

Dear Senator / Congressman,

Gastroparesis is a severe, disabling neuro-muscular disorder of the digestive tract resulting in a weakened or paralyzed digestive system. People suffering from diabetes, scleroderma, Parkinson's, AIDS, kidney disease, and others can be severely affected. However, the largest group to suffer are young women and no known medical cause can be found. According to the NIH, 5 million Americans suffer from GP. Gastroparesis in its worst form, represents digestive organ failure.

In 2005, the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) established the first Gastroparesis Clinical Research Consortium (GpCRC). Funding is secure until 2011.

This consortium is a future lifeline for long-suffering patients. It establishes the basic elements needed to find new treatments for gastroparesis patients.

Clinical research into gastroparesis is long overdue. In the past decade 3 vital medications for treating GP have been severely restricted. Further, an implantable treatment device is not widely available. All of this adds-up to patients relying upon older drugs with significant side-effects and increased rates of hospitalizations.

I urge you to direct the NIH to continue funding the GpCRC beyond 2011. I want to hear back from your office regarding your commitment in this effort. Thank you.


