

Suddenly, Without Warning, Someone's Life Will Be Forever Changed Because Of A Digestive Motility Disorder



AGMD Understands, Cares And Is Here To Help

- ⇒ **What are digestive motility disorders?** In normal digestion, peristalsis (wave-like coordinated contractions) propels food and liquid through the digestive tract. But in people with digestive motility diseases or disorders, these contractions are impaired. There are numerous types of digestive motility disorders. Some affect only one part of the digestive tract; however, others include or progress to multiple areas of the digestive tract. In certain instances, motility disorders can affect the urinary system as well.
- ⇒ **What are some of the potential symptoms?** Depending on the area of the digestive tract affected, symptoms may include esophageal, stomach, or abdominal pain, difficulty swallowing, reflux, excessive burping or gas, a feeling of early fullness, abdominal swelling, regurgitation, nausea, vomiting, constipation and diarrhea.
- ⇒ **Who is affected by digestive motility disorders?** Digestive motility disorders can affect anyone of any age, gender or race. Although many patients do not outwardly appear to be ill, their symptoms, while “invisible,” can be debilitating and life-changing.
- ⇒ **Do digestive motility disorders run in families?** Certain digestive motility disorders may be genetic; however, in many cases, there are alternative causes. For example, some are the result of abdominal surgery or viruses, some are secondary to other illnesses (which may or may not be genetic) and some are “idiopathic,” meaning there is no known cause.
- ⇒ **Can all patients control their symptoms?** The symptoms of digestive motility disorders do not always appear to follow a particular pattern. Some patients experience symptomatic periods (of various lengths) which they describe as “flares,” followed by remission-like periods. And on any given day, a patient might feel reasonably well one minute and the next minute be in excruciating pain. Likewise, patients can sometimes successfully tolerate a particular food one day but experience escalating symptoms the next time they eat that same food.
- ⇒ **Are effective treatments available?** Treatment tends to be highly individual in nature; there is no one treatment which is effective for everyone. Patients often try several approaches before settling on a routine which helps them personally, and in some cases, there simply are no adequate treatments available.
- ⇒ **What impact do digestive motility disorders have on patients?** Digestive motility disorders can have a profound effect on patients and their loved ones. It is often difficult to make plans and socialize because of the unpredictable nature of symptoms. Some patients develop food aversions, fear, anxiety and depression as a result of their chronic illnesses. Patients commonly mourn the loss of food, the ability to eat normally, socializing, careers, financial stability, relationships and other significant aspects of their pre-diagnosis lives. It can be frustrating for patients and family members when others do not understand or belittle patient experiences. The life of a digestive motility patient is filled with numerous daily physical and emotional challenges, and patients sometimes feel alone in their struggle.



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Examples of Digestive Motility Diseases & Disorders

Achalasia is a digestive motility disease affecting the esophagus. Patients with achalasia have an absence of peristalsis (digestive contractions) in the smooth muscle of the esophagus. There may also be incomplete relaxation of the lower esophageal sphincter upon swallowing. Symptoms include difficulty swallowing solids and liquids, chest pain (cardio-spasm) during swallowing or, at random times, night coughing, regurgitation and the inhalation of food into the lungs.

Chronic Intestinal Pseudo-Obstruction is a rare digestive motility disease which may affect the nerves and/or muscles of the digestive tract. Symptoms include severe abdominal pain, constipation and/or diarrhea, nausea and/or vomiting, weight loss/gain, abdominal distention (belly swelling), early satiety (fullness), gastroparesis, esophageal problems, malnutrition, lethargy and difficulty with urination. In addition, patients may experience low back pain, muscular and/or joint pain and many other unexplained and complex symptoms affecting the entire body.

Diffuse Esophageal Spasm presents itself with disorganized and uncoordinated peristaltic contractions in the esophagus. Sometimes, the pain can be so severe that it mimics symptoms of a heart attack. Pain can be felt in the chest and radiate through the upper back, arm and jaw. Very cold or hot liquids, as well as lifting or exerting oneself, can worsen the pain. A painful attack may occur any time, day or night and may last from minutes to hours. It may also reoccur multiple times.

Dumping Syndrome is a condition in which stomach content empties at a very rapid rate into the small intestine. Symptoms include epigastric bloating, cramping, abdominal pain, nausea, vomiting, explosive diarrhea, gas, profuse sweating, dizziness, flushing, weakness, palpitations, blood pressure variants, weight loss and nutritional deficiencies.

Fecal Incontinence is the loss of bowel control. Fecal incontinence can occur for a variety of reasons, including age, diarrhea, rectal prolapse, paralysis, tumors, injuries, impaction, childbirth, dementia and digestive motility diseases and disorders.

Gastroesophageal Reflux Disease occurs as a result of stomach content flowing backwards into the esophagus. Symptoms include burning or sharp pain, esophageal inflammation, acute and chronic heartburn (which may worsen when the patient eats, bends, lifts, or lies down), regurgitation of gastric contents and a sour taste in the mouth, excessive salivation, difficulty swallowing, noncardiac chest pain, laryngitis and cough.

Gastroparesis is a motility disease in which the movement of food through the stomach and into the small intestine is delayed to various degrees. Symptoms include early satiety (fullness), nausea, vomiting, reflux, stomach and abdominal pain and distention (swelling) and, sometimes, extreme weight loss/weight fluctuations.

Hirschsprung's Disease is also known as congenital megacolon. The nerves in the large intestine are missing, resulting in fecal backup, constipation and vomiting.

Intestinal Ischemia is restriction of blood flow to the intestinal tract. Depending on the type of intestinal ischemia, symptoms can range from sudden mild, crampy left-sided predominant abdominal pain to sudden severe abdominal pain, urgent need to move the bowels, abdominal tenderness, blood in stool, weight loss, nausea and bloating.

Intestinal Obstruction is a blockage that stops the passage of intestinal content through the digestive tract. Symptoms include abdominal pain, bloating, vomiting, severe constipation, diarrhea (partial obstruction), fever and absent or loud and high pitched bowel sounds.

Irritable Bowel Syndrome is a motility disorder characterized by a group of symptoms which include abdominal pain, cramping, or discomfort, diarrhea and/or constipation, frequent bowel movements and bloating. It is considered a functional disorder because no structural cause can be found.

Neuronal Intestinal Dysplasia is a digestive motility disorder in which there is an abnormality in the nerve cells (ganglia) resulting in slow transit. An indicator may be a delayed passing of meconium (the first bowel movement of an infant). Symptoms include constipation, uncontrollable soiling, abdominal pain, nausea, loss of appetite, diarrhea and blood in stool.

Nutcracker Esophagus is a motility disorder which affects the muscles or nerves of the esophagus. It is also referred to as one of the esophageal spastic motor disorders. Symptoms include dysphagia (difficulty swallowing), chest pain and the feeling of food being stuck in the throat.

Short Bowel Syndrome is a failure of the gastrointestinal tract to absorb important nutrients necessary for normal growth and development. This may occur as a result of a small bowel resection or multiple bowel resections, intestinal atresia (defect) or volvulus (the twisting of the bowel on itself), Crohn's Disease, trauma, Hirschsprung's Disease and chronic intestinal pseudo-obstruction. Symptoms include diarrhea, bacterial overgrowth, gallstones, renal stones and gastric hypersecretion.

Small Intestinal Bacterial Overgrowth occurs as result of bacteria that typically reside in the colon (lower intestine) populating parts of the small bowel (upper intestine). Symptoms include diarrhea, anemia, abdominal pain, edema and weight loss.

Sphincter of Oddi Dysfunction occurs when this muscular valve, which controls the flow of bile and pancreatic juices into the duodenum, fails to properly function and results in the backup of digestive juices. Symptoms include severe and/or sharp abdominal pain, which may also radiate to the back or shoulder blades, nausea, vomiting, fever, chills and diarrhea.

The information contained in this publication has been reviewed by members of the AGMD Medical Advisory Board.

The material contained in this information sheet should be used only as a reference guide. Patients are urged to contact their physicians regarding any concerns or questions related to their health or the material presented in this information sheet.

If you would like to learn more about digestive motility diseases and disorders, please contact the Association of Gastrointestinal Motility Disorders, Inc. | AGMD |. It would be a privilege for us to assist you.

