

Trust your gut

DURING celebrations such as the upcoming Hari Raya, it is not uncommon to see antacids being passed around after everyone is done feasting. Bloating, abdominal discomfort and difficulty breathing after meals may be a normal thing for you, but it could be a sign of a more serious problem.

Dyspepsia, commonly known as indigestion, is a chronic disorder of sensation and movement (peristalsis) in the upper digestive tract. It can cause abdominal and upper gastrointestinal (GI) tract discomfort, especially after a meal.

According to a study in *Alimentary Pharmacology & Therapeutics*, the prevalence of this disorder is around 20% in Malaysian adults, whether due to heavy chilli intake, use of analgesia or chronic illness.

"A lot of people with this problem will not seek medical treatment because it is a self-limited condition, which means that it resolves spontaneously with or without specific treatment," says Dr Cheong Kuan Loong, consultant physician, gastroenterologist and hepatologist at Columbia Asia Hospital, Puchong.

"In 25% of patients, we can identify a structural, metabolic or biochemical defect that causes dyspepsia. The remaining 75% have functional dyspepsia.

Functional dyspepsia is difficult to treat and control due to the lack of apparent symptoms and underlying causes."

Some conditions that can lead to



Dr Cheong Kuan Loong.

or exacerbate functional dyspepsia are:

- **Gastric dysmotility** – A group of conditions that includes delayed or rapid stomach emptying after meals and subsequent satiety issues, hypermotility, gastric arrhythmia and impaired gastric accommodation (in males).

- **Visceral hypersensitivity** – Bloating is sometimes painful, but some people find it more painful than others. A lower pain threshold when it comes to bloating, a condition called visceral hypersensitivity, could signify digestive problems.

- **Bacterial infection** – *Helicobacter pylori* has been identified as a possible cause of functional dyspepsia. It could also be a reason for gastric dysmotility or contribute to smooth muscle dysfunction.

- **Psychosocial dysfunction** – Dyspepsia has been associated with generalised anxiety disorder,

amnesia and depression. Patients with these conditions regularly report feeling nauseous or having GI discomfort during periods of high stress.

Dr Cheong says, "Patients who come in with gastric problems are classified by age. If a patient is more than 60 years old, an upper endoscopy with gastric biopsy is performed. Younger patients only need an endoscopy if they display four important symptoms."

These symptoms are:

- Clinically significant weight loss, which is defined by a 5% to 10% weight loss over a six- to 12-month period.
- Overt GI bleeding that is

characterised by vomiting blood or passing tarry stools

- More than two alarm features
- Rapidly progressive alarm features

Alarm features for GI tract problems are:

- Difficulty swallowing
- Painful swallowing
- Unexplained iron-deficient anaemia
- Persistent vomiting
- Palpable mass in the abdomen
- Palpable lymph nodes
- Family history of cancer in the upper GI tract

According to Dr Cheong, antacids are not a cure-all and should not be

treated as such. Proper diagnosis and medication are needed, especially in cases of persistent gastrointestinal problems.

If drug therapy is not effective, he says doctors may put their patients through less popular treatments such as psychotherapy or gastric emptying studies.

People can develop dyspepsia no matter their age. However, if GI tract problems occur at a later age, caution should be exercised by consulting a physician because these problems could indicate cancer, peptic ulcer disease or other organic problems.

■ For more information, call 03-8064 8688.

