



PUBLIC FORUM: QUESTION ON YOUR BOWELS? ANSWERED!

The latest public forum organized by the IBS support group was held on 25th June 2005, a packed house filled the auditorium at the Singapore Power building to listen as several Doctors attempted to answer many of the common and pertinent questions about bowel problems.

A wide variety of topics were covered, Dr Gwee Kok Ann started the forum with a talk on chronic constipation where he addressed several issues including the people who were at risk, why constipation is important and ways to improve bowel habits. Dr Lim Chong Sian, a general surgeon then proceeded to talk about piles, what type of piles needed to be treated and the various new treatment options available. After a short question and answer session followed by a sumptuous tea, A/Prof Adrian Leong spoke about colorectal screening, the procedure and importance of having screening. Miss Kho Chencill a Dietician introduced the various types of foods that could potentially cause bloating as well as the importance of probiotic drinks in the overall health of the gut.

Last but not least, Dr Gwee Kok Ann then spoke about the topic closest to our guts, IBS, and the connection to constipation, colorectal cancer and diet. In the course of the talk, he identified the many factors that could contribute to IBS. He also brought to the attention of the audience that IBS was a complex condition that was not just about stress as many people seem to think, and that a lot of time, patience and understanding are needed in the successful treatment of an IBS patient. The forum then concluded with a very lively question and answer session.

MEDICAL UPDATES

Cholecystectomy and the Risk of Colorectal Cancer

(American Journal of Gastroenterology 2005;100:1813-1820)

A study from the UK found that patients who had a history of cholecystectomy and/or a history of gall stone disease had a slight increase in risk of developing colon cancer. Patients who had previous cholecystectomy or gall stone disease did not have an increase risk of rectal cancer. However the study did not take into account factors that would increase the risk of patients developing colon cancer, such as BMI, diet, physical activity and family history of colon cancer. All in all, the study concluded that patients should not be dissuaded from having cholecystectomy if necessary, but screening for colon cancer might be beneficial for these patients.

When saliva meets acid: chemical warfare at the oesophagogastric junction

(Gut 2005;54:1-3)

With the increase awareness of anti *H.pylori* therapy, there has been a decrease in stomach cancer in the body of the stomach. However, the proportion of cancers in the area where the oesophagus meets the stomach has increased. The authors proposed that this was due to the production of chemicals, namely nitrates and nitrites, when the saliva from the mouth meets the acid and secretion of the stomach at the oesophagogastric junction. While the production of nitrates and nitrites is necessary for killing of bacteria, the author suggest further studies need to be done to confirm if the nitrites and nitrates do cause cancer, and if therapeutic approaches for oesophageal and stomach cancers could come out of such research.

Dietary intake and the risk of gastro-oesophageal reflux disease: a cross sectional study in volunteers

(Gut 2005;54:11-17)

Diet has been considered an important risk factor for gastro-oesophageal reflux disease (GORD). This study compared the diet of volunteers and found that among patients who had a BMI of more than 25, a diet rich in fat, and a diet that was high in total calories, predisposed a person to symptoms of GORD as well as oesophageal erosions. However in patients with a BMI of 25 or less, dietary fat intake was not seen to be a factor in having GORD. Thus it is uncertain if BMI was the main predisposing factor in developing GORD or if dietary fat intake was the main predisposing factor. The author suggests further studies to determine the role of BMI and dietary fat intake in predisposing a person to GORD.

Lactobacillus and Bifidobacterium in Irritable Bowel Syndrome: Symptom Responses and Relationship to Cytokine Profiles.

(Gastroenterology 2005;128:541-551)

Probiotics are defined as bacterial or bacterial products that confer health benefits. In this article, the effects of 2 probiotic bacteria, *Lactobacillus salivarius* and *Bifidobacterium infantis* were assessed in patients with IBS. The results suggested that *B infantis* improved the symptoms of patients with IBS, particular abdominal pain and bloating. No significant benefit was observed for stool consistency and bowel frequency. In contrast, *Lactobacillus salivarius* did not show any benefit compared to placebo. Interestingly, blood samples taken from subjects on *B infantis*, but not *L salivarius*, showed decreases in inflammatory markers after treatment.

Amitriptyline reduces rectal pain related activation of the anterior cingulate cortex in patients with irritable bowel syndrome.

(Gut 2005;54:601-607)

Tricyclic anti-depressant (TCA) medications have been reported to be effective in treatment of IBS. The doses used are frequently lower than that used in the treatment of depression, raising the possibility that it acts via a different mechanism in IBS patients. Amitriptyline belongs to the group of TCA medications and was reported in the

study to reduce the effects of rectal pain during psychological stress on the activation of certain brain regions. One of these regions is the perigenual cingulate cortex, and is thought to be involved in the emotion component of pain. Previous reports on patients with surgery resection of this area indicate that these patients can still feel pain, but the pain does not bother them. This study provides objective evidence of abnormal brain activity in IBS patients which are improved with amitriptyline.

***MAKING SENSE OF* CANCER SCREENING**

A couple of the medical updates in this issue of the newsletter deal with the subject of risk factors for the development of cancers. How does cancer develop and how effective is screening in decreasing the mortality and morbidity associated with cancer?

The first step in the evolution of a cancer is the mutation of the DNA structure of a cell by certain chemicals or even UV light, these mutagens are grouped together and called 'initiators' of cancer. Subsequently, the cells which have damaged DNA need to divide and multiply under the influence of 'promoters' of cancer formation to become what is known as the tumor or cancer. This process sometimes takes years, as a normal cell requires multiple mutations to render it cancerous.

Therein lies the rationale of screening of cancer. Certain cancers have well defined precancerous (or as Doctors call them, premalignant) appearances. If the cells are identified while they are still only partially mutated and removed in time, then the cancer will not be able to develop. In Singapore, there are 3 main cancers that can be screened for. Breast cancer is screened for using a mammogram, cervical cancers are screened for using the PAP smear test and colorectal cancers are screened for using either colonoscopy and/or a fecal occult blood test. All 3 cancers are screened because of the effectiveness of the screening procedure, and the fact that early detection could potentially save lives.



~ PRACTICAL TIP OF THE DAY ~

Placing a warm object on the abdomen can help reduce pain and discomfort from IBS. How this works exactly is not known but may be related to modification of pain input to the brain by activation of the heat-sensing nerves.

To find out more, visit our website www.ibs-support.com.sg, or write to us at ibssupport@gmail.com or Gleneagles Hospital Annexe Block, 6A Napier Road #05-37, Singapore 258500.

