



# DIGESTING THE FACTS:

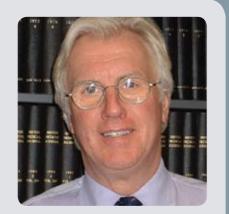
What people are thinking about their digestive health

Ten percent or more of a GP's working life can be spent in consultation with patients with digestive disorders, yet this may not reflect the real extent of digestive problems in the UK. Although the majority of people in the UK can name the key parts of their digestive system, few people know the indicators of positive gastrointestinal (GI) health, how they can look after their own digestive system and what symptoms necessitate a consultation. This report examines two new pieces of research that underscore the need for improved communication around digestive issues, among both patients and GPs, and provides expert advice on changes that could improve the management of digestive disorders in primary care.

A report produced by Core, the UK's only charity to fund research into gut, liver, intestinal and bowel illnesses, in partnership with Danone.



## DIGESTIVE DISCOMFORT DEMANDS OUR ATTENTION



**Professor Roger Jones** 

Chair of Core, Emeritus Professor of General Practice at King's College London School of Medicine and President of the Primary Care Society for Gastroenterology.

Digestive disorders can significantly impact patients' quality of life<sup>4</sup> and account for more than 10% of the work of GPs,<sup>1</sup> yet this figure may still be inaccurate, as this research suggests that many patients (41% [403/984]) have never visited their doctor specifically to discuss their digestive problems.2

Lack of consultation may, in part, be due to the fact that patients are confidently self-managing the symptoms. However, it may also reflect the fact that digestive health remains a relatively low priority for many patients when considering their overall wellbeing. As a result, patients may not understand what constitutes normal digestive function, or the symptoms that may suggest a more serious digestive condition, and therefore simply not know when to seek help.

These issues have been clearly illustrated by two new pieces of research among the general public and GPs, details of which can be found in this report.<sup>2,3</sup>

One of the most striking findings is that, while serious 'red flag' symptoms are being confidently managed in primary care, the less serious but more frequently presenting symptoms of digestive discomfort, such as bloating and flatulence, are areas where GPs

would welcome further guidance relating to appropriate management options.3

To help address these concerns, Core<sup>†</sup>, in partnership with Danone, has been working with a group of experts in the field to determine the barriers to appropriate GP intervention, how digestive disorders can be better understood and what further advice is needed for both the public and GPs.

The report coincides with Core's 40th anniversary this year. Working together, we hope to alleviate the burden of digestive disorders in society today.

Roger Jones Roger Jones, Chair of Core



#### **Dr Anton Emmanuel**

Medical Director of Core, Senior Lecturer in Neurogastroenterology and Consultant Gastroenterologist, Department of Gastroenterology and Nutrition, University College Hospital, London



#### **Dr Tom Smith**

Chief Executive of Core and the **British Society of Gastroenterology** 



#### **Dr Jamie Dalrymple** GP and Chair of the Primary Care

Society for Gastroenterology



#### **Professor Chris Hawkey**

Vice Chair of Core, Chair of the British Society of Gastroenterology Public Affairs Committee and Professor of Gastroenterology at Nottingham University

## DIGESTIVE KNOWLEDGE vs. UNDERSTANDING

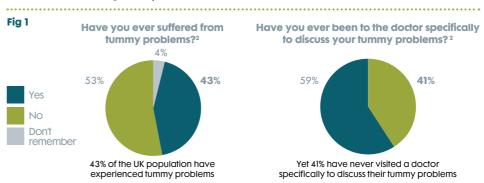
Many people in the UK simply don't think about their digestive system when it comes to overall health and wellbeing, according to new research conducted by YouGov.<sup>2</sup> While the majority of the UK population can correctly identify the key components of their digestive system, many are not confidently able to differentiate between minor and more serious gastrointestinal symptoms that should motivate them to seek a consultation with their GP.

In broad health terms, people are more likely to think about their weight (75%), teeth (55%), sleep (55%) and heart (51%) ahead of their digestion (41%), despite the fact that nearly half (43%) of the UK population experience some form of digestive discomfort, according to the findings of the YouGov survey (n=2287).2 Men, in particular, are more likely to ignore their digestive health, especially those aged 35-44.2

The most frequently experienced digestive symptoms in the UK include abdominal pain/ discomfort (63% [619/984]), followed by diarrhoea (55% [541/984]), bloating (53% [521/984]), flatulence (44% [432/984]) and constipation (44% [432/984]).2

In most cases, people reported that their symptoms were manageable or resolved without the need for a GP consultation<sup>2</sup> – potentially explaining the reason why 41% (403/984) of people have never visited their doctor for advice on digestive complaints.<sup>2</sup>

Some 18% (72/403) of the population who experience digestive discomfort avoid visiting their GP as they don't think the doctor could help, while 5% (20/403) of people don't want to talk about their digestive problems.2





#### Consumer research findings<sup>2</sup>

- Over 80% of people can correctly identify the primary components of the
- Almost a quarter (24% [549/2287]) of people never think about looking after their digestive system.
- to consider digestion as part of their overall health (46% vs 36%)
- Of the 43% (984/2287) who have women experience more constipation than men (53% vs 32%), more bloating (62% vs 41%), flatulence (47% vs 41%) and tummy pain (67% vs 58%).
- Of the 43% (984/2287) who have experienced digestive discomfort, 41% (403/984) have never visited a doctor – rising to 61% of those aged 25-34.



This research shows that people really don't pay enough attention to their digestive health and illustrates our concerns that people may not recognise or may ignore the symptoms of serious digestive disorders until it's potentially too late. This may be particularly true for men, who appear to pay far less attention to their digestive health than women. The Dr Anton Emmanuel

Fig 2 You have said you have suffered from tummy problems. Which of the following have you suffered from?<sup>2</sup>

**Digestive** discomfort symptoms by age



## MINOR SYMPTOMS, **MAJOR CONCERNS?**

#### **GP** research findings <sup>3</sup>

- presenting to GPs are: heartburn/ gastro-oesophageal reflux disease, indigestion, abdominal discomfort, constipation and diarrhoea.
- diagnosed by GPs are: irritable bowel syndrome, gastritis, gallstones, diverticulitis and peptic ulceration.
- Some 46% (234/508) of GPs believe they see significantly more women
- When it comes to seeking help for difficult problems in GI patients, 65% (330/508) would consult a colleague, 31% (157/508) would refer patients to a gastroenterologist, while 22% (112/508) would refer to a dietitian.

GPs can confidently deal with the symptoms of major digestive disorders, according to new research conducted by Medeconnect.3

However, GPs feel less confident when dealing with the minor symptoms, like bloating and flatulence.3

On a day-to-day basis, the most common digestive symptoms for which patients consult with their GP are heartburn, indigestion, abdominal discomfort, constipation and diarrhoea3 – closely correlating with the most often experienced digestive complaints according to the YouGov research.2

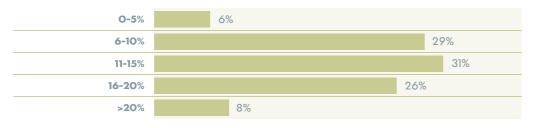
Around a third (163/508) of the GPs surveyed said they felt a bit lost managing nonred flag GI symptoms. Irritable bowel syndrome/inflammatory bowel disease

were identified by 17% (28/163) of these GPs as conditions they have most difficulty in managing.3 However, these GPs would also like more help advising on the minor, more frequently seen symptoms, such as bloating (41% [67/163]) and flatulence (20% [32/163]).3

Nearly a quarter (116/508) of the GPs surveyed felt they lacked appropriate information when dealing with adult patients with GI conditions. Information they would find useful included up-to-date and relevant guidelines and investigation protocols, increased information on diet and lifestyle interventions, and specific gastrointestinal disorder leaflets.3

Fig 3 What percentage of your consultations include a discussion on digestive health?

A high proportion of GP consultations involve digestive health<sup>3</sup>

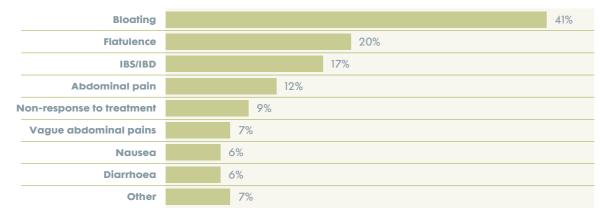




When it comes to minor digestive disorders, patients often find it hard to accurately describe what they are experiencing. Minor symptoms, such as bloating and flatulence, are not always well defined in the literature either, which may contribute to the concerns GPs have managing these GI issues. It is also worrying that patients with more serious symptoms, such as rectal bleeding, may only be presenting late. The Prof Chris Hawkey

Fig 4 Are there any non-red flag GI symptoms you feel a bit lost in managing? If yes, please provide examples

Specific symptoms **GPs** have difficulty managing<sup>3</sup>



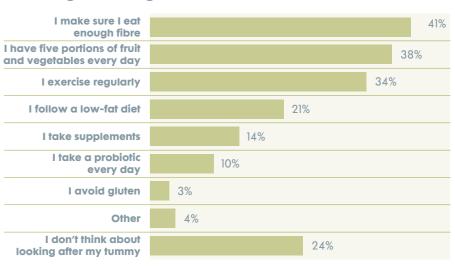


There are many things that patients can do to support their digestive

function. It's not all about modifying the diet – although this can undoubtedly help. Exercise, the time you eat, how much you eat, even where you eat are all important factors that can affect how your digestive system operates. **Dr Jamie Dalrymple** 

Fig 5 How do you look after your tummy?\*2

#### Looking after digestive health<sup>2</sup>



## DIET, NUTRITION & DIGÉSTIVE HEALTH

Popular dietary changes that people are likely to consider when thinking about their diet and health include increasing their fibre intake (41% [938/2287]\*), eating five portions of fruit and vegetables per day (38% [869/2287]\*), following a low-fat diet (21% [480/2287]\*), taking a probiotic every day (10% [229/2287]\*), avoiding gluten (3% [67/2287]\*) and avoiding dairy products or processed foods (<4%[91/2287]\*).2

Perhaps surprisingly, among those who suffer from digestive discomfort, some 74% of women and 63% of men avoid food that they enjoy if they think it may trigger digestive discomfort.2

Attitudes to diet and wellbeing also reflect some specific gender and age differences: more men than women (37% vs 32%) and a larger proportion of 18 to 34 year olds exercise regularly (18-34 years: 38%; 35-44 years: 32%; 45 years and over: 32%); while women and those aged 45 and over are more likely to focus on their diet.2

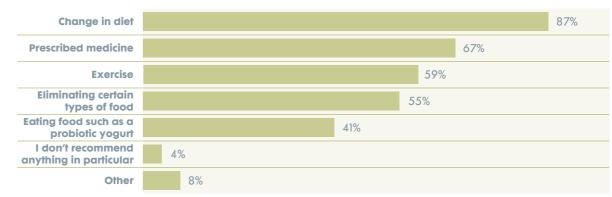
People with digestive discomfort could also benefit from additional advice that wasn't just around exclusion of foods known to exacerbate their symptoms, but positively helped their digestive health, for example, regular exercise, eating smaller meals, and adding in additional foods such as more fruit and vegetables, and potentially a probiotic.

#### **Understanding probiotics**

- Probiotics are "live micro-organisms which, when ingested in adequate amounts, confer a health benefit on
- For probiotics to deliver any kind of health benefits they must remain viable for the shelf-life of the product, be able to survive the gastrointestinal transit in sufficient quantities and have a proven health benefit as demonstrated by clinical trials.5
- Probiotics have been shown to improve GI wellbeing through improving digestive symptoms and health-related quality of life in patients with minor digestive symptoms.<sup>6,7</sup>
- Several trials of probiotics in patients with IBS have shown beneficial effects.8,9
- Clinical evidence from one probiotic strain or probiotic product cannot be extrapolated to others.5,10

Fig 6 What do you recommend to your patients presenting with non-red flag GI symptoms?\*\*3

**What GPs** recommend to patients with minor symptoms of digestive discomfort<sup>3</sup>



- \* Based on results of the YouGov online survey involving a nationally representative sample of 2,287 adults (aged 18+ years)
  \*\* Based on results of the medeconnect online survey involving a nationally representative sample of 508 GPs of all grades who were members of Doctors.net.uk

## SELF MANAGEMENT — THE FIRST STEP IN MANAGING DIGESTIVE DISCOMFORT

### Everyday Digestive Health: Advice for patients

#### Learn

Learn to understand your digestive system – keep a food diary, be aware of your bowel habits, think about how the food you eat impacts on how you feel and start to recognise specific triggers that may lead to digestive discomfort.

#### Listen

Listen to your own body — everyday symptoms such as stomach rumbling, discomfort, bloating or constipation could be important signals that may indicate changes to your digestive system.

#### Look

Look out for things like altered bowel habit, blood in stools, distension that doesn't go away overnight – please refer to the minor or major symptoms checklist on the opposite page.

#### Live

Live – remember
there are things you
can do that may
help you to improve
digestive function, like
eating regular meals,
taking time to eat,
avoiding eating large
meals late at night,
taking regular exercise,
drinking two litres of
fluid per day, eating
five portions of fruit
and vegetables a day,
or taking a probiotic.

## People need more information in order to be able to manage their own health issues and to understand why taking responsibility for their own minor ailments is the best option for them.

Minor health problems account for nearly one fifth of a GP's workload, equating to around 57 million consultations per year. Some 14% of the drug budget is spent dealing with the management of gastrointestinal disorders in general practice.

Improving the understanding of digestive health symptoms and of the potential for greater use of non-drug therapies could therefore free up a significant amount of GP time<sup>3</sup> and budget in primary care.

The Medeconnect and YouGov research highlighted in this report draw attention

to a fundamental issue facing digestive disorder management in the UK – people's potential inability to determine when it's appropriate to see their GP.<sup>2,3</sup>

Commenting on the research findings, Dr Jamie Dalrymple noted: "There is currently an imbalance between the large number of patients consulting their GP with digestive symptoms, many of which could be self-managed, and patients with serious symptoms who are ignoring their symptoms or are too scared to speak to their GPs. We need to encourage GPs to initiate appropriate

conversations to empower their patients to self-manage when appropriate while being encouraging, understanding and sensitive to patients with more severe symptoms who may have initially been reluctant to consult."

To help people understand and manage their digestive disorders, the Expert Awareness Group is working on a new informative educational aid that will feature on the Core website later on this year. The aid has been designed to assist patients and GPs during digestive health consultations.



SYMPTOM	MANAGE IT YOURSELF*	HOW?	SEE YOUR DOCTOR
Heartburn/ indigestion	Mild or occasional Responds to antacids or acid blockers	Discuss antacids or acid blockers with a pharmacist	Moderate or severe symptoms
		Avoid eating late meals, smoking, excess bending, lying flat, excess alcohol	New symptoms, especially if over 60
Flatulence and bloating	Windy feeling	Reduce fibre intake (bran, wholemeal bread) Reduce fruit and veg (5 a day may be too much for some people) Some people find that trying a probiotic may relieve bloating	Actual distension of the abdomen (tummy) that is of sudden onset, severe or progressive
Abdominal (tummy) pain	Long-standing, occasional or mild	De-stress if stress related	New onset
		Try treatments for indigestion or flatulence (above)	Persistent or severe
Passing blood	Only on the toilet paper	If your bottom is painful too, it may be piles: are you constipated? You may need more fibre and more liquid intake	Mixed in the stools
Acute, short-lived diarrhoea	Short-lived	Gastroenteritis? Sit tight but stay hydrated	Severe, with more than 6 bowel movements per day, abdominal pain or significant thirst, dizziness or light-headedness
Chronic, long-term diarrhoea	Up to 3 bowel movements per day	This is normal Discuss with a pharmacist	More than 3 bowel movements per day with liquid stools Bloody diarrhoea
Changes in bowel movements	Anything between 3 times per day to once every 3 days is normal	Are you constipated? You may need more fibre and more liquid intake	More severe changes, especially if new
Difficulty in swallowing	Mild or occasional	This can be due to stress – de-stress if stress related Discuss with a pharmacist	Moderate or severe symptoms
Unexplained weight loss	Short-lived weight loss	Eat a balanced diet Stay hydrated Is this due to diet and lifestyle changes? Discuss with a pharmacist	If you continue to lose weight while eating a healthy balanced diet

<sup>\*</sup> But see your doctor if self management doesn't bring relief.





### To find out more about how IBS may impact on people's daily lives visit www.corecharity.org.uk

#### References

- 1 Jones R, et al. Management of common gastrointestinal disorders: quality criteria based on patients' views and practice guidelines. Br J Gen Pract. 2009;59(563):e199-208.
- 2 YouGov. Online survey carried out in April 2010 involving a nationally representative sample of 2,287 adults (aged 18+ years). Data on file.
- 3 Medeconnect. Online survey carried out in June and July 2010 involving a nationally representative sample of 508 GPs of all grades who were members of Doctors.net.uk. Data on file.
- 4 Grainek IM, et al. The impact of irritable bowel syndrome on health-related quality of life. Gastroenterology. 2000;119(3):654-60.
- 5 Food and Agriculture Organization of the United Nations (FAO) and World Health Organization (WHO) Committee. Guidelines for the Evaluation of Probiotics in Food. 2002. Available at ftp://ftp.fao.org/es/esn/food/wgreport2.pdf. Accessed October 2010.
- 6 Guyonnet D, et al. Fermented milk containing Bifidobacterium lactis DN-173 010 improves gastrointestinal well-being and digestive symptoms in women reporting minor digestive symptoms: a randomised, double-blind, parallel, controlled study. Br J Nutr. 2009;102(11):1654-6.
- 7 Guyonnet D, et al. Fermented milk containing Bifidobacterium lactis DN-173 010 improved self-reported digestive comfort amongst a general population of adults. A randomized, open-label, controlled, pilot study. Journal of Digestive Diseases 2009;10;61-70.
- 8 Agrawal A, et al. Clinical trial: the effects of a fermented milk product containing Bifidobacterium lactis DN-173 010 on abdominal distension and gastrointestinal transit in irritable bowel syndrome with constipation. Aliment Pharmacol Ther. 2009;29:104-114.
- 9 Guyonnet D, et al. Effect of a fermented milk containing Bifidobacterium animalis DN-173 010 on the health-related quality of life and symptoms in irritable bowel syndrome in adults in primary care: a multicentre, randomized, double-blind, controlled trial. Aliment Pharmacol Ther. 2007;26(3):475-86.
- 10 Marteau P. Probiotics in functional intestinal disorders and IBS: proof of action and dissecting the multiple mechanisms. *Gut* 2010;**59**(3):285-286.
- 11 The Self Care Campaign. Self Care: An Ethical Imperative. Available at http://www.selfcarecampaign.org/uploads/20100316\_self\_care\_campaign\_white\_paper.pdf. Accessed October 2010.
- 12 Jones et al. Primary care research and clinical practice: gastroenterology. Postgrad Med J 2008;84:454-458.



