

Spring/Summer 2021

GUTS
UK!



Guts UK turns 50 this year!

We're getting to grips with guts!

You, our powerful 'gut army' are all here for different reasons, differing digestive diseases or symptoms. But you all have one important thing in common; *you understand.*

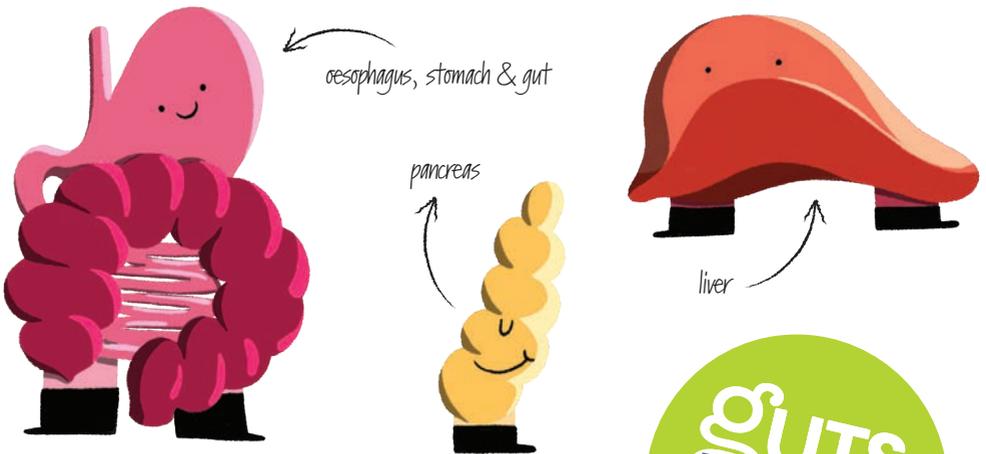
You understand the pain and suffering that digestive diseases can cause, and the crippling taboo that surrounds conversation about our guts.

Our guts are around 25ft in length. Yes, this may be a lot of gut to understand, but with your help - we *will* get to grips with guts.

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GUTS AT A GLANCE



Don't be a stranger!



We **love** to hear from you; it's the best part of our job.



@GutsCharityUK



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London: 020 7486 0341 Yorkshire: 01484 483 123



info@gutscharity.org.uk



www.gutscharity.org.uk

It has been 50 years

It's time the UK got to grips with guts

In 1971, our founders came together and decided they wanted to end the pain and suffering that you and I recognise all too well.

A lot has changed since then. Guts UK's research has contributed ground-breaking discoveries and has transformed aspects of patient care.

But the truth is, 50 years on in 2021, we haven't yet achieved our founders' goals. The UK still hasn't got to grips with guts.

People are still suffering and people are still dying. All because of a lack of knowledge about our guts.

We all have guts, around 25ft of them. Every now and then they rumble, and when they are full we give them a pat.

But we don't understand our guts. So when something goes wrong, we don't like to talk about it. And we don't know where to turn to for help.

Research into our guts has been underfunded, undervalued and underrepresented for decades. We're not learning fast enough to stop the pain, suffering and save more lives.

On the year of our 50th birthday, we're asking you to join us. Fund life-changing research that will end the pain and suffering for millions affected by digestive diseases. Thank you.

51%
of people with
digestive symptoms
do not seek advice for
over 6 months

58%
of people feel
embarrassed about
their digestive disease
or symptoms



**Please consider giving £3 a month to Guts UK.
With your help, we will get to grips with guts.**

Diverticulosis around the world!

A new review has been published about diverticulosis (in the bowel) with data from countries around the world. But before we dig deep into diverticulosis around the world, it's important that you know the difference between diverticulosis, diverticular disease and diverticulitis.

Diverticulosis is when pouches are formed along the bowel wall. It is very commonly diagnosed.

Diverticular disease is when these pouches cause symptoms for people.

Diverticulitis is when these pouches become infected, requiring medical attention.

What do we think causes diverticulosis?

A Western diet & lifestyle? This has been thought to contribute to the development of diverticulosis, but evidence that a low fibre diet causes these pouches is conflicting. For lifestyle, there are so many factors to consider.

Other possibilities: There are theories that these pouches might be related to increased pressures in the bowel (for example, straining). It may also link to differences in the connective tissues that make up the bowel wall. Some think there is a genetic component to it too.

Who has diverticulosis and where do they live?

There seems to be an increasing number of people living with these pouches in their bowel, particularly in developed countries. Numbers also seem to be increasing for people who are under 40 years old.

USA: Around a third of people aged 50-59 have diverticulosis. This increases to 7 in 10 people around age 80.

Asia: Rates appear to be increasing to around 6 in 25 people (data from 2000-2010). Before, approximately 3 in 25 people had diverticulosis (data from 1990-2000). This also varies from country to country, with 1 in 8 people affected in Korea, but 7 in 10 in Japan.



Africa: 2 in 100 people are diagnosed in Egypt with diverticulosis. This varies from Nigeria, where around 9 in 100 people are diagnosed.

Europe: The country with the lowest numbers was Romania, with 1 in 40 people diagnosed. In Italy, numbers are much higher at 7 in 10. Here in the UK, these pouches are thought to affect a third to a half of people during their lifetime.

Interestingly, the site of these pouches in the bowel differs between Eastern and Western countries. In Western countries, the vast majority of people have these pouches on the left side of the bowel, but people in Eastern countries are slightly more likely to develop it on their right side. Individuals with black ethnicity are likely to have a higher number and higher spread of pouches in the right side of the bowel, compared with the left.

It's clear that we know very little about a disease that affects millions of people (in the UK alone!) When you support Guts UK, you fund research leading to earlier diagnoses, kinder treatments and ultimately, a cure. It's time we bring about change in this misunderstood area of health. It's time the UK got to grips with guts.

Phil's story

Diverticular disease & diverticulitis



Phil has a condition called diverticular disease, which is very common and most of the time, harmless. Phil's bowel has developed small pouches throughout. Sometimes though (and we don't completely understand why yet), an infection can develop in one of these pouches and it can become life-threatening if untreated.

Talk us through the symptoms you were experiencing with your diverticular disease:

I was referred for a colonoscopy by my doctor after I was getting digestive symptoms, one was a stitch-like pain on my left side. After the colonoscopy, I remember being told that I had diverticulosis, but I had just been sedated so I wasn't fully focussed on what they had to say.

I was never given any information and I was told these pouches were really common, so I didn't even think to look for information online.

Talk us through the symptoms you had when you had developed an infection (diverticulitis):

One day I started getting a really severe wave-like abdominal pain that would come and go. Then I started with fever, I was sweating and nauseous, but the pain was bothering me the most. It was all-encompassing.

I'll try not to sound like the "hokey cokey", but I was in and out of the hospital a fair bit!

I went to the hospital and was given antibiotics, as my diverticular disease had become infected (diverticulitis). I was told if I started feeling worse, to come back.

I returned home and started feeling worse. I was being sick too. I was rolling around in pain at 3am thinking "this can't be right". We decided it best to return to hospital. The team did another scan and found that my bowel had perforated (torn) due to the diverticulitis.

What happened in hospital?

I was monitored by a fantastic team for a few days until I was sent home, but I didn't feel any wiser about diverticular disease or diverticulitis. In fact, I'd been told conflicting information at hospital, so I began doing my own research.

When did you find Guts UK?

I found Guts UK online. I'd been scrolling through the internet and I was becoming so frustrated, as I'd read something on one website, and then another would say the complete opposite! I read Guts UK's information in full, then called for some clarity.

It was such a relief to find somewhere with evidence-based information that I could trust and follow. The guys at Guts UK really did put the power in me.

Since your diverticulitis, you have decided to fundraise for Guts UK with a collection tub in the sweetshop that you run. What did your customers think?

The tub in the shop has been a conversation starter. I openly speak to people about my guts and the amount of people who have digestive diseases has really surprised me. I think it's so important that we talk openly about these symptoms and diseases.

Please consider giving £3 a month to Guts UK, so they can continue helping people like me when I was lost and confused. How can we know so little about something that affects so many people? I'm getting to grips with guts - you can too!

Henry's Pancreatitis Story

The pancreas produces digestive enzymes that help turn what we eat and drink into the building blocks our body needs. It also produces insulin.

Henry has a condition called pancreatitis. Henry's pancreatitis is genetic, he has a gene called the Spink II gene which causes his pancreas to become inflamed. Henry could have pancreatitis for the rest of his life and he wanted to share his story with you. Over to you, Henry.



“ Hi! My name is Henry. I'm 13 years old now, but my pancreatitis story began when I was 11. I started to get really bad stomach pains. They would last around 3-4 hours and then mysteriously go away. Despite two trips to A&E, a GP appointment and two paramedic call-outs, my parents were told it was 'probably indigestion'.

Two years later, my family went on holiday to Cumbria. We were having so much fun, until one day, I started getting pains. By lunchtime, I could barely walk. I was doubled up in pain. Mum took me to the local hospital, and it was there that a paramedic finally recognised my symptoms. I was told I had pancreatitis.

I ended up staying in hospital for 5 days. My family took turns staying the night and my sister Aggie would watch movies with me.

When we got back home, I was finally referred to a specialist team who I see every 6 months.

Pancreatitis gives me regular, awful pain, but I also really hate blood tests and I have to have so many of them now. I hate missing school and fun trips because of the pancreatitis and I really miss going to restaurants with my family too.

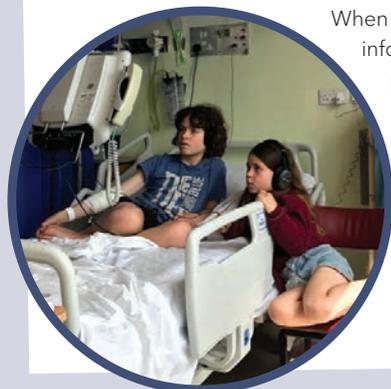
Now that I'm 13 years old, my attacks seem to be once every 1-2 weeks. They make me so tired and I hate having to fast after an attack, it makes me really grumpy and I keep losing weight.

The hardest thing is not knowing when I will get an attack or what triggers them. Doctors don't seem to know how to stop them. I keep wondering, will this be forever? Will it get worse?

When my mum found Guts UK, she found their expert information about my pancreatitis really useful. Mum printed it out and uses it all the time. The team at Guts UK also connected us up with another family whose 10-year-old son, Jake, has pancreatitis too.

If you can, please donate to Guts UK. I like to think that in a few years' time, children like me might benefit from the research that Guts UK are funding now.

”



Guts UK's Pancreatitis Research:

Dr James O'Kelly



Acute pancreatitis is a sudden inflammation of the pancreas. 1 in 4 pancreatitis admissions to hospital will become seriously unwell and will need to be treated in a high dependency ward or intensive care. Dr O'Kelly's research funded by Guts UK is focussing on why exactly pancreatitis makes some people **so** sick.

“

I'm a surgical registrar, so I am responsible for emergency surgical admissions to hospital. Acute pancreatitis patients come to hospital with severe abdominal pain and they fall under the care of my team. I would expect to admit a couple of patients with pancreatitis during an average on-call week.

The majority of patients will have a mild attack of pancreatitis. **But 25% of patients will have severe acute pancreatitis. Within this 25% of people who develop severe acute pancreatitis, 1 in 4 will die.**

Severe acute pancreatitis is a horrible condition and can vary. Some patients may be in ICU for a few days, others for several months. The longer you are unwell for, the longer the recovery afterwards will be. Patients lose weight and become physically weak. It can be months before they are fit enough to be able to leave hospital. **I still find it surprising how sick young, otherwise healthy patients can become with pancreatitis.** For older patients, they may never fully regain their strength.

The big problem is, there is no cure for pancreatitis. All we can do is support patients as their pancreatitis 'burns itself out'.

Guts UK are funding my research fellowship into pancreatitis. My research will help us better understand exactly *why* pancreatitis makes *some* people so sick. We hope it will lead to a much better understanding of pancreatitis and new treatments in the future. ”

pancreas



Severe acute pancreatitis will kill 1 in 4 patients affected. When you donate to Guts UK, you can turn Dr O'Kelly's determination into life-saving discovery. Together, we will find an effective treatment for this devastating disease.

Let's share our birthdays!

Guts UK turns 50 years old in 2021. We're asking you to share your next birthday with us. Join us and help the UK get to grips with guts once and for all!

Paige

Paige selflessly chose to donate her birthday to Guts UK in memory of her nan, Patricia.

"I decided to donate my birthday money to Guts UK because raising awareness and supporting research surrounding gut issues is so important to me, since we lost our nan as a result of these. I was surprised at the fantastic support from my family and friends.

I would say to anyone thinking about donating their birthday to Guts UK to just do it! I could do without my birthday money, but families affected by digestive disease simply can't."



Pam

Some years ago, Pam had a hiatus hernia. Pam understands first-hand just how debilitating digestive symptoms can be.

Pam turned 60-years-old on the 31st January in 2021, the same year that Guts UK celebrate our 50th birthday. When Pam discovered it was a big birthday for Guts UK too, she contacted us about taking on a sky dive for us in 2021 and donating her birthday.

Hearing from people like Pam makes our day!



Georgia

Georgia decided she wanted to donate her birthday to Guts UK during our Kranky Panky Pancreatitis Awareness Campaign. She asked friends and family to donate to her fundraiser for Guts UK instead of giving her cards or gifts and managed to raise an incredible £860.00!

Thank you, Georgia, for helping us get to grips with guts.



It has already been 50 years. COVID-19 has thrown unexpected challenges our way, but we're determined not to allow research into our guts to lag further behind. That's why we're asking you to join us and share your next birthday with Guts UK.

**Learn more by visiting: www.gutscharity.org.uk/donate-your-birthday
01484 483123 • info@gutscharity.org.uk**

You'll receive a free pack to help you with your fundraising mission!

The Digestive System

We all appreciate the importance of the heart's function within our bodies, but we don't appreciate our digestive system as much. As you now know, your digestive system is a complex system.

Our digestive system turns the food and liquid we put into our bodies into the building blocks that our bodies need to function effectively. We require an incredible 10 organs (solid and hollow) to do this, and the liver is an important part of this process.

What role does the liver play?

The liver is the largest solid organ in the body. It's a dark red/brown colour and is found mainly in the upper right portion of your abdomen, sitting just above the stomach.

Incredibly, the liver has over 500 functions in our body. Just some functions include:

- Processing digested food from the intestine
- Controlling fat, amino acid and glucose levels in the blood
- Manufacturing bile
- Storing iron, vitamins and more
- Producing quick energy by breaking down food
- Producing enzymes and proteins
- Fighting infections (particularly those arising in the bowel)

The liver is fascinating, in that it can even regenerate and replace itself. When other organs in the body are damaged, a scar will form. If given the chance to, the liver will replace damaged tissue with new cells and is the only organ in the body with the ability to do this, but eventually - the damage can be irreversible.

If you look after your liver, it will look after you. Your liver processes everything you eat and drink, so it's important to keep it healthy.

How do I keep my liver healthy?

Around 90% of liver disease cases can be prevented with lifestyle changes:

- Eat a healthy, balanced diet with plenty of fruit and vegetables
- Reduce portion sizes and cut down on fat and sugar
- Drink plenty of water
- Doing regular exercise
- Drinking no more than 14 units of alcohol per week and taking 3 days off alcohol every week to give your liver a chance to repair itself
- Avoiding alcohol if you're pregnant/trying to conceive

Research into our liver, pancreas and digestive systems is underfunded, undervalued and understaffed. Guts UK is proud to have funded 44 research projects focussing on the liver, but we're not learning fast enough to stop the pain, stop the suffering and save more lives.

When you support Guts UK, you can fund life-saving research. You can help the UK get to grips with guts.





“I’m not much of a runner (at the moment, I’m determined to get there!) But I’m so keen to support the great work Guts UK are doing”

Joshua will be running his local marathon for Guts UK. His dad has Barrett’s oesophagus, and when Joshua discovered Guts UK’s research into Barrett’s oesophagus and oesophageal cancer (see page 12), he was inspired to support our work. Thank you for your incredible efforts Joshua, we’ll all be cheering for you on the big day!

“We’re g grips wi

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Have our commu

Contact us
fundraising

01484

info@gutsch



Brooklyn recently started struggling with digestive symptoms, which he is still undergoing investigations for. He found the information and advice from the team at Guts UK a great help, so he decided to complete at least one mile a day in his wheelchair to fundraise for us. Brooklyn raised over £100 for Guts UK – amazing!

“It’s been a year since I started struggling with symptoms. I thought fundraising for Guts UK would be a positive way to mark one year since this all happened, rather than being negative about it!”

Getting to grips with guts!"

We mustn't take our guts for granted. We need to understand the pain and the diseases they can cause.

You beautifully represent the invisible. We will join forces to bring awareness to this misunderstood, underfunded area of health.

Community inspired you?

Share about your idea today:

0183123

community.org.uk

“1 in 4 deaths for severe acute pancreatitis with no known cure is too high”

Ray was admitted to hospital last year with severe acute pancreatitis, he lost 5 stone and was really poorly. Thankfully, this year he's almost back to full strength and will be taking on an epic challenge for Guts UK, cycling 748 miles in just 18 days! You're a true inspiration Ray.



“My brother was only 50 years of age. I'll continue fundraising, with Darren always on my mind and forever in my heart”



Julie set a personal challenge last year of walking 1,000 miles. But quite suddenly, her brother died as a result of pancreatitis. Julie turned her personal challenge into a fundraising mission, raising over £1,600 for Guts UK. We're sure you'll agree this is a beautiful tribute to her brother, Darren.

Jessica has a digestive disease called gastroparesis, which means 'stomach paralysis'. Her stomach empties too slowly and she can experience pain, vomiting, nausea, feeling full very quickly and more. Jessica and her husband Wayne are taking action. They are fundraising for Guts UK and raising awareness of digestive diseases far and wide. Thank you, Jessica and Wayne for getting to grips with guts!



“It's our hope to educate the public on rare diseases and invisible illnesses”

Barrett's oesophagus

& Guts UK's research



What is Barrett's oesophagus?

Barrett's oesophagus is a term used for a pre-cancerous condition where the normal cells that line the oesophagus (food pipe) have been replaced with abnormal cells. The main concern is, although the vast majority of patients with Barrett's oesophagus don't progress to oesophageal cancer, they will still require monitoring.

What are the symptoms of Barrett's oesophagus?

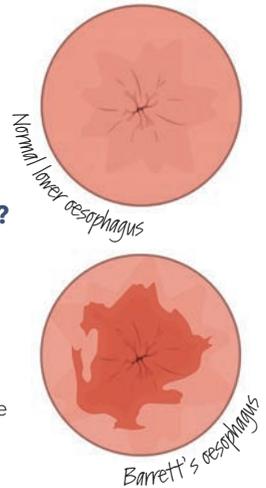
The main symptom is reflux, which can cause heartburn, nausea, pain in the upper abdomen and even regurgitation of food. People also experience a metallic taste in the mouth or a chronic sore throat.

Often though, people don't report any symptoms or may manage with over the counter antacids (PPI's) which can delay the diagnosis of Barrett's oesophagus.

Do people with Barrett's oesophagus have to be monitored, and why?

Yes. Monitoring Barrett's oesophagus is a vital and lifelong part of treatment. Around 3 to 13 out of 100 people with Barrett's oesophagus will go on to develop oesophageal cancer in their lifetime. Therefore, although the lifetime risk is low, those with Barrett's oesophagus are at a higher risk of developing oesophageal cancer than the general population.

Those with Barrett's oesophagus are usually entered into a surveillance programme which ensures regular and appropriate monitoring, usually by endoscopy. How often these endoscopies are depends, and varies from person to person.



What research is Guts UK funding into Barrett's oesophagus and oesophageal cancer?

Endoscopies can be quite an unpleasant experience for patients and those with Barrett's oesophagus have to have these regularly to monitor their condition. They are also costly for the NHS, at £1,500 per endoscopy. Guts UK is currently funding research exploring the use of a 'breath-test', which could potentially replace endoscopies in diagnosing oesophageal cancer. Dr Jamel is exploring whether oesophageal cancer can be detected via gases in a person's breath.

Only 15 out of 100 people diagnosed will survive oesophageal cancer for 5 years or more, yet 59% of cases are preventable.

If successful, this breath test could save lives by diagnosing oesophageal cancer early, using a simple test, when it is far more treatable. Please support Guts UK today. Together, we can give people a fighting chance.

If you have had heartburn for three weeks or longer, speak to your GP about your symptoms.



Early on in 2020, John started to feel full after eating small amounts of food. John's wife, Pam had noticed that he was losing weight quite quickly too.

Pam had sadly lost a family member to oesophageal cancer years prior, so when she recognised her husbands' symptoms, she urged him to talk to his doctor.



John & Pam

John didn't delay. He made an appointment to tell his GP about his symptoms. His GP made an urgent referral for John to have an endoscopy. Shortly afterwards, John was diagnosed with oesophageal cancer. He began treatment, which lasted for months. It was a tough time for John, Pam and their loved ones.

Finally, over a year on, John has finished his treatment for oesophageal cancer and is recovering well.

Pam and John have an allotment, where they grow a wide range of fresh fruit and vegetables. Throughout 2020, Pam (and John when he was well enough) spent their days tending to the allotment. They had grown plenty of fruit and vegetables to go around, so they began offering neighbours and those walking by their delicious fruit and vegetables for a small donation to Guts UK.

Word spread across the village about the local goods and eventually, the determined husband and wife duo managed to raise £250 for Guts UK!

John and Pam's story is a beautiful example of a **small** community pulling together and making **big** change happen. Their local parish council also chose to donate to Guts UK, bringing the total raised up to a remarkable £532!



The survival rates for oesophageal cancer simply aren't good enough. Only 15 out of 100 people diagnosed with oesophageal cancer will survive for 5 years or more, yet 59% of cases are preventable.

Guts UK's research can change this, diagnosing people like John with the deadliest digestive cancers while they still have a fighting chance. Guts UK's research saves lives. Please give £3 to Guts UK per month. Join us, as we get to grips with guts.



NEW:

Guts UK Funded Research into liver cancer

Guts UK is proud to award £50,000 to Dr Salvatore Papa at the University of Leeds for his research into liver cancer.

1 How does liver cancer develop?

Most cases of liver cancer develop from liver diseases such as cirrhosis (liver scarring). Liver cells in these scarred livers can turn into cancer cells. This is because, it is thought they change the way they gain their energy in order to survive. Eventually, this may generate tumours and the cells can become cancerous.

Hepatocellular carcinoma (HCC) is the most common type of liver cancer. If there's a build-up of dangerous molecules from diet, alcohol or infections, the liver becomes sick and inflamed. To repair this damage, the body grows more cells to replace dead cells, but over time, this leads to permanent scarring of the liver.

2 What do we know already?

It is thought that our livers change the way they gain their energy, so they can cheat cell death. But these damaged cells can eventually generate tumours, becoming cancerous. We also know that cancer cells increase their consumption of sugar (glucose), to fuel their rapid growth and strike against cell death.

Dr Papa's team have learnt that liver cancer's 'favourite food' is glucose. They have observed that when less glucose is available as an energy source for the cells, the cancer cells die. But we need to know more about this process.

3 What does this research aim to understand?

The team aim to understand if it is possible to stop liver cells using glucose as an energy source and therefore prevent cancerous cells developing. They want to discover whether starving the liver of glucose will cause the cancer cells to die.

4 How might this benefit patients with liver cancer?

If successful, this study could help develop strategies that could treat early liver cancer, or prevent it entirely. If the team can identify how to stop liver cells consuming glucose, they hope this could be tested in patients with inoperable liver cancer.

"We'd like to thank Guts UK for their support with this project. If successful, we will identify a weakness in this type of cancer, which could pave way for potential new treatments."



Only 3 in 20 people diagnosed with liver cancer in England survive their disease for 5 years or more. Guts UK wants to change this, identifying new treatments for liver cancer and giving people a fighting chance.

Guts UK's research has the capacity to save lives. Your donations make it possible. Help the UK get to grips with guts by donating to Guts UK today.

Kay's Story

Liver cancer

Hayley bravely shares her mum's story and experience with liver cancer.

When did your mum's symptoms start?

Mum had just had a hip replacement. The bad weather meant she couldn't exercise as much as she'd wished to, so she was still trying to build strength. One day she'd said to me "my wee is very dark", but we thought little of it. After all, she wasn't 100% herself yet, she was still recovering from her operation.

A few weeks later mum was admitted into hospital with deep vein thrombosis. She ended up staying in hospital for weeks. During this time, they tested her liver as mum had started looking yellow (jaundiced) and they'd found a 'shadow' on her liver.

How did you feel when you found out Kay had liver cancer?

We had all expected the upsetting news. What we didn't expect was to be told that mum's cancer was terminal, there was nothing they could do.

We asked how long we'd have with mum. We were told a month at best. We'd barely even got our head around the fact she had cancer, so to be told she had weeks to live was an awful shock.

Mum died just 5 days later at 64 years old, surrounded by the whole family. She was still chatting away right until the end. Mum was the best at making us all smile, even at the hardest of times.



Kay

Tell us more about your mum

Mum was my best friend. Me and my sister, Claire could tell her absolutely anything. The three of us did everything together. We'd even go out clubbing when I was underage. Mum would say, "it's alright - I'll get you in!"

You've probably heard of 'dad jokes'. Well, mum had her own 'mum jokes'. Every now and again, I'll remember something she said, and I'll cry with laughter! Once at the dinner table, she placed a chip on my shoulder and said "are you alright? You've got a right chip on your shoulder you do!"

How did you deal with your mum's passing?

I can't get over how quickly everything happened. Years on, I still don't think I've fully grieved. To keep myself busy, I started boxing. It helped me vent, get out all my anger and upset. I've met an incredible group of women through boxing and in 2018, I raised over £2,000 by boxing for Guts UK.



It's not good enough that people are being diagnosed with liver cancer once they get to A&E. We need screening programmes and better awareness of the symptoms. Liver cancer takes lives too quickly. It took my mum's life just 5 days after diagnosis.

Please support to Guts UK today. Together, we'll make sure no other family has to experience a loss like ours did.



Claire, Kay & Hayley

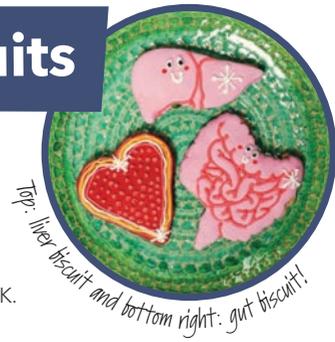
Guts UK's Digestive Biscuits

This is not just any digestive biscuit, this is a Guts UK digestive biscuit! Suitable for those with coeliac disease or a gluten free diet. These are not called digestive biscuits for fun - they do contain fibre. Great to enjoy with a cuppa (it is important to have a cup of fluid with them to help the fibre move through the gut).

Photography & recipe by Julie Thompson, Information Manager at Guts UK.

Makes: approx. 21 biscuits

Fibre content per 100g of undecorated biscuit is 4.7g compared with an average of 3.8g in a standard digestive biscuit. Other nutrition breakdown per 15g biscuit 60Kcal, 0.94g protein, 3.06g fat and 7.67g carbohydrate.



Ingredients:

30g	Rice Flour	35g	Butter or dairy free margarine	Seasoning to taste
40g	Buckwheat flour	45g	Muscovado sugar	
60g	Almond flour	½ Teaspoon	gluten free baking powder	
70g	Plain gluten free flour	30g	Milled linseeds	

How to make:

- Add the dry ingredients to a bowl & mix well.
- Add the butter & rub into the flour - or add all the ingredients to a food mixer & blend.
- Add 2 tablespoons of water to bind the biscuit mix together (you may need to add more, depending on the flour, whilst you bring the mix together with your hands).
- Roll out the mix in-between sheets of grease proof paper, cling film or use gluten free flour to prevent the mixture from sticking. Remove the top layer of film or paper & cut into shapes.
- Cook at 200 degrees C or gas mark 6 for 15-20 minutes or until golden.
- Decorate if desired.

Suitable for a low lactose diet if dairy free margarine is used. Not suitable for a low fibre diet.

Our family are getting to grips with guts!

Meet Marc, Andrea & daughter Eva. Marc had a hospital procedure, where a nurse gave him Guts UK's leaflet. It was the first time Marc had anything plain-speaking in his hand. He immediately decided to set up a regular, monthly gift to Guts UK. Months on, the family also re-directed funds for Eva's cancelled Bali volunteering trip to Guts UK too. Thank you for helping the UK get to grips with guts!



"Help, my food hates me!"

Do you feel that you have a problem with food causing digestive symptoms? Have you ever been tempted to pay for a test that claims to identify your food intolerance? Here, we have put together all you need to know about 'food intolerance testing'.

There are a few tests that are widely marketed in a way that would suggest that they can test you for a food intolerance (at a price). Unfortunately, there is no evidence that these tests can successfully identify a food intolerance.

✘ IgG Blood Test

IgG is a protein in the blood that functions as an antibody. These commercial tests look for IgG4 for many food groups in the blood. If a result is positive, it is advised that you remove that food from the diet.

There is no strong evidence that these tests accurately identify a food intolerance. In fact, allergy doctors have investigated these tests and they have shown that you're more likely to be told you have a positive food intolerance to a food you consume regularly, not one that you're intolerant to.

✘ Applied Kinesiology

This test reports to identify how the muscles in your body respond when a vial of food is held. There is no scientific basis for this test.

✘ Hair Analysis

This is where a small sample of hair is sent to a laboratory for testing. It can be used to identify heavy metal poisoning and drug use over time, but there is no good evidence that it is a way of identifying a food intolerance.

✘ Leukocytotoxic

This test is where white cells in the blood are mixed with different food groups. If the cells swell up, then you are told you are intolerant to that food group. There is no scientific basis for this test.

✘ Vega (electrodermal) Test

This test measures electronic current when the body is exposed to a food item. There is no scientific basis for this test either.

You may hear people saying they feel a lot better once they removed a food that one of the above tests suggested they were intolerant to. Two of the common foods consumed in the UK are milk and wheat. In these intolerance tests, these two groups often prove positive. However, people with Irritable Bowel Syndrome (IBS) for example, can have intolerances to the lactose (a sugar in milk) and fructans (a carbohydrate in wheat). This explains why (for some people) symptoms may improve when removing these groups from their diet. But this doesn't mean that completely excluding one or both of these food groups is fully necessary. For example, lactose free cow's milk is suitable in IBS. Being overly restricted can risk malnutrition.

✔ The gold standard method of identifying a food intolerance is to exclude the food item. Symptoms should go when removing the food, and more importantly, reintroduce the food and symptoms should return*. No testing is needed and therefore, advice should be sought from a dietitian throughout the process. Ask your doctor to see a dietitian if this applies to you.

Perhaps more importantly, do not self-diagnose your symptoms. See your doctor before you change your diet to get the true cause of symptoms identified.

**This should not be attempted in food allergy or where allergy is suspected, please seek specialist advice.*

Iris' Story

Julia's mother Iris passed away due to stomach cancer. Wishing to discover what work and research Guts UK were doing into digestive cancers, Julia called Team Guts UK to discuss leaving a charitable gift in her Will.



“ I would say Mum was typical of her generation: stoical, strong, dependable, extremely loyal, fun loving but most of all very kind and loving.

Mum was eight years old when WW2 broke out and was evacuated along with her elder sister. They had a horrendous time, which she rarely talked about, but the experience did not visibly overshadow her life. Mum had a happy, fulfilling life.

Mum met my dad when she was 21, they married a few years later and remained happily married for their entire lives (my dad died of mesothelioma of the stomach aged 61). Mum never remarried. Mum was independent and very active until vascular dementia took hold, when she eventually had to go into a home.

Mum had various digestive problems some years ago. She had every test and scan imaginable but was never right since.

Months on, I had mum looked at by the GP numerous times. She was losing weight, not eating and drinking. We kept asking her if she was in pain and Mum said she wasn't. Things were made more difficult due to the dementia and she also had an incredibly high pain threshold.

I only found out Mum had stomach cancer when she was admitted to hospital one weekend. I was told that the cancer had spread to her liver and lungs and there was nothing they could do. Mum died 4 weeks to the day after we received the diagnosis.



It was utterly heart-breaking, as she did not, and could not, understand why she was feeling the way she was. It was soul-destroying knowing there was nothing in the world I, or anybody else, could do. **I asked the surgeon if he would have been able to do anything if she was 30 years younger (as mum was 87 at the time). He said no.**

I have chosen to support Guts UK's work into stomach cancer as Guts UK focus on the digestive system in particular. There is a lot of support for more high-profile cancers such as breast, prostate and so on, with emphasis on early diagnosis, but there is nothing similar for stomach cancer. ”

Julia's future gift ensures that Guts UK can continue to bring about important change in this misunderstood area of health. When you support Guts UK with a gift in your Will, you help us get to grips with guts and save lives, for generations to come.

Guts UK is a proud founding member of the Less Survivable Cancers Taskforce, a charity partnership aiming to double survival rates for the six least survivable cancers by 2029. Alongside brain and lung cancer, the other four of these deadly cancers are digestive; stomach, oesophageal, pancreatic and liver. With your support, we can start to close the deadly cancer gap.

Why you're getting to grips with guts

The support you show us is heart-warming - your kindness, generosity and shared passions. Every time our expert patient information helps somebody, we do a little happy dance! Here is a small selection of notes you left alongside your donations.

I suffer from intermittent stomach problems myself. I feel for those who have more permanent or possibly fatal illnesses. Hopefully my donation can help research in some small way.

My health has been protected in many ways over the years by people who have donated to medical research charities like Guts UK. Now, it is my turn to follow in their footsteps.

I donated today as my father died of oesophageal cancer over 50 years ago, aged 57. Little progress has been made since then. Diagnosis needs to be much earlier for people to have a chance of survival. Patients suffer so much. I am so glad that this charity is working towards improving the lives of those unfortunate enough to be diagnosed with oesophageal cancer.

My mother died of bowel cancer and I have IBS. Both experiences helped me realise how hard it is to live a normal life when you have digestive symptoms. I donate to help people who have to deal with this daily.

Happy 74th birthday to my dad - a gift that will keep on giving

Dear Guts UK team. I was diagnosed with pancreatitis and it has changed my life completely. I very seldom have a pain free day. There is not a week that goes past without me going to find your information. It's my 59th birthday today and to celebrate, I have decided to set up a monthly donation to your charity. Stay safe!

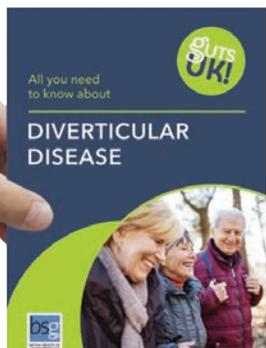
I have recently been diagnosed with diverticular disease. The vagueness of advice from my doctor and consultant left me feeling very anxious and uneasy. I found your website by chance and have already found some ways forward and comfort. I feel less alone, so I thought it was time to make a donation.

I've suffered with IBS for many years, so I know what a big impact it can have on everyday life. It has been very helpful reading the clear and well-researched information about digestive diseases on your website. It is wonderful to think I can fund research into these diseases in some small way

THE CHARITY FOR THE DIGESTIVE SYSTEM

REQUEST YOUR FREE EXPERT PATIENT INFORMATION LEAFLET TODAY

- Achalasia
- Acute Pancreatitis
- Adhesions
- Anal Fistulas
- Ascites
- Barrett's Oesophagus
- Bile Acid Malabsorption
- Biliary Sphincter Disorders (Sphincter of Oddi Dysfunction)
- Bowel Cancer
- Chronic Intestinal Pseudo-Obstruction
- Chronic Pancreatitis
- Coeliac Disease
- Constipation
- Crohn's Disease
- Diarrhoea
- Diverticular Disease
- Dumping Syndrome
- Eosinophilic Diseases
- Faecal Incontinence
- Gallstones
- Gastroparesis
- Gut Microbiome (Poo Testing)
- Healthy Eating & The Digestive System
- Heartburn & Reflux
- Helicobacter Pylori
- Indigestion
- Irritable Bowel Syndrome (IBS)
- Liver Cancer
- Microscopic Colitis
- Non-Ulcer Dyspepsia
- Pancreatic Exocrine Insufficiency (Pancreatic Enzyme Replacement Therapy)
- Pelvic Radiation Disease
- Perianal Disease
- Polyps in the Bowel
- The Role of Gut Bacteria in Health & Disease
- Ulcerative Colitis
- Wind, Burping, Flatulence & Bloating



Much more information on conditions, health and lifestyle tips can all be found at gutscharity.org.uk

You can request your free of charge hardcopy in the post by emailing info@gutscharity.org.uk or calling 0207 486 0341.

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