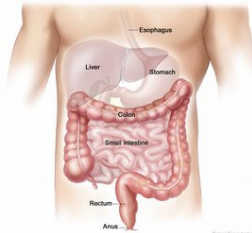


Gas, bloating, cramping—had a gut checked lately?

What is Gastroenteritis?

Gastroenteritis is an inflammation of the intestines that causes diarrhea, abdominal cramps, nausea, loss of appetite, and other symptoms of digestive upset. In adults, the two most common causes of gastroenteritis are viral and bacterial infections.



reported to a doctor. However, in the elderly and people with weakened immune defenses, gastroenteritis sometimes can produce dehydration and other dangerous complications. Even in robust adults, certain types of aggressive bacteria occasionally cause more serious forms of food poisoning that can cause high fever and severe gastrointestinal symptoms, such as bloody diarrhea.

Symptoms:

In adults, symptoms of gastroenteritis typically include mild diarrhea (fewer than 10 watery stools daily), abdominal pain and cramps, low-grade fever (below 101° F), headache, nausea and sometimes vomiting. In some cases, there can be bloody diarrhea.

Diagnosis:

Your doctor will ask whether you recently have been exposed to anyone who has diarrhea, or whether you have recently eaten at a restaurant or social function where the food was left at room temperature for prolonged periods.

Rarely, special laboratory testing may be needed if you have unusually severe symptoms, such as:

- A fever over 101°F
- Severe diarrhea (more than 10 watery stools daily)
- Signs of significant dehydration (dry mouth, intense thirst, weakness)
- Stool that contains blood or pus

See Upset Stomach, Page Two

Each year in the United States, millions of people develop gastroenteritis by eating contaminated food, while millions more suffer from mild bouts of viral gastroenteritis. In otherwise healthy adults, both forms of gastroenteritis tend to be mild and brief, and many episodes are never

Heartburn is More than Just an Annoyance

More than 60 million Americans experience heartburn once a month, and more than 15 million suffer heartburn everyday, according to the American College of Gastroenterology (ACG).

The college offers the following about heartburn:

- Besides being uncomfortable, heartburn can also be a sign of a serious problem called gastroesophageal reflux disease (GERD). Left untreated, persistent heartburn/GERD symptoms can lead to severe complications such as esophageal strictures or a pre-cancerous condition called Barrett's Esophagus.
- Eating smaller meals, controlling your weight and avoiding tight-fitting clothes are all ways of reducing heartburn symptoms. Don't lie down after meals, because that makes it easier for stomach contents to back up into the esophagus. Don't eat for 3 to 4 hours before going to bed.
- Common heartburn triggers include: smoking, caffeine, chocolate, peppermint, fatty and spicy foods, and tomato sauces.
- See a doctor if you: have heartburn two or more times a week; don't get lasting relief from medication; have difficulty swallowing; have unexplained weight loss; experience reflux symptoms lasting more than a year.

Need more information, call one of these professionals: Gastroenterology Assoc., 573-7511 or Mary Black Gastroenterology Assoc., 573-3593.

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Upset Stomach, continued from page 1

Duration:

Most cases of mild, uncomplicated gastroenteritis last one to seven days.

Prevention:

To help prevent gastroenteritis, you can:

- Wash your hands frequently, especially after using the toilet, changing diapers or caring for someone who has diarrhea.
- Wash your hands before and after preparing food, especially after handling raw meat.
- Wash diarrhea-soiled clothing in detergent and chlorine bleach. If bathroom surfaces are contaminated with stool, wipe them with a chlorine-based household cleaner.
- Cook all meat thoroughly before you eat it, and refrigerate leftovers within **two hours**.
- Make sure you don't transfer cooked foods onto unwashed plates that held raw meat.
- Wash kitchen countertops and utensils thoroughly after they have been used to prepare meat.
- Drink only bottled water or soft drinks if you travel to an area where sanitation is poor. In these areas, also avoid ice, uncooked vegetables or fruit that you have not peeled yourself.

Treatment After Diagnosis:

In otherwise healthy adults, most cases of mild gastroenteritis go away within a few days. You can try the following suggestions until your symptoms subside:

- To prevent dehydration, drink plenty of fluids—either, soft drinks, sports drinks, broth or over-the-counter oral re-hydration fluids. If you are too nauseated to drink several ounces at once, try taking many smaller sips over a longer period.
- Once your nausea starts to subside, gradually resume a normal diet. Begin with clear soups, broth or sweetened gelatin desserts, then build up to rice, rice cereal and more substantial foods. Temporarily avoid milk products and foods that contain wheat flour (bread, macaroni, pizza), since your digestive tract may be unusually sensitive to them for a few days. Also temporarily avoid high-fiber foods such as fruits, corn and bran.
- Use over-the-counter anti-diarrhea medicines cautiously
- Rest in bed

When to Call a Professional:

Call your doctor promptly if you have symptoms of gastroenteritis together with any of the following:

- Blood or pus in your stool
- A fever above 101°F

- Diarrhea that lasts more than one week
- Symptoms of significant dehydration, including dry mouth, intense thirst, and weakness
- A history of recent travel to a developing country or to any area where sanitation is poor
- Any medical condition that either weakens the immune system or is treated with immune-suppressing medication.

Also, call your doctor promptly if you are taking oral medication for a chronic medical condition and you are either too nauseated to swallow your medicine or have vomited after taking it.

If your symptoms occur after hours, consider the doctors at **Mary Black Urgent Care, located at 2995 Reidville Road, Spartanburg, SC, (864) 587-3000.**

Don't have a regular physician, call the Mary Black Physician Referral Line, (877) 626-4362 or the Mary Black Physician Group Referral Line, (866) 411-6274 to find out about the experienced, knowledgeable physicians in the HealthNetwork or to schedule an appointment.

Colonoscopy—Should you grit your teeth and go?

President George Bush has polyps. He has had at least two colonoscopies and had polyps removed from his bowel. Just like many other people worldwide, he is at risk for colorectal cancer. Unlike many, he is screened regularly to detect and treat this type of cancer as early as possible to increase his chances of survival.

Colorectal cancer is common. Early detection can improve the chances of survival drastically. However, it can only be detected early by means of screening tests such as a colonoscopy. When symptoms appear, the disease has already progressed.

What is it?

A colonoscopy is an internal investigation of the colon with a flexible viewing tube with lenses, a small TV camera and a light on one end. Through fiber optic technology and a small video computer chip, the colonoscope scans the inside of your colon and transmits images to a video screen.

During the colonoscopy, your doctor can check your colon for abnormal growths called polyps, sites of

bleeding and for other conditions such as colitis. The procedure may take up to an hour and is done in a special Endoscopy suite or the outpatient area of a hospital.

Who should be screened?

It's not a matter of who should be screened, but from what age, how often and which screening tests to have done.

- With as many as one out of four cases of colorectal cancer linked to a hereditary factor, it makes sense that people with a family history of colorectal cancer should be screened more often than others, starting at age 40.
- You should also be screened if a first degree relative (mother, father, etc) had been diagnosed with colorectal cancer when they were younger than 50. You should undergo a DNA screening test as soon as possible after age 18 and a colonoscopy every 5 years starting at age 40.
- You have no family history of colorectal cancer.

You risk is the same as that of the general population—6%. You should undergo average risk screening, which consists of either an annual fecal occult blood testing plus a sigmoidoscopy every 5 years from age 50, or alternatively a colonoscopy every 5 years from age 50.

Remember, timely removal of polyps can prevent the polyps degenerating into cancerous growths. These actions—early detection and treatment—may save your life.

For more information to have your doctor make a referral, call one of these knowledgeable professionals:

Dr. George A. Blestel, Jr., (864) 591-1664

Dr. Gabor F. Sovenhazy, (864) 585-1636

Tips for Living with Excessive Gas

Don't be embarrassed, be proactive

If you've been feeling overly gassy or you've been experiencing bloating and abdominal pain, a simple change in diet may help relieve your symptoms.

Different foods produce different amounts of gas, which varies from person to person. The only way to know your own limits is through trial and error. These are some foods that cause gas:

- Beans
- Vegetables such as broccoli, cabbage, Brussels sprouts, onion, artichokes and asparagus
- Fruits such as pears, apples and peaches
- Whole grains such as whole wheat and bran
- Soft drinks and fruit drinks
- Milk and milk products, such as cheese and ice cream

- Packaged foods that have lactose in them, such as bread, cereal, and salad dressing
- Dietetic foods and sugar-free candies and gums

What can I do?

You often can prevent flatulence by modifying your eating habits and diet:

- Eat and drink slowly in a calm environment. Chew your food thoroughly before you swallow.
- For a few days, avoid the foods that most commonly cause flatulence, then gradually add them to your diet again, one by one while keeping track of your symptoms.
- If you need more fiber in your diet, increase your fiber slowly over a period of days or weeks.

- If you eat beans, try a non-prescription product, such as Beano.

Many non-prescription medicines, including antacids, are available to help reduce symptoms. Digestive enzymes actually help digest carbohydrates and may allow you to eat foods that normally cause gas.

If you try changing your diet and still have problems with gas, consult your physician. He or she may be able to prescribe medications that will reduce discomfort.

Need a referral to a Gastroenterologist? These professionals are ready to help diagnose and treat your problem:

Gastroenterology Associates, (864) 573-7511

Mary Black Gastroenterology, (864) 573-3593

Crohn's Disease

Crohn's disease is a long-term, chronic condition in which inflammation causes injury to the intestines. It typically begins in young adulthood, most often between ages 15 and 40.

No one knows for sure what triggers the initial inflammation at the start of Crohn's disease. Family members may share genes that make Crohn's disease more likely to develop if the right trigger occurs. Ten percent to 25 percent of people who have Crohn's disease have at least one relative with Crohn's disease or a similar disease called ulcerative colitis.

Once Crohn's disease begins, it can cause lifelong symptoms that come and go. The inside lining and deeper layers of the intestine wall become inflamed. The lining of the intestines becomes irritated, and can thicken or wear away in spots. This creates ulcers, cracks and fissures. Inflammation can allow an abscess (a pocket of pus) to develop. When the inflammation has been severe, the intestine can lose its ability to the inside of one piece of intestine from the outside of another piece. As a result, it can mistakenly build a lining along the edges of an ulcer that has worn through the whole wall of the intestine, forming a fistula.

The section of the small intestine called the ileum (the right lower abdomen) is especially prone to damage from Crohn's disease. Ulcers and inflammation, however, can occur in all areas of the digestive tract, from the mouth all the way to the rectum. A few other parts of the body, such as the eyes and joints, also can be affected in people with Crohn's disease.

Symptoms

During the initial appearance of Crohn's disease, you might experience the following symptoms:

- Abdominal pain, usually at or below the navel, typically worse after meals
- Diarrhea that may contain blood
- Sores around the anus, or drainage of pus or mucus from the anus or anal area
- Pain when you have a bowel movement
- Mouth sores
- Loss of appetite
- Joint pains or back pain
- Pain or vision changes in one or both eyes

- Weight loss despite eating a normal-calorie diet
- Fever
- Weakness or fatigue
- Stunted growth and delayed puberty in children

Diagnosis

It may require months for your doctor to diagnose Crohn's disease with certainty. Your doctor will look for evidence of intestinal inflammation and try to distinguish it from other causes of intestinal problems, such as infection or ulcerative colitis, a related disease that also causes intestinal inflammation.

Tests that can indicate inflammation and show evidence of Crohn's disease include:

1. Blood tests showing a high white blood cell count or other signs of inflammation in your body
2. A blood test for anemia
3. Autoantibody tests that reveal antibodies in the blood of people with Crohn's disease

See "Disease," next page

@ Mary Black

Did you know? . . .

The **Sleep Center at Mary Black** has enlarged and moved into the amenity suites located on the 2nd floor below the Family Birthing Center. The **Sleep Center** boasts 4 sleep labs and operates six nights per week.



At the **Sleep Center at Mary Black**, we see many people who experience problems with sleeping, fatigue, restlessness and other related disorders. Our trained professionals have years of proven expertise in helping people regain healthy sleeping patterns.

Talk with your doctor about a referral to the **Sleep Center at Mary Black**, or call **(864) 591-3373** for more information.

Effective September 1st, **Dr. Lizabeth McLeod** will be located in the eastside location of **Pediatric Associates**, 1686 Skylyn Drive, Suite 201. **Dr. Patricia Groves-Contreras** will be at **Pediatric Associates**, 500 Squires Pointe, Suite A, Duncan, SC, **(864) 433-8980**.

Disease, continued from page 3

4. Stool (also called feces or bowel movement) tests that show bleeding from irritated intestines, and that do not show signs of infection
5. An X-ray test called an upper GI (gastrointestinal) series, in which pictures are taken of your abdomen after you drink a white, chalky barium solution that shows up on X-rays
6. Flexible sigmoidoscopy or colonoscopy tests
7. Biopsy

Prevention

There is no way to prevent Crohn's disease, but you can keep the condition from taking a heavy toll on your body by maintaining a well-balanced, nutritious diet. Your doctor will monitor your blood for complications of poor nutrient absorption.

Treatment

Medications are very effective at improving the symptoms of Crohn's disease. Most of the drugs work by preventing inflammation in the intestines.

The medication commonly used first is a group of

The **Mary Black Geropsychiatric Inpatient Unit** has now expanded its services to include outpatient opportunities for patients. **Mary Black Geropsychiatric Outpatient Services** is located at 200 Dillon Drive and open Monday through Friday, 8:30 AM—5 PM. It serves mature adults age 55 plus who exhibit psychiatric symptoms that impair their social, occupational or other areas of functioning.

The program offers 3 hours of intensive group therapy three days per week and provides emotional support, education, activity therapy, and medication adjustments by a Board Certified Psychiatrist. Referrals may be made by calling **(864) 216-4411**. **Transportation for patients living within a 30 mile radius is offered.**

Friday, September 14, 2-2:45 PM—Mary Black Geropsychiatric Outpatient Clinic Open House, 200 Dillon Drive; RSVP (864) 583-3735 or myra.byars@maryblack.org

Friday, September 14, 3-4 PM—Live & Learn, "Secrets of the Suicidal Senior" and Book Signing with Dr. David Cox, author of *Aftershock: Help, Hope, and Healing in the Wake of Suicide* in recognition of National Suicide

anti-inflammatory drugs called aminosalicylates. They are chemically related to aspirin and suppress inflammation in the intestine and joints. They are given either by mouth (pills) or by rectum, as an enema. Some drugs in this group include Azulfidine, Asacol, Pentasa, Canasa, Rowasa and Dipentum.

Certain antibiotic drugs, particularly Flagyl and Cipro, help by decreasing the bacterial growth in irritated areas of the bowel.

Surgery is another possible treatment. In general, surgery to remove a section of the bowel is recommended only if a person has bowel obstruction, persistent symptoms despite medical therapy, or a non-healing fistula. Up to 50 percent of people with Crohn's disease will end up having at least one operation during the course of their disease.

When to call a professional

New or changing symptoms often mean that additional treatment is needed to keep Crohn's disease under control. For this reason, people who have Crohn's disease should be in frequent contact

Prevention Week; Conference Center at Steadman Hawkins; Register, (877) 626-4362.

Dr. Darren C. Chapman, formerly of Spartanburg Surgical, is joining forces with Drs. George Blestel, Robert Moretz and John Tate to form **Mary Black Surgical Group**. The new group is located at 1690 Skylyn Drive, Suite 140. **Appointments can be made by calling (864) 591-1664 or 585-0041.**

Join us in welcoming **Lee Ann Roque**. Lee Ann serves as the **Patient Advocate** for Mary Black Memorial Hospital. Lee Ann serves as a liaison between patients and their care providers when there are concerns or complaints. She makes visits with patients on the 3rd day of their stay to insure that Mary Black personnel are meeting their needs and providing them with the best possible care.

Lee Ann can be reached at (864) 573-3282.



with a doctor. One serious complication, bowel obstruction, causes vomiting or severe abdominal pain and requires emergency treatment. Other symptoms that require a doctor's immediate attention are fever, heavy bleeding from the rectum, or black paste-like stools.

Crohn's disease requires people to pay special attention to their health needs and to seek frequent medical care, but it doesn't prevent most people from having normal jobs and productive family lives. As is the case for any chronic illness, it can be helpful for a newly diagnosed person to seek advice from a support group of other people with the disease.

For more information or to have your doctor make a referral, consider one of these knowledgeable professionals:

Dr. George A. Blestel, Jr., (864) 591-1664

Dr. Gabor F. Sovenhazy, (864) 585-1636

Mary Black Gastro Assoc., (864) 573-3593

Gastroenterology Assoc., (864) 573-7511

Celiac Disease

A lifelong autoimmune intestinal disorder

What it is

Celiac Disease (CD) is a lifelong digestive disorder found in individuals who are genetically susceptible to the ingestion of gluten.

Cause

The cause of Celiac Disease, also known as celiac sprue, or gluten sensitive enteropathy (GSE), is unknown. **One out of 133 people in the United States is affected with Celiac Disease.** CD occurs in 5—15 percent of the offspring and siblings of a person with Celiac Disease. In 70 percent of identical twins, both twins have the disease. It is strongly suggested that family members be tested, even if asymptomatic. Family members who have an autoimmune disease are at a 25 percent increased risk of having Celiac Disease.

What happens with Celiac Disease

When individuals with CD ingest gluten, the villi, tiny hair-like projections in the small intestine that absorb nutrients from food, are damaged. This is due to an immunological reaction to gluten. Damaged villi do not effectively absorb basic nutrients—proteins, carbohydrates, fats, vitamins, minerals, and, in some cases, water and bile salts. If CD is left untreated, damage to the small bowel can be chronic and life threatening, causing an increased risk of associated disorders—both nutritional and immune related.

Some long-term conditions that can result from untreated CD include:

- Iron-deficiency anemia
- Osteoporosis
- Vitamin K deficiency associated with risk for hemorrhaging
- Vitamin and mineral deficiencies
- Central and peripheral nervous system disorders
- Pancreatic insufficiency
- Intestinal lymphomas and other GI cancers
- Lactose intolerance
- Neurological manifestations

Other associated autoimmune disorders include:

- Dermatitis Herpetiformis (DH)
- Insulin-dependent Type 1 Diabetes Mellitus
- Thyroid Disease
- Systemic Lupus Erythematosus
- Liver Disease

Symptoms

Celiac Disease (CD) may appear at any time in a person's life. The disease can be triggered for the first time after surgery, viral infection, severe emotional stress, pregnancy or childbirth. CD is a *multi-system, multi-symptom disorder*. Infants, toddlers, and children often exhibit growth failure, vomiting, bloated abdomen and behavioral changes.

Classic symptoms may include:

- Abdominal cramping, intestinal gas, distention and bloating
- Chronic diarrhea or constipation (or both)
- Fatty stools
- Anemia, unexplained, due to folic acid, B12, or iron deficiency (or all)
- Weight loss with large appetite, or weight gain

Other symptoms:

- Dental enamel defects
- Osteopenia, osteoporosis
- Bone or joint pain
- Fatigue, weakness and lack of energy
- Infertility - male/female
- Depression
- Aphthous ulcers (canker sores)

Dermatitis Herpetiformis (DH) is skin manifestation of Celiac Disease characterized by blistering, intensely itchy skin. The rash has a symmetrical distribution and is most frequently found on the face, elbows, knees and buttocks. DH patients can have gastrointestinal damage without perceptible symptoms. Everyone with DH needs to follow a gluten-free diet.

Diagnosis

A person seeking preliminary diagnosis must be consuming gluten. Specific antibody blood tests are used to identify the presence of CD and are the initial step in screening. It is essential that patients with positive antibody tests and those with an IgA deficiency have a small bowel biopsy to confirm the diagnosis and assess the degree of mucosal damage. Patients should consult with an experienced physician to ensure proper diagnosis.

Treatment

The only treatment for Celiac Disease is the lifelong adherence to a gluten-free diet. When gluten is removed from the diet, the small intestine will start to heal and overall health improves. Medication is not normally required. Because osteoporosis is common and may be profound in patients with newly diagnosed CD, bone density should be measured at or shortly after diagnosis. Consult your physician regarding specific nutritional supplementation to correct any deficiencies.

Adapting to the gluten-free diet requires some lifestyle changes. It is essential to read labels which are often imprecise, and to learn how to identify ingredients that may contain hidden gluten. Be aware that hidden gluten can be found in some unlikely foods such as: *cold cuts, soups, hard candies, soy sauce, many low or non-fat products, even licorice and jelly beans.*

Potential harmful ingredients include:

- Unidentified starch
- Modified food starch
- Hydrolyzed vegetable protein (HVP)
- Hydrolyzed plant protein (HPP)
- Texturized vegetable protein (TVP)
- Binders
- Fillers
- Malt

Gluten may also be used as a binder in some pharmaceutical products. Request clarification from food and drug manufacturers when necessary.

For more information call one of these knowledgeable professionals:

Piedmont Internal Medicine, (864) 582-1201
Carolina Internal Medicine-Union, (864) 427-9311
Carolina Medical Affiliates, (864) 585-5433
Internal Medical Assoc. Gaffney, (864)487-7186
Internal Medical Assoc., (864) 488-1514
Dr. Mukesh M. Gandhi, (864) 476-7068
Dr. Ronald Littlefield, (864) 582-8900
Mary Black Gastro Assoc., (864) 573-3593
Gastroenterology Assoc., (864) 573-7511

What is gluten?

Gluten is a special type of protein that is commonly found in rye, wheat, and barley. Therefore it is found in most types of cereals and in many types of bread. Not all foods from the grain family, however, contain gluten. Examples of grains that do not have gluten include: wild rice, corn, buckwheat, millet, amaranth, quinoa, teff, oats, soybeans, and sunflower seeds.

Gluten helps make bread elastic and provides it with the chewy texture it has when eaten. Gluten also has an absorbent quality, which is why bread is capable of soaking up gravy or other sauces.

People who suffer from Celiac Disease must eat foods that do not contain gluten in order to prevent illness. If improperly treated, Celiac Disease can be fatal. Sufferers of Celiac Disease must also exercise precaution as wheat, which contains gluten, is a required ingredient in wafers used for certain religious ceremonies.



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Your Good Health is Our Main Concern!

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Readers are also reminded that managed care companies and employer health plans may have preauthorization requirements or provider network procedures which determine benefit plan coverage. Therefore, you should contact your insurance company or company benefits plan specialist to verify benefit coverage for any of the procedures

provided within this issue of Health Beats.

Mary Black HealthNetwork, Inc. is committed to providing you beneficial updates about the positive things that are happening within the Mary Black Health System and in our other participating physicians' practices. Our number one priority is to meet your and your employees' healthcare needs. We hope you find these health updates helpful and informative, but if you would rather not receive them, please contact us at:

evelyn.blakley@maryblack.org, or Mary Black HealthNetwork, Inc.; 1690 Skylyn Drive, Suite 130; Spartanburg, SC 29307; Attn. Evelyn Blakley; Phone: (864) 216-4896 or Fax: (864) 216-4887.

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