Gut feelings

A look at digestive health problems

Not again, you think, as the familiar hot, burning sensation begins in your chest and creeps up your throat. You used to experience heartburn only occasionally, but now it seems to occur more frequently. Is this just a sign you’re getting older, or is there something else going on?

Heartburn and other digestive complaints — such as stomach pain, indigestion, constipation and diarrhea — are among the most common reasons people see their doctors or seek medication. Many people think that these problems are normal byproducts of digestion or an aging digestive system.

In fact, age-related digestive changes are usually subtle and only a mild nuisance. In some older adults, constipation and heartburn become more troublesome, but factors besides aging may contribute to those, as well.

Persistent or worsening digestive distress, on the other hand, is often your body’s way of telling you that something’s wrong. With early diagnosis, most digestive problems can be successfully treated or managed.

The effects of aging on your digestive system

It’s normal for the digestive process to slow a little as you age. For some, dental problems don’t let them chew as well as they used to, or they may not produce as much saliva, making the initial steps of digestion a little harder. The stomach can’t hold as much food because it’s less elastic. Digested food moves more slowly through your intestines. The amount of surface area within your intestines diminishes slightly, and the small intestine may be less able to absorb certain nutrients. With age, your intestines become more susceptible to overgrowth of certain bacteria, which can impair absorption of nutrients and cause bloating and gas. Loss of nerve cells along the intestinal pathway may contribute to slower movement of food and waste, and therefore to constipation.

The flow of secretions from your stomach, liver, pancreas and small intestine may decrease. The liver becomes smaller, and some of its waste-clearing and metabolic functions decline. As a result, it may take longer to rid the body of medications and other substances. The effects of drugs may last longer in older adults. While this might seem like a lot of changes, for most adults, the impact on digestion is generally mild.

Digestive problems that can arise

Signs and symptoms of gastric discomfort — such as heartburn, stomach cramps or indigestion — usually diminish after a few hours. But for some, digestive distress persists and becomes a constant concern. The problem may have many possible causes, including infection, inflammation or abnormal blockage in the digestive tract.

Although nonprescription medications often help relieve acute signs and symptoms, they may not be the complete answer. If you’re regularly bothered by indigestion, nausea or cramps, see your doctor. Knowing the root cause may help reduce anxiety and allow you and your doctor to work together to manage and possibly even cure the condition. Early action may also prevent a serious condition from becoming life-threatening.

Learn how to recognize and manage some of the more common digestive conditions and diseases such as:

■ Gastroesophageal reflux disease (GERD) — Occasional bouts of heartburn usually are nothing to worry
Special Report

When it’s not an ulcer
Sometimes, people see their doctors for what they think is an ulcer — gnawing upper abdominal pain — but tests don’t reveal a digestive problem. Many of these people have nonulcer dyspepsia (dis-PEP-see-uh), or functional dyspepsia. Although its cause is uncertain, it’s a common condition that brings the discomfort of an ulcer without an ulcer. Pain in the upper abdomen is the most common symptom, but other signs and symptoms may include gas, bloating, nausea or feeling full after eating only a moderate amount of food.

Examining and changing your daily routines may help ease your discomfort. This may include avoiding certain foods that seem to worsen symptoms, controlling stress, and changing or limiting daily medications or supplements. Your doctor may also recommend drug therapy. Many of the same medications used to treat ulcers are also recommended for nonulcer dyspepsia. Antibiotics may be recommended if you test positive for the bacterium Helicobacter pylori, the primary cause of ulcers. But getting rid of the bacteria doesn’t help everyone with nonulcer dyspepsia.

about. But if you have frequent or constant heartburn, it may be a symptom of GERD. This is the chronic backwash (reflux) of acid from the stomach into the lower and sometimes upper esophagus. This can cause symptoms such as heartburn, chest pain and regurgitation — which is acid washing up into your throat, leaving a sour taste in your mouth or causing you to cough. In older adults, GERD may cause wheezing, hoarseness, difficulty swallowing, indigestion and vomiting.

How serious is it? — Especially in older adults, chronic acid reflux can cause inflammation of the esophagus (esophagitis). Over time, this inflammation may erode the lining of the esophagus, causing an open sore to form (esophageal ulcer) that may bleed and cause pain. Damage to the lining can also lead to the formation of scar tissue (stricture), which narrows the food pathway and makes swallowing difficult. Chronic inflammation and erosion of the esophageal lining can also be associated with Barrett’s esophagus, in which the color and composition of esophageal cells change. This is associated with a slightly higher risk of esophageal cancer. Fortunately, this is rare.

How is it treated? — If you experience heartburn or related symptoms at least twice a week for several weeks or your symptoms seem to be getting worse, see your doctor. Your doctor will likely recommend medications to block the production of acid and help relieve your symptoms. If your heartburn is severe, you have had symptoms for many years, are older than 50, or have additional problems, including difficulty swallowing or weight loss, you’ll need some testing before your doctor can make a diagnosis. Your doctor will also want to make sure that you don’t have any complications before prescribing medications.

The first test your doctor will likely recommend is an internal examination of your esophagus (endoscopy). This may come back normal even if you have reflux, but it can reveal inflammation, pre-cancerous changes or narrowing — problems that require different treatments. Extensive tissue damage or narrowing may result in difficulty swallowing and lead your doctor to recommend stretching (dilating) your esophagus.

Ulcers and stomach pain — Ulcers are not caused by spicy food. Most ulcers develop because of a bacterial infection or as a side effect of medications, not because of lifestyle factors. The bacterium Helicobacter pylori may be found in the mucous layer that covers and protects the lining of your stomach. The bacteria can irritate and inflame this lining, causing an open sore (ulcer). Regular use of certain pain relievers also can lead to ulcers.
Special Report

Ulcers that occur in the digestive system are called peptic ulcers. Both H. pylori infections and the use of pain relievers become more frequent with age.

The most common symptom of a peptic ulcer is a gnawing pain in your upper abdomen between your navel and breastbone. This pain, caused by stomach acid washing over the open sore, may linger briefly or last for hours. The pain is often worse when your stomach is empty.

**How serious is it?** — Left untreated, peptic ulcers can cause internal bleeding and create a hole (perforation) in the wall of your stomach or small intestine, putting you at risk of serious inflammation or infection in your abdominal cavity (peritonitis). Peptic ulcers can also cause scarring, which can obstruct the passage of food through the digestive tract. If you have an ulcer that doesn’t heal, have it checked to determine whether it might be cancer.

**How is it treated?** — Treating the root cause of the ulcer usually involves antibiotics to kill H. pylori if it’s present and medications, such as proton pump inhibitors, to reduce the level of acid in your stomach and give the ulcer a chance to heal. If pain relievers are causing your ulcer, your doctor may recommend a different pain reliever or a different dose, as well as acid-reducing medications to allow the ulcer to heal.

**Irritable bowel syndrome (IBS)** — This common condition is characterized by recurrent abdominal pain or discomfort associated with abnormal bowel movements. After a meal, for example, you may spend the next hour dealing with cramps and diarrhea. Or you may feel bloated and constantly constipated. Some people alternate between loose, watery stools and hard, lumpy ones that are difficult to pass. Still, bowel movements usually provide temporary relief from pain or discomfort.

IBS is often referred to as a functional disorder, meaning that your intestines look normal, but they function abnormally. The cause is uncertain. Some research indicates that IBS may be due to hypersensitivity of the gut, making you more sensitive than normal to certain foods, physical activity or gas in your intestines. Stress and other psychological factors, such as anxiety, also may contribute to IBS. Because more-serious conditions can produce the same symptoms as IBS, your doctor may perform certain tests to rule out other illnesses, especially if you’re older or if your symptoms are new.

**How serious is it?** — Although IBS can cause discomfort, and even severe symptoms at times, it isn’t life-threatening. It doesn’t increase risk of cancer. And it’s not related to inflammatory bowel diseases such as Crohn’s disease or ulcerative colitis. But it does tend to be chronic.

**How is it treated?** — A healthy diet and regular exercise are good starting points for managing IBS. Together, they help keep your digestive system working smoothly. Your doctor can help you make lifestyle changes and find the right medications — whether nonprescription or prescription — to manage diarrhea and constipation. Treatment may also involve methods to minimize stress and address anxiety, such as relaxation techniques, cognitive behavioral therapy or antidepressants, which may help reduce nerve sensitivity.

**Crohn’s disease and ulcerative colitis** — These are the two most common forms of inflammatory bowel disease (IBD), a condition in which the inner lining of the gastrointestinal tract is chronically in-

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Chest pain: Heartburn or heart attack?

Many people don’t realize that the heart and esophagus are in fairly close proximity. They also share similar nerve connections. Both heartburn and a heart attack can cause chest pain — which can range from mild to intense — but it’s not always easy to tell which is which. In fact, other digestive conditions can have the same effect, such as a gallbladder attack or a muscle spasm in the esophagus.

If you’re accustomed to occasional bouts of heartburn, you may dismiss chest pain as just another episode of heartburn. But be alert. If your heartburn seems worse or different from usual — especially if it occurs during physical activity or is accompanied by shortness of breath, sweating, dizziness, nausea, or pain radiating into your shoulder and arm — get emergency help immediately. These signs and symptoms may indicate a heart attack. Don’t wait more than a few minutes to call 911 or emergency medical help. If you have been prescribed nitroglycerin, a muscle relaxant commonly used to relieve chest pain due to heart disease, it can also help relieve pain due to a muscle spasm of the esophagus.

Some people who experience chest discomfort believe they’re having a heart attack, but find out later that their pain is caused by gastroesophageal reflux disease (GERD). In any case, it’s important to get help right away since both require proper diagnosis and treatment.
Crohn’s disease and ulcerative colitis share many of the same signs and symptoms, and one is sometimes mistaken for the other. The key differences lie in the location and depth of the inflammation.

Crohn’s disease can occur anywhere in your digestive tract, from your mouth to your anus. In adults older than 40, it’s more commonly found in the colon. Inflammation may occur in a “patchy” pattern and generally settles into the deepest layers of tissue in the affected areas.

Ulcerative colitis is confined to the colon. The inflammation often begins in the rectum and then spreads in long, continuous stretches into the colon. Typically, only the thin lining of the inner surfaces is inflamed and deeper tissues are unaffected.

Both forms are marked by frequent diarrhea — often several times a day — and abdominal pain. Bleeding is common with ulcerative colitis.

In women who are middle-aged or older, a more common cause of inflammation of the colon is microscopic colitis, which can be divided into lymphocytic and collagenous colitis. Symptoms include watery diarrhea that’s typically mild but may be severe. On general examination, the colon appears normal but inflammation can be detected when a tissue sample is viewed under a microscope.

How serious is it? — The chronic inflammation of IBD can lead to ulcers in the intestinal tract. With Crohn’s disease, these ulcers can sometimes become so severe as to create deep fistulas — eroded tissue that creates holes between organs or that makes its way to the surface of the skin. It can also lead to severe bleeding and blockage of the bowel.

Long-standing or extensive ulcerative colitis increases risk of colorectal cancer. Malnutrition may be a problem, especially in Crohn’s disease if diarrhea and cramping make it difficult to eat or for the intestines to absorb the proper nutrients. IBD is also associated with problems in other parts of the body, such as arthritis, inflammation of the eyes or skin, kidney stones, gallstones, and liver disease. Treatment to control inflammation helps avoid these complications. Microscopic colitis is generally a milder condition but may cause severe diarrhea and dehydration.

How is it treated? — Medications can reduce inflammation in the intestinal tract, thus minimizing signs and symptoms and improving quality of life. Examples include anti-inflammatory drugs, which inhibit the inflammatory process, and immunosuppressants, which relieve IBD by interfering with your immune system’s ability to provoke inflammation. Occasionally, surgery may be necessary.

You may go through periods where the condition remits, but typically it flares up again at some point. Take medications as instructed and help yourself by managing your diet and levels of stress. Neither cause IBD, but they can aggravate it in some people. Microscopic colitis symptoms are usually mild and may respond to changes in medications or possibly diet. Medications to slow diarrhea also may help.

Celiac disease — This is marked by an intolerance of foods containing gluten, a protein found in products made of wheat, barley and rye and even oats, if the oats were contaminated in the milling process. If you have celiac disease and eat something that contains gluten, an immune reaction inflames and swells the inner lining of your small intestine.

The inner surface of a healthy small intestine is lined with millions of tiny hair-like projections called villi, which help your body absorb nutri-
Celiac disease damages the villi, causing them to shrink and disappear. As a result, the inner surface of your small intestine becomes less like a plush carpet and more like a tile floor. Instead of being absorbed, essential nutrients are eliminated through your stool.

For a long time, celiac disease was thought to be primarily a disease of childhood. But recent evidence indicates a high prevalence of the disease in adults, especially seniors — about 1 in 100 adults have celiac disease. Classic signs and symptoms of celiac disease include diarrhea, abdominal pain and weight loss. However, older adults tend to experience milder symptoms, such as bloating, gas and abdominal discomfort and may not have diarrhea at all. Weakness, anemia, and bone and joint problems may result from celiac disease. Your doctor can initiate a diagnosis with a blood test and confirm it with a biopsy of the small intestine.

How serious is it? — Over time, poor absorption (malabsorption) of nutrients affects your brain, nerves, bones, liver and other organs. This may lead to other illnesses, such as anemia, osteoporosis, seizures, lymphoma or cancer of the small intestine.

How is it treated? — Celiac disease is a chronic condition that doctors have yet to find a cure for. The focus of treatment is on relieving discomfort and preventing complications, which is done primarily by following a gluten-free diet. A gluten-free diet is based on fresh fruits and vegetables, plain meats — not breaded or marinated — fish, rice, potatoes, dairy products, and gluten-free grains, such as corn, quinoa, tapioca, amaranth and buckwheat.

Gluten is also contained in many cosmetic products such as lipstick, so if you have celiac disease, avoid using these products on your lips or around your mouth. Also, avoid using gluten-containing dental products, such as certain mouthwashes and toothpastes. If you’re uncertain about whether a product contains gluten, check the ingredient list on the product label or contact the manufacturer. Gluten is also among the inactive ingredients in many medications. Your pharmacist can tell you whether a particular medication contains gluten.

Within just a few days of removing gluten from your diet, the inflammation in your small intestine will likely begin to subside. In adults who may have had the disease for a while without knowing it, it may take two to three years for the intestine to heal completely.

Diverticular disease — With age, many people develop small pouches in the colon called diverticula. They form in weak spots in organ tissue, resembling small pockets. More than half of people older than 70 develop diverticula (diverticulosis). Doctors aren’t sure what causes these pouches to form, but they appear to be more common in people who eat a low-fiber diet.

Managing your diet
What you eat can affect how you manage signs and symptoms of a digestive condition. Depending on your signs and symptoms, you might consider these suggestions:

- **Limit dairy products** — If milk or other dairy products aggravate your symptoms, you may be lactose intolerant—that is, your body can’t digest the milk sugar (lactose) in dairy foods. If so, you may want to try an enzyme product, such as Lactaid, to help break down lactose. In some cases, you may need to eliminate dairy foods completely.
- **Experiment with fiber** — High-fiber foods, such as fresh fruits and vegetables and whole grains, may make diarrhea, pain and gas worse. If raw fruits and vegetables bother you, try steaming, baking or stewing them.
- **Avoid problem foods** — Eliminate foods that seem to make your symptoms worse. These may include “gassy” foods — such as beans, broccoli and cabbage — spicy seasonings, caffeine, alcohol and carbonated beverages.
- **Eat small meals** — You may find that you feel better eating five or six small meals a day.
- **Drink plenty of liquids** — Try to drink plenty of fluids daily. Water is best.
- **Consider multivitamins** — If your diet or your ability to absorb nutrients is limited, talk to your doctor about taking a multivitamin supplement.
- **Talk to a dietitian** — If you begin to lose weight or your diet has become very limited, talk to a registered dietitian.
The presence of diverticula in your colon generally isn’t a problem, although some people experience cramping and bloating. In addition, some diverticula may bleed — anytime you see blood in your stool, see a doctor to determine the cause.

In a few cases, diverticula may become inflamed or infected (diverticulitis). Some people experience only minor inflammation, while others have a sudden, serious, painful infection. Signs and symptoms include pain in your lower abdomen, fever, nausea and vomiting.

How serious is it? — Generally, inflammation or infection is limited to the area directly around the diverticulum. In some cases, swelling and chronic inflammation can lead to a partial obstruction of the colon, blocking passage of stools.

In other cases, the pouch can tear, creating a swollen area of tissue containing pus (abscess). Rarely, the pouch ruptures through a large tear, spilling intestinal waste into the abdominal cavity. When a rupture occurs, it may lead to a more severe and widespread infection, affecting the thin membrane lining the abdominal cavity (peritonitis). Sometimes, scar tissue forms a tunnel (fistula) to another organ such as the bladder or vagina. A fistula to the bladder may cause frequent urinary tract infections, or passing of gas from the urethra during urination. A fistula to the vagina may lead to a vaginal discharge.

How is it treated? — Often, people don’t even know they have diverticulosis if it’s not causing any symptoms. Introducing more fiber into your diet and exercising regularly may help prevent more diverticula from forming.

Diverticulitis is treated with antibiotics, to fight the infection, and a temporary liquid or low-fiber diet, to allow your colon to heal. Depending on the severity of your symptoms or your risk of complications, you may need to stay at a hospital. If complications occur, your doctor may recommend surgery to remove the diseased portion of your colon and reconnect the remaining healthy segments. Doctors used to recommend avoiding seeds and nuts to help prevent attacks, but recent evidence suggests that this isn’t necessary.

Gallstones — Gallstones are a common digestive problem that tends to become more frequent with age. The highest incidence occurs in people in their 50s and 60s.

Gallstones are hard, pebble-sized deposits that form in the gallbladder. Normally, the gallbladder serves as a reservoir for bile, which is a liquid produced by the liver that aids the digestion of fat molecules. When you eat a meal containing fat or protein, your gallbladder compresses the bile through small tubes (bile ducts) to your small intestine. Once in the intestine, bile helps break down fat molecules.
Bile includes cholesterol and bilirubin, a greenish-yellow waste product. An overload of either can contribute to gallstones. Also, if your gallbladder fails to empty as it should, the remaining bile becomes concentrated and sludgy, sometimes forming into hardened particles.

**How serious is it?** — Gallstones usually settle at the bottom of your gallbladder and most of the time don’t cause any symptoms (silent stones). However, if a stone migrates up to the outlet of the gallbladder and becomes lodged in one of the bile ducts, it can block the flow of bile, building pressure in the gallbladder and causing pain. A gallbladder attack usually comes on suddenly, with pain starting in your upper abdomen and then spreading to your lower chest and back.

Often, the stone works its way through the duct or falls back into the gallbladder and pain ends. Occasionally, a stone remains lodged, leading to gall bladder inflammation. If a stone becomes lodged in one of the other bile ducts leading to the pancreas or liver, it can lead to inflammation of those organs. Call your doctor promptly if the pain lasts more than five hours, or if you experience nausea, fever or jaundice.

**How is it treated?** — Silent stones generally don’t require treatment. If you’ve had one or more gallbladder attacks and you’re healthy enough, your doctor may recommend removing the gallbladder. Nonsurgical solutions are available to dissolve the stones, but new ones usually form.

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**Pancreatitis** — Pancreatitis is an inflammation of the pancreas. Sudden inflammation of the pancreas (acute pancreatitis) may be caused by gallstones that become lodged at the opening to the pancreas. The blockage causes a backflow into the pancreas, and enzymes that normally remain inactive until they reach the small intestine are prematurely switched on in the pancreas. This causes inflammation of pancreatic cells and abdominal pain, which can range from mild tenderness to deep, boring pain. Bending forward or curling up in a ball may ease the pain, while eating or drinking tends to make it worse. Usually the blockage is temporary, lasting a few days, and the symptoms disappear when the gallstone is dislodged.

Chronic inflammation of the pancreas develops over time, usually as a result of heavy alcohol use, but not always. It’s unclear how alcohol causes pancreatitis. It may be that excessive alcohol leads to the formation of deposits that build up in the pancreas and block parts of the pancreatic duct. Or it may be that alcohol directly injures pancreatic tissue. Signs and symptoms of chronic pancreatitis include intermittent episodes of abdominal pain — or a chronic dull ache in the middle of the abdomen — unexplained weight loss, and oily, smelly stools. Alcohol abuse can also cause sudden attacks of pancreatitis.

**How serious is it?** — Mild cases of acute pancreatitis generally improve within a week. Moderate to severe cases may take longer to resolve. Complications — such as dehydration, fluid-filled blisters (pseudocysts) in and around the pancreas, infection, and organ failure — can develop and require supportive care. Rarely, pancreatic cancer can cause signs and symptoms of a pancreatitis attack.

The chronic form usually causes permanent damage to the pancreas. Eventually, loss of pancreatic function can lead to the inability to properly digest nutrients (maldigestion) and rarely, impaired insulin production (diabetes).
People with acute pancreatitis often require hospitalization to control pain, avoid dehydration and monitor for complications. If the attack is caused by gallstones blocking the pancreatic duct, your doctor may recommend a procedure to remove the stones — and eventually the gallbladder if gallstones are a recurring problem. If your attack was caused by alcohol, avoid alcohol permanently.

The main goals of treatment are to control pain and treat maldigestion problems. Your doctor may prescribe pain relievers in addition to pancreatic enzyme supplements to replace those no longer produced by the pancreas. If alcohol is damaging your pancreas, treatment usually involves therapy to help you stop drinking.

**Liver disease** — Your liver plays a critical role in the digestive process. It helps process nutrients into forms that can be used by your body. It also acts as a filter, detoxifying potentially harmful substances in your blood. It also helps keep the composition of your blood in balance.

Liver problems include a wide range of diseases and conditions that damage liver tissue or function. Most commonly, the liver may become inflamed because of exposure to a virus — hepatitis A, B and C are the most common viral forms — or as a result of continued exposure to excessive amounts of alcohol (alcoholic hepatitis), or to certain medications, such as the pain reliever acetaminophen (Tylenol, others). This is considered drug-induced hepatitis. Liver problems can also be the result of obesity leading to fat accumulation in the liver, which can lead to liver damage. Other forms of liver damage may be caused by inherited conditions or autoimmune disease, where your body’s defense system reacts abnormally and attacks its own tissues.

In addition to causing pain and swelling, inflammation disrupts your liver’s ability to function. Over time, this can cause a deficiency of nutrients, leading to weight loss and fatigue. A buildup of waste and toxins in your blood can cause jaundice, loss of appetite and nausea.

**How serious is it?** — Some forms of hepatitis — such as hepatitis A and in some cases, B — come on suddenly and then resolve in six months or less. As your body’s defenses overcome the cause of inflammation, the liver inflammation subsides. Occasionally, a viral form of hepatitis or an overdose of medication can lead to rapid (acute) liver failure, associated with near complete loss of liver function.

However, liver disease often progresses silently, without signs or symptoms. When liver disease is discovered, it may have been present for years. This is often the case with alcoholic hepatitis or chronic hepatitis B or C. Ongoing liver inflammation, which involves repeated injury and healing of tissue, can lead to severe scarring (cirrhosis), making the liver tough and fibrous. Eventually, cirrhosis can lead to liver failure. People with cirrhosis are at increased risk of liver cancer.

**How is it treated?** — Treatment for viral forms of hepatitis, if necessary, may include antiviral medications. Other treatments depend on the cause. If cirrhosis or liver failure has developed, a liver transplant may be required. Avoiding alcohol, not exceeding the maximum daily dose of medications, getting appropriate vaccinations, maintaining a healthy weight and eating a healthy diet can help prevent liver damage.