"I HAVEN'T GOT TIME FOR THE PAIN" (FROM GUM TO BUM)

THE SCARBOROUGH CHINESE OUTREACH COMMITTEE 2011 SPRING SYMPOSIUM
SATURDAY APRIL 2ND 2011

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- Financial Disclosures
- (none for purposes of this talk but since you asked:)
- Advisory board: Astra Zeneca, Merck-Schering, Shire, Abbott
- Speaker's Bureau
- Clinical Research funding: Robarts Institute

- Goals and Objectives
- recognize G.I. pain syndromes including non-cardiac chest pain, functional dyspepsia, narcotic bowel syndrome and proctalgia
- develop an approach to the management of these conditions

Prevent colon cancer with sleep – Toronto Sun

by LOWES1 *on* MARCH 28, 2011

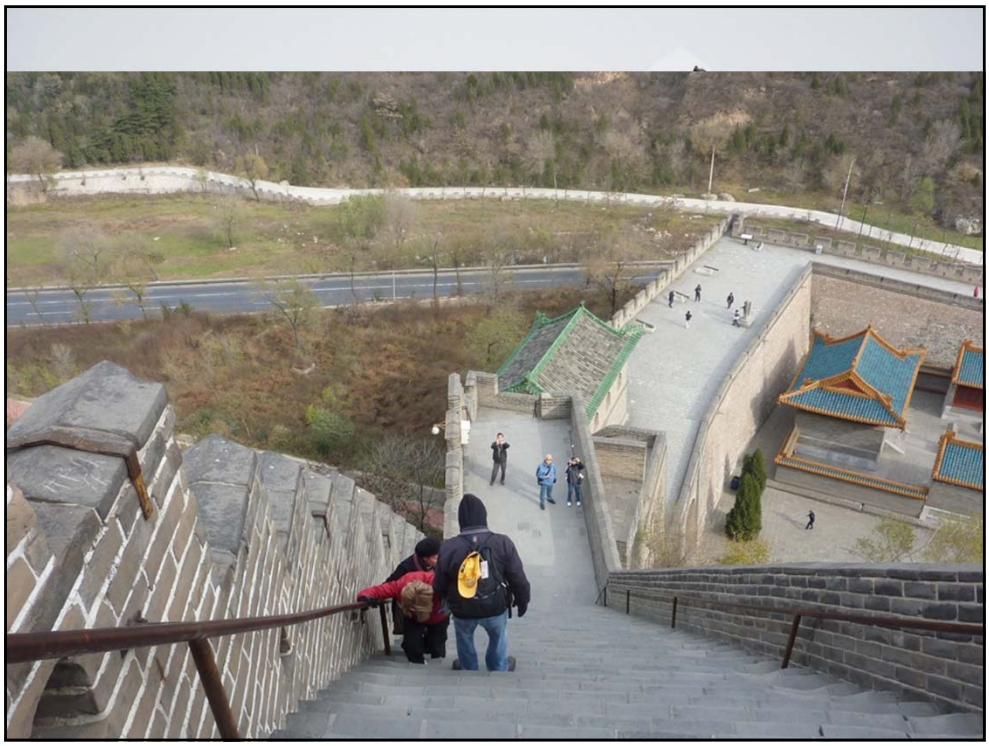
Prevent colon cancer with sleep

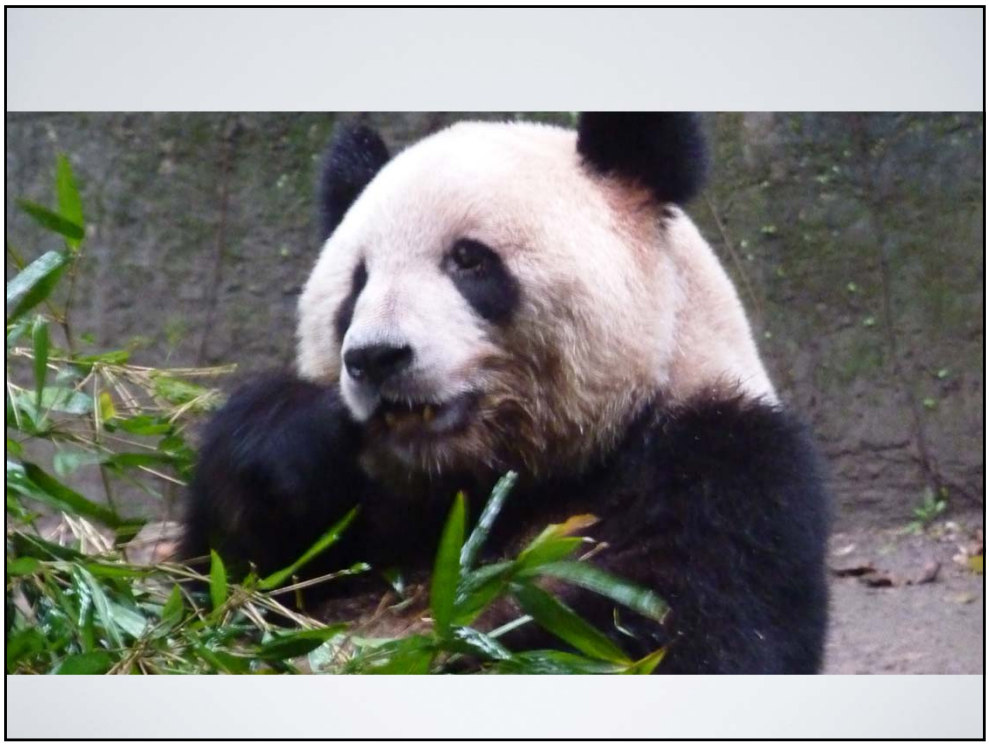
Toronto Sun

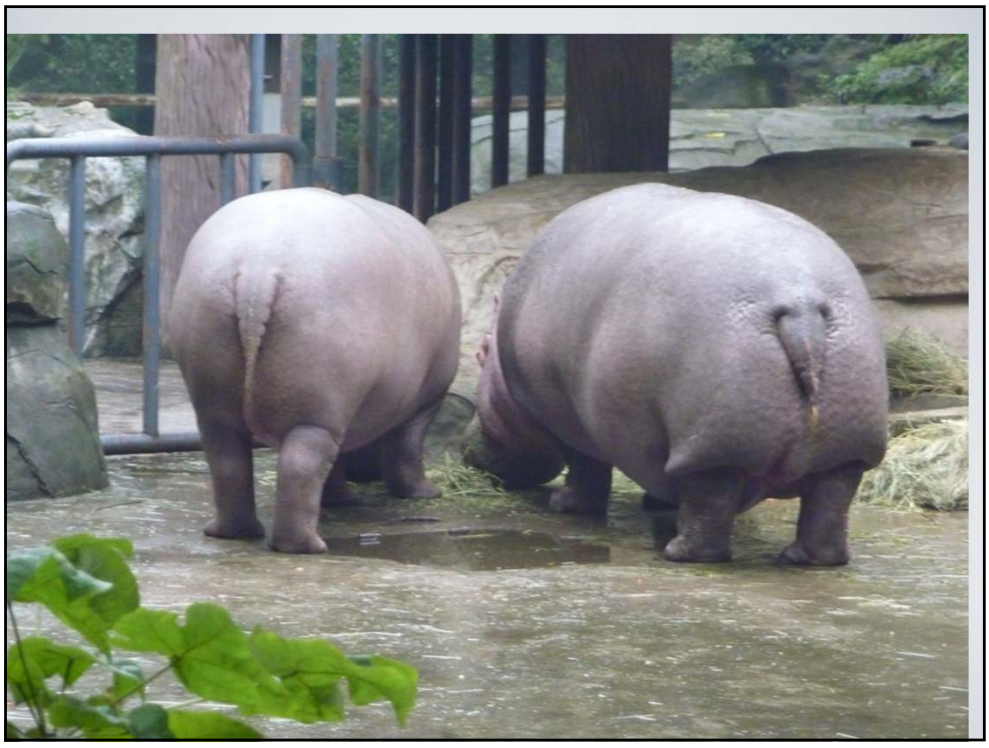
However, recently obtained data suggests that the length and quality of one's **sleep** could also play a significant role in the development of this cancer. In our busy society, sleeping is often seen as a waste of time, to the point that **sleep …**


ICE
RP特警


中华人民共和国万岁
万岁








救死扶伤 为全体军民服务
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TO DO:
GET MY BUSINESS
CARD IN CHINESE
TODAY!

- Case Example
- 54 y.o family physician develops chest pain while skiing
- few years of heavy feeling in chest if rushing at rounds or eating bagels in ER
- GXT, Nuc Med, stress echocardiogram normal
- 2 yrs ago same symptoms with exercise or not-heaviness and SOB- started B-blocker - symptoms gone
- Angiography - 70% LAD- stented

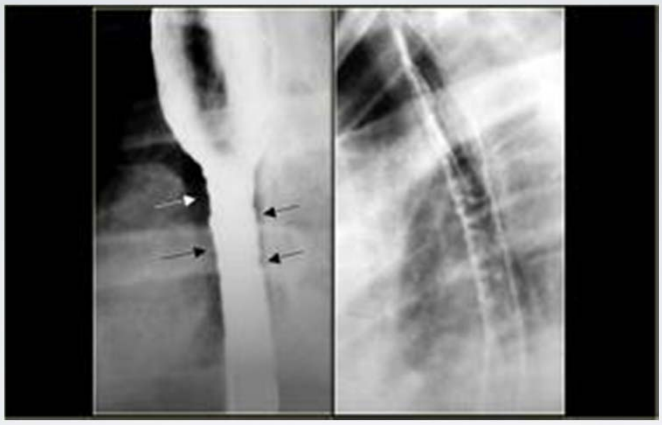
- occasional nocturnal aspiration, cough
- +++ stress, marital, business, medical
- “spasms” retrosternally, lasting 1-2 min, back component, nocturnal
- relieved by nitro
- Repeat angio: patent stent
- skiing with second wife in Utah - asymptomatic

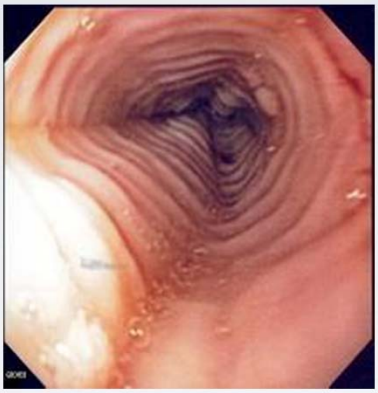
- Non - Cardiac Chest Pain (NCCP)
- is it cardiac?
- is it GERD?
- is it dysmotility?
- is it functional?
- is it eosinophilic esophagitis (what’s that?)

- NNCP Work-Up
- endoscopy
- PPI trial
- pH impedance
- esophageal manometry

- What is Functional Chest Pain Anyway?
- non-burning chest discomfort
- not GERD
- not dysmotility
- vs. Functional Heartburn

- Management of NCCP
- reassurance
- nitrates, calcium channel blockers, tricyclic anti-depressants (start low, very very low eg. amitryptiline 10 mg qhs
- SSRI (sertraline = Zoloft, citalopram = Celexa)
- SNRI (venlaflaxine=Effexor)

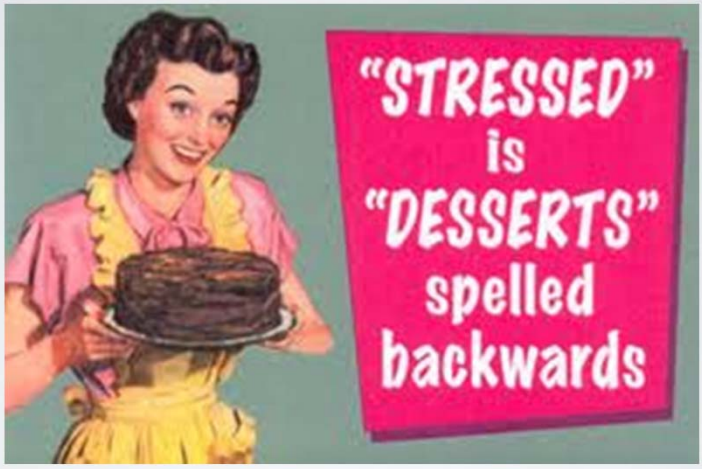




- Functional Dyspepsia
- 3 - 6 month history of at least one of:
- post-prandial fullness, early satiety, epigastric pain, epigastric burning, no objective disease
- Why? visceral hypersensitivity (balloon, acid, impaired accommodation
- Rx: PPI, Hp eradication, prokinetics, TCA (desipramine > amitryptiline), SSRI > SNRI, “alternatives” = ginger, peppermint, simethicone, charcoal tablets

- Narcotic Bowel Syndrome
- not the same as opioid bowel dysfunction
- abdominal pain treated with narcotics resulting in tachyphylaxis

- “THE END” of my talk
- proctalgia fugax vs. chronic proctalgia fugax
- chronic proctalgia = levator ani syndrome
- (a real pain in the ....)
- Management: biofeedback > anal probe stimulation > digital massage



- Post Talk Quiz 1
- Which is the most predominant symptom in narcotic bowel syndrome
  - a) abdominal pain b) bloating c) constipation
  - d) nausea and vomiting

- Post talk quiz 2
- Upper endoscopy is indicated in the presence of alarm symptoms that include:
- a) dysphagia b) odynophagia c) anemia
- d) weight loss e) g.i. bleeding

- Post talk quiz 3
- Which of the following drugs used to treat NCCP has a side effect of severe headache?
- a) nitrates b) calcium channel blockers
- c) botulinum toxin d) tricyclic antidepressants