

HOSPITAL PHYSICIAN®

GASTROENTEROLOGY BOARD REVIEW MANUAL

PUBLISHING STAFF

PRESIDENT, PUBLISHER

Bruce M. White

EXECUTIVE EDITOR

Debra Dreger

SENIOR EDITOR

Becky Krumm, ELS

ASSOCIATE EDITOR

Lamont Williams

ASSISTANT EDITOR

Jennifer M. Vander Bush

EDITORIAL ASSISTANT

Meghan Cunningham

SPECIAL PROGRAMS DIRECTOR

Barbara T. White, MBA

PRODUCTION DIRECTOR

Suzanne S. Banish

PRODUCTION ASSOCIATES

Tish Berchtold Klus

Christie Grams

PRODUCTION ASSISTANT

Mary Beth Cunney

ADVERTISING/PROJECT MANAGER

Patricia Payne Castle

NOTE FROM THE PUBLISHER:

This publication has been developed without involvement of or review by the American Board of Internal Medicine.



The Association for Hospital Medical Education endorses HOSPITAL PHYSICIAN for the purpose of presenting the latest developments in medical education as they affect residency programs and clinical hospital practice.

Functional Gastrointestinal Disorders

Series Editor: Robert M. Craig, MD

Professor of Medicine

Gastroenterology Division

Department of Medicine

Northwestern University Medical School

Chicago, IL

Contributing Author: Arvydas Vanagunas, MD

Associate Professor of Medicine

Gastroenterology Division

Department of Medicine

Northwestern University Medical School

Chicago, IL

Table of Contents

Preface	ii
Introduction	1
Irritable Bowel Syndrome	1
Nonulcer Dyspepsia	6
Sphincter of Oddi Dysfunction	10
Specialized Diagnostic Tests for Gastrointestinal Dysfunction	12
References	13

Cover Illustration by Christine Schaar

Copyright 2000, Turner White Communications, Inc., 125 Strafford Avenue, Suite 220, Wayne, PA 19087-3391, www.turner-white.com. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system or transmitted in any form or by any means, mechanical, electronic, photocopying, recording or otherwise, without the prior written permission of Turner White Communications, Inc. The editors are solely responsible for selecting content. Although the editors take great care to ensure accuracy, Turner White Communications, Inc., will not be liable for any errors of omission or inaccuracies in this publication. Opinions expressed are those of the authors and do not necessarily reflect those of Turner White Communications, Inc.

HOSPITAL PHYSICIAN®

GASTROENTEROLOGY BOARD REVIEW MANUAL

Functional Gastrointestinal Disorders

Series Editor:

Robert M. Craig, MD

Professor of Medicine

Gastroenterology Division

Department of Medicine

Northwestern University Medical School

Chicago, IL

Contributing Author:

Arvydas Vanagunas, MD

Associate Professor of Medicine

Gastroenterology Division

Department of Medicine

Northwestern University Medical School

Chicago, IL

I. INTRODUCTION

The functional gastrointestinal disorders are defined as various combinations of chronic or recurrent gastrointestinal symptoms not explained by structural or biochemical abnormalities. Functional gastrointestinal disease accounts for millions of health care visits and billions of dollars spent each year, even though most persons with such disorders do not seek medical attention. Functional gastrointestinal disorders include constipation, abdominal pain, noncardiac chest pain, functional heartburn, and functional diarrhea. This review focuses on three of the most commonly encountered disorders—irritable bowel syndrome (IBS), non-ulcer dyspepsia, and sphincter of Oddi dysfunction. Although it can be argued that gastrointestinal symptoms are a part of life, frequent symptoms that meet the criteria for functional disorders merit professional attention.

II. IRRITABLE BOWEL SYNDROME

EPIDEMIOLOGY AND ECONOMIC IMPACT

Physicians have been aware of the condition now termed *irritable bowel syndrome* (IBS) for more than a century. Other terms for this condition include *spastic colon*, *nervous colitis*, and *mucous colitis*. In 1966, DeLor¹ established the term *irritable bowel syndrome* and defined the disorder as a functional abnormality of the gastrointestinal tract characterized by abdominal pain, diarrhea, constipation, dyschezia, passage of mucus with stool, or a combination of any of these factors.

Results of population-based surveys suggest that as many as 20% of persons in the United States have symptoms of IBS.² The prevalence is similar among African-American, Latino, Japanese, and Chinese populations. Women with the condition generally outnumber the men 2:1 in population-based surveys, but the female