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Preface 1

We are all interested in what we eat, how that makes us what we are, and how we feel about it. Food is a major part of our lives; we eat several times a day and think about eating and our appetites constantly. We have our likes and dislikes, our favourite recipes, cooks and restaurants.

We need our guts to digest and absorb this food. Most of the time, our gastro-intestinal digestive system (the gut) does its job without us being aware of what is going on. We do not spend much of our conscious time thinking about the passage of food from our mouth, through the stomach and intestines, until it comes out the other end. Although we talk about food, we rarely discuss going to the toilet, our bowel habits and what comes out – we have learnt to laugh embarrassedly about ‘poo’ since we were little.

But we get gut feelings – we know when there is something not quite right – and then want to find out what is going on. Almost all of us have had sickness and vomiting at some time, with belly ache and diarrhoea affecting most people. We then get questions. Was it the food I ate? Have I got these symptoms more than other people? Should I eat differently? Am I ill? Should I go and see a doctor? What about a nutritionist? Will they know what I’m talking about? Is it serious?

What's Up With Your Gut?

In the last few years, there seem to have been more digestive diseases about. Perhaps we are now talking about them more, but maybe we are actually seeing more of these conditions and certainly doctors are much better at making accurate diagnoses – if we know about the latest developments! Several new themes in gut conditions have become popular topics in the last decade or so, with a lot of new ideas flying around. Are these topics, like gluten-free foods, fibre, FODMAPs, bile acids and such, relevant to gut conditions like irritable bowel syndrome (or even cancers), and what should be done about them?

If you have questions like these, I hope this book can help you by providing some facts, explaining recent ideas and providing some answers. Jo Waters writes about health issues in newspapers and magazines, including digestive diseases and related gut conditions, and what to do about them. When we talked about some of these new ideas, we realised it would help to pull them together in a book on your guts.

I hope you find our explanation of these gut topics edifying and something you can digest easily!

Professor Julian Walters

March 2016

Preface 2

I've been fortunate enough to work as a medical journalist for 30 years for the medical trade press, women's magazines and national newspapers – a job I still find totally fascinating. I'm humbled by the stories people tell me about their illnesses and grateful to all the doctors who've been kind enough to spare the time to give me interviews on their areas of expertise.

During dozens of interviews with people suffering from gut complaints over the years though, the stories I heard over and over again were that some people never get an explanation for what is up with their gut. Some are too embarrassed to talk about 'trouble down below' and rely on over-the-counter remedies such as laxatives for constipation or loperamide for diarrhoea – running the risk of ignoring important 'red flag' symptoms for conditions such as inflammatory bowel disease, coeliac disease or even bowel cancer.

Then there are others who experiment with faddy exclusion diets – demonising carbohydrates and cutting out staples like bread and pasta because they're convinced they have gluten sensitivity – but who have never actually been tested for coeliac disease. Those I consider particularly unlucky are those who – for whatever reason – slip through the net and miss out on the

tests that could have diagnosed their coeliac disease or cancer much earlier and saved them years of debilitating symptoms and in some cases an early death.

A couple of stories stood out and gave me the impetus to write this book with Professor Julian Walters. The first was interviewing Professor Walters for the *Daily Mail* Good Health section about a condition called BAD – bile acid diarrhoea (also known as BAM – bile acid malabsorption), a cause of a particularly nasty, persistent kind of diarrhoea which can cause up to 10 bowel movements a day and leave people practically housebound. I was staggered when he told me that up to a third of the three million people estimated to have IBS with diarrhoea as the predominant symptom (IBS-D) might have this condition instead, yet hardly anyone has heard of it. Why does it matter? Well, as Professor Walters explained, there's a test for bile acid diarrhoea and an effective treatment. He put me in touch with one of his patients, who emailed him after she'd read about his research. She'd had totally debilitating diarrhoea since her teens and had never got a proper diagnosis or treatment for her symptoms, despite umpteen invasive investigations. After seeing Professor Walters, and having the relevant tests, she was diagnosed with BAD and after 40-odd years of suffering finally got an effective treatment.

Another *Daily Mail* Good Health feature led me to the door of gastroenterologist Dr Kamran Rostami who wrote up a case report for the *British Medical Journal*. The patient had all the symptoms of coeliac disease but tested negative for it in blood tests and gut biopsies. When he cut out gluten though, his symptoms virtually disappeared. Dr Rostami talked about another condition I'd never heard of called non-coeliac gluten sensitivity (NCGS) and quoted research findings which if applied to the UK population could mean between four and seven million people in total may have this condition. And hardly any one had heard of NCGS either.

After the article was published Dr Rostami received a steady flow of emails from patients wanting to know more about NCGS and the blog I wrote online about NCGS started to get hundreds of views a week. It was then I started to think that maybe there's a need for a book on this – after all, it's estimated three-quarters of people with coeliac disease are still undiagnosed; too many people are still diagnosed with late stage bowel cancer and more and more cancer survivors are being left to deal with pelvic radiation disease – lifelong bowel symptoms caused by cancer treatment. How many more 'hidden' conditions were there? I thought maybe putting all the information about these less well known but surprisingly common conditions together in one place could help more people get to the bottom of what is really up with their gut and get treatment to cure or manage their symptoms.

Now the book has come together and I hope you'll find it a useful steer through all the tests and symptoms that can make diagnosing gut problems such a long drawn-out and sometimes emotionally draining process. It goes without saying that it's not an alternative to seeing a doctor but it may help you along the road to getting a diagnosis. I really hope so.

My sincere thanks go to Professor Julian Walters for his expert guidance and collaboration on this book and, to publisher Georgina Bentliff for her unstinting faith in my original idea and that I would complete this project and to Carolyn White, the editor.

Jo Waters

March 2016

About the Authors

Jo Waters is a health writer for consumer magazines and national newspapers and the co-author of two health books. She is a regular contributor to the *Daily Mail's* weekly Good Health section and a former features editor of *Top Sante* and *Pregnancy & Birth* magazines and also worked as contributing health writer for *Yours* magazine and as news editor for *General Practitioner*. Between 2011 and 2013 she was chair of the Guild of Health Writers.

Julian Walters is Professor of Gastroenterology at Imperial College London, based at the Hammersmith Hospital. As well as teaching medical students and conducting research into the causes of and new treatments for digestive diseases, he sees a wide variety of patients with digestive disorders such as malabsorption and chronic diarrhoea.

Chapter 1

Introduction – what’s *really* up with your gut?

This book is written for the millions of people worldwide who suffer from gut problems; from burping and acid reflux to abdominal pain and flatulence through to diarrhoea, bloating, painful cramping and constipation. What happens between eating your food and it coming out the other end can sometimes be a source of daily discomfort and embarrassment.

Whether you bloat after eating pasta, bread or dairy, suffer cramping diarrhoea when you are stressed-out, get constipated when you’re on holiday or just feel fatigued by your grumbling guts, we hope it will help you work out how best to manage your symptoms and get appropriate medical help.

These days you can’t open a newspaper, click on the internet or attend a dinner party without someone holding court about the latest ‘miracle’ exclusion diet, where cutting out wheat/gluten/dairy/lactose or sugar has apparently done wonders for their bloating, diarrhoea or grumbling gut pain and usually related weight loss too. In most cases, though, they’ll be doing it without consulting their doctor or a dietitian and just hoping for the best, but the danger is they could be cutting out important nutrients and fibre too – plus there’s always the risk that there may be a serious underlying medical cause for their symptoms which

never gets diagnosed or treated. Critics of exclusion diets say that if symptoms do improve it's more often down to the placebo effect (believing something will work), or just eating less overall, than because of a genuine sensitivity to the excluded food.

This book is an attempt to steer you down the sensible middle road on a route to getting a medical diagnosis and effective treatment for your gut symptoms. It goes without saying it isn't a substitute for seeing your doctor, but if you've had symptoms for a long time and don't seem to be getting anywhere it might give you some really useful pointers for possible causes and/or treatments.

How common are gut problems?

Gut symptoms account for one in five of all GP consultations according to some studies, but there are undoubtedly millions of us who don't even bother the doctor with our symptoms but self-medicate with over-the-counter remedies and/or experiment with changes in our diets. The UK charity Core found in a survey¹ that as many as 41 per cent of patients with digestive complaints had never visited their doctor to discuss their symptoms. Figures from the NHS for 2014 reveal that whilst there were over 18 million laxative products prescribed for constipation in general practice alone – a 35.5 per cent rise in 10 years – another 15.8 million laxative products were sold over the counter in pharmacies, at a cost of £58 million. Constipation also accounted for 666,287 hospital admissions in 2014.

Although some people may be perfectly capable of managing their own symptoms, believing them to be not serious enough or too embarrassing to tell their doctor about, there is an obvious danger that a more serious underlying condition might be missed, or that they may suffer in silence quite unnecessarily for years when often there is a simple solution that can resolve their symptoms.

IBS

Irritable bowel syndrome (IBS) is an umbrella term for a collection of abnormal bowel symptoms which can include constipation and/or diarrhoea, abdominal pain and bloating (see Chapter 3). IBS is estimated to affect as many as **nine million people**² (15 per cent of the population in the UK) at any one time.

IBS is embarrassing, debilitating, inconvenient and painful and has a massive impact on quality of life. Treating it costs the UK's NHS £1.2 billion a year. There's no cure, but there are a number of effective treatment options which can reduce the impact of the symptoms – if patients can get access to the right advice. Unfortunately, though, there's not a one-size-fits-all treatment for IBS; for instance, although eating more fibre can help people whose main IBS symptom is constipation it may *worsen* symptoms in patients who have diarrhoea as their main symptom (a condition known as IBS-D), and may not even be helpful to those whose constipation is caused by slow transit in the gut (where food and waste don't move as quickly as they should through the gut – see Chapter 9, page 162). Sadly though, some people never consult a doctor and suffer in silence, putting up with daily symptoms that can affect their education, careers, close relationships and social lives.

Inflammatory bowel disease (IBD)

Gastroenterologists are reporting an increase in diagnoses for inflammatory bowel diseases (IBD)³ – Crohn's disease and ulcerative colitis; diseases which causes inflammation and/or ulceration of the lining of the gut. Recent studies published by the the University of Edinburgh⁴ reported a 76 per cent increase in incidence amongst children in Scotland since 1995. Across Europe the increase has been around 15 per cent over the same period. Doctors have various theories about why this is happening – one

is that it's due to changes in diet and gut flora (known as the gut microbiome).

Coeliac disease, NCGS and the gluten-free trend

Blaming gluten (proteins found in wheat, barley and oats) for bloating and diarrhoea is currently very fashionable with sales of gluten-free foods such as bread, pasta and biscuits booming. In coeliac disease (see Chapter 4), the body's immune system mounts an inflammatory response to these foods, causing damage to the lining of the small bowel, disrupting the body's ability to absorb nutrients from food. Symptoms range from bloating and abdominal pain to diarrhoea and weight fluctuations. Coeliac disease can be diagnosed via a blood test and confirmed with an endoscopy and gut biopsy (see Glossary, page 180). Avoiding foods containing gluten causes the symptoms to disappear.

Research published by the University of Nottingham in 2014⁵ found that although there has been a four-fold increase in the number of people diagnosed with coeliac disease over the past 20 years, three-quarters of cases – an estimated 500,000 people – remain undiagnosed. Meanwhile, although coeliac disease is estimated to affect only 1 per cent of the population, studies from New Zealand have shown that five times as many people are buying gluten-free foods than have been diagnosed as coeliac. Latest US figures⁶ show that sales of gluten-free foods were estimated to reach \$8.8 billion in 2014, an increase of 63 per cent from 2012–14.

So, if these people don't have coeliac disease what do they have then? Gluten-free products are usually at least 15 per cent more expensive than equivalent foods containing gluten – so presumably these consumers are sufficiently concerned (and in some cases desperate) that they are prepared to pay significantly more for their daily staples. Gastroenterologists have been

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puzzled for years by patients who swear blind they suffer bloating, pain and diarrhoea after they eat foods containing gluten but who test negative for coeliac disease. Increasingly, experts, are recognising another condition called non-coeliac gluten sensitivity (NCGS) – see Chapter 4 – which has similar symptoms to coeliac disease but without any of the markers or abnormalities that are found with coeliac disease when a blood test or gut biopsy is done. Dr Kamran Rostami, a gastroenterologist practising in Milton Keynes, wrote an article in the *British Medical Journal*⁷ estimating that between four and seven million people may have this condition. Patients with NCGS who avoid gluten in their diet report their symptoms disappear, but experts say it's crucial they should be tested for coeliac disease while on a diet containing gluten, so coeliac disease can be eliminated first.

FODMAPs

Research carried out by the University of Monash in Australia⁸ has established that 74 per cent of patients with IBS-type symptoms find their symptoms improve if they follow a diet of foods low in short-chained carbohydrates called FODMAPs (stands for fermentable oligo-, di-, monosaccharides and polyols) that are poorly absorbed in the bowel. Foods low in FODMAPs have been shown to reduce bloating, and diarrhoea symptoms. Foods high in FODMAPs include onions, garlic, beetroot, Savoy cabbage, apples, pears, mangos, fruit juices, beans and lentils, bread, pasta and in susceptible individuals, milk and dairy products. The catch is that a low FODMAP diet can be difficult to stick to. (For more on this, see Chapter 3, page 37.)

Bile acid diarrhoea

Another lesser known but common cause of diarrhoea is a condition called bile acid diarrhoea (BAD), which some experts

believe is present in up to a third of the 3 million people in the UK who have been diagnosed with IBS with diarrhoea (IBS-D) as the predominant symptom. Never heard of it? Neither have most people, but BAD has features which set it apart from IBS (see Chapter 5). Symptoms can include up to 10 watery bowel movements a day, often with an urgent need to go and sometimes embarrassing faecal incontinence. There is also some bloating and abdominal pain.

The symptoms are caused by overproduction of bile acids in the liver and excess bile passing into the colon, causing watery diarrhoea. The condition can be diagnosed with a SeHCAT test comprising of two body scans (see Glossary). BAD can be treated with drugs including colestyramine which relieves the diarrhoea by binding to the unabsorbed bile acids, having a massive effect on quality of life.

Food allergies and intolerances

The incidence of food allergies and intolerances is on the increase,⁹ particularly amongst children, and it's also becoming much more common to have multiple allergies.

Apart from food allergies, there appears to be an increasing recognition of lactose intolerance (a sugar found in cow's milk and sheep's milk and in other dairy products). This is *not* an allergy but an inability to digest lactose because of a deficiency in an enzyme called lactase. Lactose that has not been properly digested can produce diarrhoea, bloating and pain. People from many parts of the world have low lactase levels. In the UK, as many as one in five people are now believed to be lactose intolerant.^{9,10}

Lactose intolerance can also develop as a temporary problem due to gut damage from undiagnosed coeliac disease. In most cases people

who suffer this type of lactose intolerance will eventually be able to eat dairy products again if they follow a gluten-free diet, but it can take many months, or sometime years, for the gut to heal.

Cancer

Bowel cancer

Bowel cancer is overall the fourth most common cancer in the UK with breast or prostate cancer coming top followed by lung cancer. In the UK 41,600 people a year are diagnosed with the condition. Bowel cancer rates have risen by 14 per cent since the late 1970s.¹¹ Symptoms include changes in bowel movements and bleeding in the faeces, as well as unexplained weight loss. The strongest risk factor for bowel cancer is age though, as 80 per cent of cases occur in people aged 60 or over.¹² If you have a family history of bowel cancer at a young age be sure you have had the familial risk in your case explained (see Chapter 7).

Stomach, oesophageal and pancreatic cancers

People with chronic indigestion often wonder if they have cancer. To put the risk in perspective, the vast majority of people with indigestion-type symptoms will not develop cancer and the symptoms are related to cancer in only about 1 in 50 cases¹³ – see Chapter 7, page 117.

- Stomach cancer is rare (around 6,000 cases a year in the UK) and is declining in the UK, with a 62 per cent drop in cases since the late 1970s,¹⁴ but can cause gastric symptoms including acidity and burping, as well as feeling full, vomiting and weight loss.
- Difficulty swallowing with a sensation of food sticking in the chest could be a symptom of oesophageal cancer.
- Pancreatic cancer can cause pain and weight loss and often leads to jaundice.

Endoscopies, perhaps with blood or stool tests and ultrasound and other scans, will be able to exclude cancer quickly – usually within a couple of weeks.

Pelvic radiation disease (PRD)

Some cancer treatments such as radiotherapy to the pelvic area can also result in severe and frequent diarrhoea symptoms and can leave some patients housebound. This is known as pelvic radiation disease (see Chapter 7) and can start immediately after treatment or months or years later, so patients sometimes don't connect their symptoms with the cancer treatment. Experts estimate PRD affects around 17,000 new patients a year in the UK – more than the number of new patients with inflammatory bowel diseases – yet few people have heard of the condition.

Age, hormones and drug side effects

It is important to remember that there are a number of general issues to consider when you are assessing your own symptoms and what might be causing them.

- **Age.** Your gut function slows down as you get older making you more prone to constipation – due to a combination of less activity and reduced fluid and fibre intake and multiple drug side effects. Some studies¹⁵ have found the prevalence of constipation is between 15 to 20 per cent in older people living at home and as high as 50 per cent for those living in nursing homes. Constipation sounds mildly inconvenient but can be painful and make people feel quite unwell, leading to associated problems such as haemorrhoids (piles) from straining and yet can be prevented and treated.
- **Hormones.** According to population studies twice as many women as men are affected by IBS. Many women with IBS report their symptoms flare up just before and during

their menstrual periods, suggesting a role of sex hormones in the condition.¹⁶ Fluctuating levels of the female sex hormone oestrogen may have a role. Similarly, 38 per cent of post-menopausal women also report altered gut function compared to 14 per cent of peri-menopausal women in one study.¹⁷ Constipation is also a common problem in pregnant women, mainly because pregnancy hormones slow down intestinal movements. The hormone progesterone relaxes muscles including the outside wall of the bowel.¹⁸

- **Drug side effects.** Some commonly prescribed drugs are well known for causing gut symptoms, including constipation and diarrhoea. Drugs sometimes associated with constipation include, antidepressants, certain painkillers, antiepileptics, antipsychotics, calcium supplements, diuretics and iron supplements.¹⁹ Antibiotics, the gout drug allopurinol, digoxin, colchicine, cytotoxic drugs, antacids containing magnesium, the diabetes drug metformin, non-steroidal anti-inflammatory painkillers (such as ibuprofen), proton pump inhibitors (PPIs), selective serotonin reuptake inhibitors (SSRI antidepressants), statins, theophylline, thyroxine and high-dose vitamin C may all cause diarrhoea symptoms.²⁰

Why are our guts playing up?

Scientists don't fully understand why the human race is currently suffering so much with gut issues, but the changes in diet and lifestyle we have seen in the last 150 years or so are unprecedented in human history. Here are some of the theories.

- **The hygiene hypothesis.** We've never been so clean – these days, in Western countries at least, daily washing is the norm, children play inside in centrally-heated, carpeted homes and not outside in the dirt, and their immune systems are not exposed to as many challenges from bacteria as in the past.

They're also less likely to share a room with a sibling and more likely to be a member of a smaller family, all factors which reduce exposure to pathogens while the immune system is developing. The theory is that these environmental differences are leading to changes in the bacteria which make up our gut flora and may be why certain diseases such as atopic allergies and gut disorders are on the increase.

- **Changes in diet.** Eating wheat is quite new for humans in evolutionary terms. Humans have existed for two million years but grains were first introduced in our diet only 10,000 years ago – so it may be that our guts are having trouble making the adjustments to eating these carbohydrates. Drinking milk as adults is even more recent and is linked to evolutionary changes in Europe. There have also been big changes in the way we cook and eat – relying more heavily on processed foods laden with fat, sugar and salt, takeaways and grazing on snacks between meals.
- **Gut flora.** Our bodies are 90 per cent bugs and only 10 per cent human tissue. Most bacteria live in the bowel, and there are 1,000 different organisms in symbiotic relationships (living together interdependently). Scientists now refer to this as the gut 'microbiome', an ecological system of microorganisms that exists within the gut. Over the last 50 years or so the way we live and our general environment have changed dramatically and so has our gut flora. This is likely to have had a significant effect on the way our immune systems are primed, argue some scientists, and an individual's gut bacteria may – it is proposed – play a role in whether they will develop certain illnesses or be obese or lean. Scientists have already identified types of bacteria that are associated with lean body weight and used it in transplants in mice. A US study published in late 2014

showed reductions in weight gain in the transplant mice and altered gut microbiome.²¹

- **Bottle-feeding and caesarean section deliveries.** Breastfeeding and vaginal deliveries are also associated with a lower rate of allergies in later life than children who are bottle-fed formula milk and delivered by caesarean section. Breast milk contains prebiotics which encourage the growth of beneficial gut flora, and vaginal deliveries expose babies to their mother's bowel bacteria which then colonise the baby's gut, giving them more protection.
- **Stresses of modern life.** We've never been busier with many of us cramming in long working days with commuting, child care and socialising. As the gut has some strong links with the brain and nervous systems, experts argue that stress may also trigger bowel symptoms in susceptible individuals.

Understanding your gut

As you read through this book it will be helpful if you have a general understanding of what the gut looks like and how the different parts fit together – see Figure 1.1. The gastrointestinal digestive tract is a muscular tube which is more than 30 feet long in total. It runs from the mouth to the oesophagus or gullet, through to the stomach and small intestine, on to the large intestine containing the colon and finally down to the rectum and anus. It moves food through the body via a series of muscular contractions (called peristalsis) before expelling waste and is dependent on the gall bladder (to store bile) and the liver (to eliminate toxins and produce digestive enzymes). The gut has its own nervous system (the enteric nervous system) and more nerves than the spinal cord, and is in constant dialogue with the brain via the vagus nerve.

What's Up With Your Gut?

The whole process from eating food to excreting waste takes on average 53 hours,²² although this can vary considerably according to your diet, age and sex. With so many processes to go through it's perhaps not surprising that things can sometimes go wrong along the way.

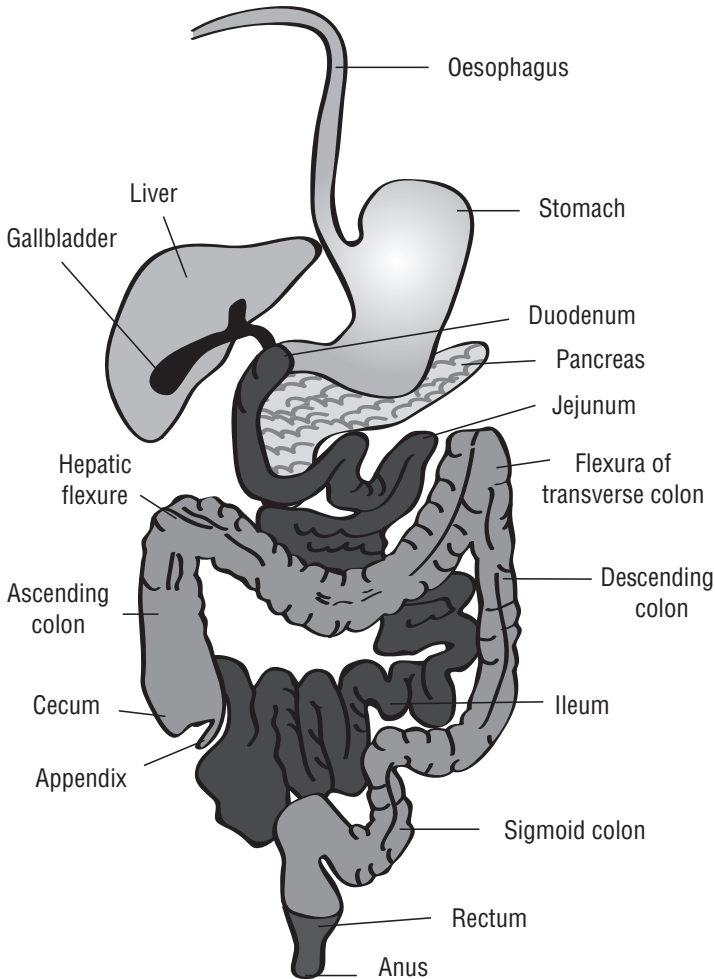


Figure 1.1 The digestive system

Ten fast facts about the gut

1. **Your gut contains 100 million neurons, more than in the spinal cord.** That churning feeling in your guts when you've got a job interview or presentation to make? It's not a coincidence and is a physical expression of your anxiety.
2. **The gut has its own nervous system known as the 'second brain'** as it can operate independently without instructions from the brain.
3. **The small intestine measures 22 feet (7 metres) in length** and its surface area would fill a 2,700 square feet (250 square metres) tennis court if laid out. It has a large surface area because it is lined with folds containing villi (finger-like projections) and micro villi which absorb food.
4. **The gut contains 100 trillion bacteria** and these outnumber human cells in the body by 10 to one – so actually we are more bacterial than human. Only 10 per cent of our DNA is Homo sapien – the vast majority is bacteria.
5. **Flatulence (or farting)** is a combination of swallowed air and gases produced by fermented bacteria in the gut. The rotten egg smell usally comes from hydrogen sulphide. The worst 'farty food' culprits are beans, pulses and lentils but also include fatty foods. Smelly wind is associated with garlic, onions and herbs belonging to the asafoetida family. Beer, white wine and fruit juice can produce smelly hydrogen sulphide farts in some people. On average we fart 15 times a day but up to 40 times a day is considered within a normal range.
6. **You don't need gravity to digest food** – the gut moves food down from the mouth towards the anus

by contracting the outer muscles of the gut – a bit like squeezing toothpaste. This is called peristalsis.

7. **Your stomach 'rumbles' all the time** – it's just that you can only hear it when it's empty as there is nothing to muffle the sound. The noise is caused by peristalsis (see above).
8. **It takes an average of 53 hours for food to make the journey from eating to excretion** – although like most things this can vary according to age, sex and type of diet.
9. **You can inherit your gut bacteria** – scientists have identified a type of bacteria called *Christensenella* which is associated with lean body mass. Transplanting it into mice reduced their body weight, so in the future this may be possible in humans too and help reduce obesity and obesity-related illnesses.
10. **At least 40 per cent of the population have at least one digestive symptom at any one time.**²³ The big four symptoms are abdominal pain, changes in bowel habit (constipation/diarrhoea), heartburn and indigestion.

Taking action

If you regularly feel uncomfortable after eating certain foods and notice your stomach becoming painful and swollen, or find you have daily diarrhoea, raging and repeated heartburn, or are struggling to pass stools due to constipation or cope with embarrassing flatulence – the good news is that you can do much to alleviate these symptoms and even stop them completely.

The key is finding out the cause and getting effective treatment – this may mean making dietary and lifestyle changes, trying

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drug treatments, psychological therapies, and in some cases undergoing surgery. We hope this book will help you unlock the secrets of what is up with your gut.