Functional Dyspepsia

Industry, academics search for better treatments

BY TAMMY LABER

Imagine having a stomach ache after every meal. For millions of Canadians with Functional Dyspepsia (FD), that's the reality of life.

In varying degrees, this surprisingly common gastrointestinal disorder affects more than 25 per cent of Canadians. Best described as chronic upper abdominal discomfort or pain after eating, FD can be severe and debilitating. In extreme cases it can even lead to anorexia, as sufferers avoid the pain that eating brings.

According to noted specialist Dr. Francois Martin, a gastroenterologist who taught at the University of Montreal and is now Senior Vice-President, Scientific Affairs with Axcan Pharma, "Pain and a feeling of over-fullness after eating are the two cardinal symptoms used to diagnose this disease."

Not to be confused with heartburn, FD generally shows its signs everyday, after every meal. Many patients feel full after eating very little, a symptom known as early satiety. Complicating matters, patients do not show evidence of an organic or physical disease, and the cause is not detected in blood tests or X-rays. FD can strike at any age and affects men and women equally.

Patients often lose weight, and while that may sound appealing to some, no one would want the nausea, vomiting, abdominal distension and bloating associated with FD,

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which compromise patients' abilities to actively participate in their personal and professional lives. "This affects productivity at work and has a real economic impact," Dr. Martin adds.

Dr. Martin believes the likely cause of FD is a motor dysfunction in the stomach.

Normally, the stomach mixes food with acid and enzymes to make it semi-solid or liquid, which is pushed into the duodenum and on to the small bowel, says Dr. Martin. "For people with FD, the stomach muscles don't seem to work properly, which means the food stays in the stomach longer than normal. This leads to pain," he says.

Worst of all, doctors find FD difficult to treat. "There's a need to act upon the cause," Dr. Martin says. "We are looking at the prokinetic class of drugs, hoping to increase gastric emptying in the lower part of the stomach while relaxing the upper portion of the stomach. This should help with motility – moving the food through – while reducing pain."

Some years ago, an effective prokinetic drug called Cisapride was available, but was removed from the market because of side effects that put patients at higher risk of a heart attack or stroke.

"A new drug is under development and is much awaited by doctors, because there is something of a therapeutic vacuum now," says Dr. Martin.

Presently, physicians generally recommend patients eat smaller meals, stop smoking and avoid drinking alcoholic beverages, coffee and teas. Doctors may also suggest testing for a food allergy. Unfortunately, such remedial efforts do not produce effective relief for many patients.

Dr. Richard Hunt, a McMaster University gastroenterology professor chairing a symposium on FD at the upcoming World Congress of Gastroenterology (WCOG) in Montreal, echoes Dr. Martin's views.

"We need better treatments to alleviate this condition," he says. "FD responds poorly to common drug therapies and the majority of sufferers have episodic symptoms that reduce the quality of life and increase use of health-care resources." ■

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