

Tummy Things

For the next few newsletters we are going to talk about helping our doctors know about the special health things which can occur in adults with Down syndrome. We should all have a GP whom we visit at least once per year. It is good to have a GP with whom you can talk to and feel confident that he or she knows things about Down syndrome. But no one knows everything so maybe you can play a role to help you GP understand what he or she needs to check up with you when you visit for your yearly check.

We are going to talk about all the things that can happen in your tummy as you get older! You might like to ask your GP to check up on some of these things. Tummies make all sorts of noises and if you have tummy like mine- some of these noises are not very nice! It can be a bit embarrassing to talk about, and this is why it is so good to have a friendly doctor. Your GP should ask you about your tummy and going to the toilet.

Food goes into the mouth where you chew it with your tongue and teeth. The food then goes to the back of the throat into the food pipe (called oesophagus). Then about just below your ribs the food pipe joins the stomach. After that there are metres of tubes of small bowel and then the large bowel. The food not used by your body passes out the bottom.

Sometimes food in the tummy instead of going down further in one direction, comes back up the food pipe and into the mouth. It tastes nasty and sour or sharp. This is called reflux and it is more common in adults with Down syndrome. This sort of thing can cause some nasty burning or sharp pain in the chest or even vomiting. The food pipe has muscles which sometimes do not work properly and this causes the back flow. If you have constipation this can cause the tummy reflux pain too. To fix up reflux you might need a tablet, but first you can try to lift up the head of your bed when you sleep, do not eat or drink just before you go to bed, fix up the bowels, and make sure you are not overweight.

Sometimes a germ, called *Helicobacter pylori*, can get in the tummy and can also cause some burning pain and even an ulcer or sore inside the tummy. You may need a set of tablets to get rid of this germ. You should ask your GP about this bug.

About one in 10 adults with Down syndrome have coeliac disease. You may not even know that you even have it, but in some people it can cause you to feel weak and tired and have a lot of wind. All adults with Down syndrome should have a blood test for this. This health condition affects the insides of the long tubes of the bowels inside of you. If you have it you need a special delicious diet and it then goes away like magic.

Ask your GP if you have had immunisation for hepatitis A and B. These prevent you getting these germs and it is recommended by the Australian guidelines.

Sometimes, adults with Down syndrome may have abnormal blood tests of the liver. The liver is in your chest just under the ribs on the right hand side (opposite the side of your heart). It may be the tablets that you are taking, but the GP needs to check up on this. Next time you see your GP, ask him or her about your liver.

Now for the really embarrassing bit- your GP should ask you about going to the toilet. Constipation means it is hard to do poo! Runny poo can be just as bad and annoying. Both of these things can be fixed up. When it is hard to go to the loo, you should drink plenty of water, do exercise, eat plenty of fruit and vegetables, and maybe drink a special high fibre orange drink like Metamucil. When you have runny poo your GP may need to check a sample.

Here is a small table that you might like to copy and take to your GP to ask them about your tummy:

Gastrointestinal condition in adults with Down syndrome	Notes for your doctor
Coeliac disease	Screen blood test for anti-transglutaminase antibodies IgA and total IgA if not previously screened; probably only needs one test; <u>if positive for treatment under specialist</u>
Hepatitis	Check Hepatitis A and B immunisation status and if non immune, immunisation recommended; abnormal liver function tests need <u>follow up for drugs, infectious or autoimmune cause</u>
<i>Helicobacter pylori</i>	Screen those with history of institutionalisation, lower level of ability, living with flatmates with hypersalivation; treat regardless of symptoms; <u>retest after treatment</u>
Achalasia	Look for symptoms of vomiting after eating or dyspepsia or <u>dysphagia; may need barium swallow; not uncommon condition</u>
Reflux	Ask about symptoms; use conservative measure such as reducing weight, <u>treating constipation, avoiding food before retiring</u>
Constipation or diarrhoea	Very common so look for symptoms, investigate where appropriate and <u>treat.</u>

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