

6 Things Gastroenterologists Want You to Know

P www.prevention.com/print/health/6-things-gastroenterologists-want-you-to-know



Whether you're plagued by excess gas or are concerned about blood in your stool, embarrassment might be holding you back from getting help. But don't be shy: Gastroenterologists specialize in everything stomach- and colon-related, so they won't bat an eye when you tell them something that would gross out your friends. Here are 6 other things GI docs want you to know.

Pay attention to your poop.

Don't flush just yet! Your [poop](#) is a good indicator of possible GI issues, so it's smart to assess its color and consistency. Black, sticky, or tarry stools mean that you've digested blood, which is a sign that you're bleeding somewhere in your upper digestive tract, from a stomach ulcer, for instance, says Rebekah Gross, MD, a clinical assistant professor of gastroenterology at NYU Langone Medical Center. Seeing bright red? An autoimmune condition called ulcerative colitis might be to blame. The red color might also be a sign that you have [hemorrhoids](#) or polyps in your colon (which could be benign or malignant). A change in how often you go is also worth mentioning: Your diet might be responsible, or the shift could be a side effect of a medication you're taking, a sign of a [thyroid problem](#), or even a marker for cancer.

Gas is normal, as long as it's normal for you.

Yep, everyone farts. But if you're tooting way more than usual—or if the odor is far more foul than you're used to—take a look at what you've been eating and drinking, says Gina Sam, MD, MPH, director of the Gastrointestinal Motility Center at Mount Sinai Hospital in New York. Likely culprits include sugary and fatty foods. "These substances feed [bacteria that live in your gut](#), which then produces excess gas," says Sam. Another possibility: If you just finished a course of antibiotics, bad bacteria from your bowel might have traveled up into your small intestine, says Sam. See a gastroenterologist to get tested and find out if you

need a special antibiotic to restore order to your innards.

You probably don't have a gluten allergy.

A true [allergy to gluten](#)—a protein found in wheat, barley, and rye—is called celiac disease. About 1% of the population has this condition, in which the immune system attacks your small intestine. If you feel bloated and foggy after eating bread and pasta, it doesn't hurt to get checked out. But if you don't have a family history of autoimmune disorders, there's a much greater chance that you're simply sensitive to gluten. So you might feel better ordering a [gluten-free](#) pizza, but you won't actually suffer serious consequences if you decide to indulge in the regular stuff. (If you truly have celiac, you must avoid gluten or risk developing problems including nutritional deficiencies and stomach and intestinal cancer.)

MORE: [7 Things Your Poop Says About You](#)

I need to know what you eat and drink.

Your GI doc isn't just being nosy when she asks for a detailed food diary; knowing what you typically eat—along with what symptoms crop up and when—may help her figure out what's wrong without resorting to expensive, invasive tests or medication, says Sam. [Acid reflux](#), for example, can sometimes be remedied without drugs by cutting back on fatty foods and late-night eating. Constipated? Your doc may check your food diary and figure out that your problem is probably a lack of fiber and not something a lot scarier, like cancer. If diarrhea is your issue, your doc may steer you away from artificial sweeteners like sorbitol.

Mood meds and therapy might help your tummy feel better.

We're not saying those butterflies are all in your head, but rather that stomach and mental distress often go hand-in-hand. It turns out there's a physiological reason for this: Your intestinal system is loaded with the same receptors for serotonin (a mood chemical) that you'll find in your brain. And you actually have more nerves in your gut (your GI tract) than you do in your spinal cord!

Experts are just starting to understand how the "brain" in your gut (called the [enteric nervous system](#)) works together with your brain and spinal cord (central nervous system). But they already know that many gastrointestinal issues can be effectively treated with meds that are commonly used to control [depression](#) and anxiety, such as SSRIs, says Gross. Cognitive behavioral therapy can also help some patients cope with chronic GI issues, adds Sam.

Please be patient as we play detective.

Many GI conditions are not easy to diagnose, so your doc may have to go through a process of elimination (pardon the pun) to figure out what's going on. Symptoms such as gas, bloating, and stomach pain could signal [irritable bowel syndrome](#) (IBS), or they could be signs of [inflammatory bowel disease](#) (IBD), an umbrella term that covers conditions such as Crohn's disease and [ulcerative colitis](#). "A gastroenterologist will take a thorough history, do blood work, check stool, and if necessary, do X-rays, an endoscopy or colonoscopy, and even a biopsy to find out what's wrong." Know that your doctor isn't trying to torture you, but is simply aiming to make an accurate diagnosis so you can get the treatment you need to feel better.