

Issue 1



Gastrolife
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IRELAND'S FREE DIGESTIVE
HEALTH MAGAZINE

10 things
you need to
know about
**COELIAC
DISEASE**

Exclusive Articles from leading
Irish experts:

- » **SIBO and Digestive Testing**
- » **Heartburn and Acid Reflux**
- » **What are FODMAPS?**
- » **Irritable Bowel Syndrome**

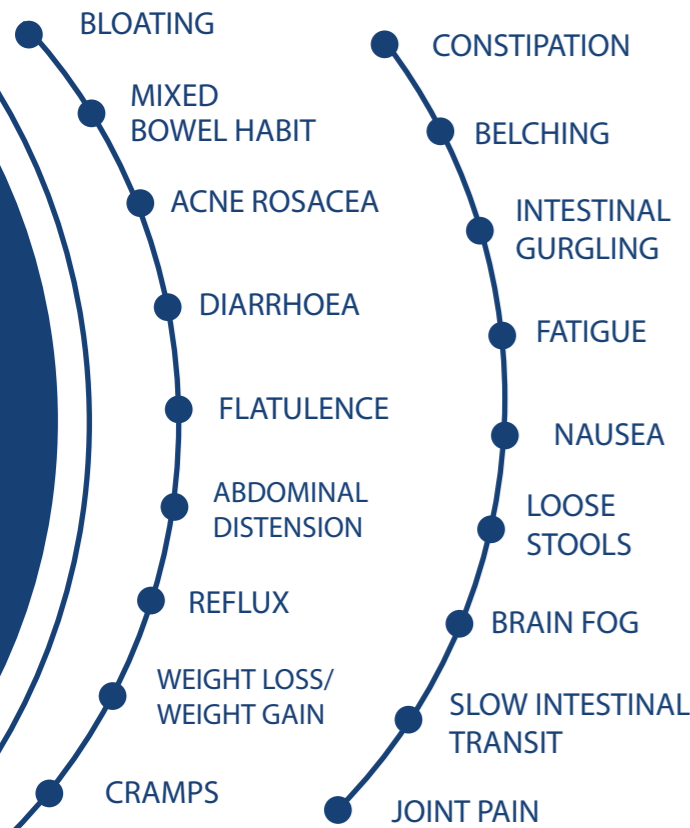
**DELICIOUS RECIPES TO HELP
BEAT THE BLOAT**

GastroLife is a clinic that specialises in Hydrogen & Methane and Helicobacter Pylori testing. Tests are performed by a fully accredited Gastrointestinal Physiologist with over 10 years' experience in GI Physiology testing and research.

We provide testing for Small Intestinal Bacterial Overgrowth, Lactose Malabsorption, Fructose Malabsorption, Sorbitol Malabsorption, Sucrose Malabsorption and the Helicobacter Pylori infection.



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Testing takes place in our Sandyford, Naas, and Galway clinics. GastroLife uses the latest advanced equipment and technology. Both Hydrogen and Methane gases are measured for diagnostic accuracy. Results of Hydrogen and Methane breath tests are available on the day of testing. If you are unable to attend our clinics, Hydrogen and Methane testing kits for Small Intestinal Bacterial Overgrowth and Lactose Malabsorption can be purchased from our online store. These kits are analysed at GastroLife.

Not sure what test to book?

Contact us today and we can discuss the different testing options.

You can book your appointment directly online www.gastrolife.ie or you can book your appointment by phone or email.

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Sandyford Healthcare
Unit D/E, Time Place
21 Corrig Road
Sandyford
Dublin 18

Naas Clinic
Vista Primary Care
Ballymore Eustace
Road
Naas
Co. Kildare

Galway Clinic
Urban Wellbeing
Tuam Road Retail Centre
Tuam Road
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A WORD FROM THE EDITOR

A very warm welcome to our very first Health and Wellness Magazine. My name is Melissa and I am the founder and Director of GastroLife. I began my career as a Gastrointestinal Physiologist in St. James's Hospital, Dublin where I specialised in functional testing for various gastrointestinal disorders. Having worked in St. James's Hospital for 10 years, I moved onto my new venture and opened GastroLife in 2015. I decided to publish this magazine to bring expert tips, advice and support services from specialist practitioners and voluntary organisations from all over the country. We want to provide you with up to date articles from renowned experts and give you the opportunity to contact the authors for further information. To celebrate our first edition, I have the pleasure to include an exclusive article from the GI Function Unit in St. James's Hospital, where my career began all those years ago. Ms Patricia Lawlor and Ms Tracey Moran, Chief Gastrointestinal Physiologists at St. James's Hospital, discuss gastric reflux, symptoms, tests and treatment options. Heartburn and acid reflux is a common complaint that often needs to be addressed. You can read the full article on Page 3. I would love to hear your feedback, or if you would like to contribute an article for our next edition please contact me directly melissa@gastrolife.ie

Melissa

Contributors: GastroLife, Coeliac Society of Ireland, Diabetes Ireland, Elaine McGowan, Paula Ralph Surgery Coaching, The Wellness Crew, Glenville Nutrition, My Health Matters, Nadura Clinic, Nutri Advanced, Onebody, GI Function Unit – St. James's Hospital, Tick Talk Ireland.

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CONTENTS



- 03 HEARTBURN**
Why it happens and what you can do about it.
- 06 FACTS ABOUT IRRITABLE BOWEL SYNDROME**
What you need to know about IBS.
- 10 FERTILITY FOOD**
Steps towards a fertility-friendly diet.
- 11 NUTURE MUM**
Supplements before and during pregnancy
- 12 ENDURANCE SPORT**
The effects of endurance sport on the microbiome.
- 14 COELIAC SOCIETY OF IRELAND**
10 things you need to know about Coeliac Disease
- 16 WHAT IS SIBO?**
7 Common Signs you have SIBO
- 17 GASTROLIFE**
SIBO and Digestive Testing
- 22 TACKLING IBS WITH DIET**
High and Low FODMAP foods
- 24 BE YOUR OWN SUPERHERO**
Living your best life for you
- 25 PREPARING FOR SURGERY**
Surgery Coaching for faster than expected recovery
- 26 METABOLIC AND FITNESS TESTING**
Fitness and Performance Testing
- 27 STRESS, PAIN AND EXERCISE**
The effects of stress on the body
- 28 DIABETES IRELAND**
Understanding Diabetes and knowing the signs & symptoms
- 30 LYME DISEASE**
The Great Imitator
- 32 IBS AND FOOD POISONING**
Has your IBS been caused by food poisoning?

HEARTBURN

Why it happens and
What you can do about it

Ms Patricia Lawlor,
Chief II GI Physiologist
& Ms Tracey Moran, Chief I GI Physiologist,
St. James's Hospital, Dublin

Gastro-oesophageal reflux disease (GORD) is a common condition, where acid from the stomach leaks up into the gullet (oesophagus). It usually occurs as a result of the ring of muscle at the bottom of the gullet weakens.

GORD can cause symptoms such as heartburn and an unpleasant taste in the back of the mouth. It may just be an occasional nuisance for some people, but for others it can be a severe and lifelong problem.

GORD can often be controlled with lifestyle changes or medication. On occasion, surgery to correct the problem may be needed.

Factors that increase your risk of developing GORD:

- Being overweight or obese – this can place increased pressure on your stomach and weaken the muscles at the bottom of the gullet
- Eating large amounts of fatty foods – the stomach takes longer to get rid of stomach acid after digesting a fatty meal and the resulting excess acid may leak up into the gullet
- Smoking, alcohol, coffee or chocolate – these may relax the muscles at the bottom of the gullet
- Pregnancy – temporary changes in hormone levels and increased pressure on your stomach during pregnancy can cause GORD
- Hiatus hernia – when part of your stomach pushes up through your diaphragm (thin sheet of muscle between the chest and tummy)
- Medicines – some medicines can cause GORD or make the symptoms worse, including calcium-channel blockers (used to treat high blood pressure), nitrates (used to treat angina) and non-steroidal anti-inflammatory drugs (NSAIDs)
- Stress

Symptoms of GORD



- Heartburn (an uncomfortable burning sensation in the chest that often occurs after eating)
- Acid reflux/Regurgitation (where stomach acid comes back up into your mouth and causes an unpleasant, sour taste)
- Oesophagitis (a sore, inflamed gullet)
- Bad breath
- Bloating and belching
- Feeling or being sick
- Pain when swallowing and/or difficulty swallowing

WHAT TO DO IF YOU HAVE GORD

You can often control the symptoms of GORD by making some lifestyle changes and taking over-the-counter medication.

You don't necessarily need to see your GP if you only have symptoms occasionally. You can ask your pharmacist for advice on treatments.

Visit your GP if you're worried about your symptoms, or if:

- you have symptoms several times a week
- over-the-counter medications aren't helping
- your symptoms are severe
- you have difficulty swallowing
- you have possible signs of a more serious problem, such as persistent vomiting, vomiting blood or unexplained weight loss

Your GP will usually be able to diagnose GORD based on your symptoms, and in some cases you may be referred to a hospital consultant.

TREATMENTS FOR GORD

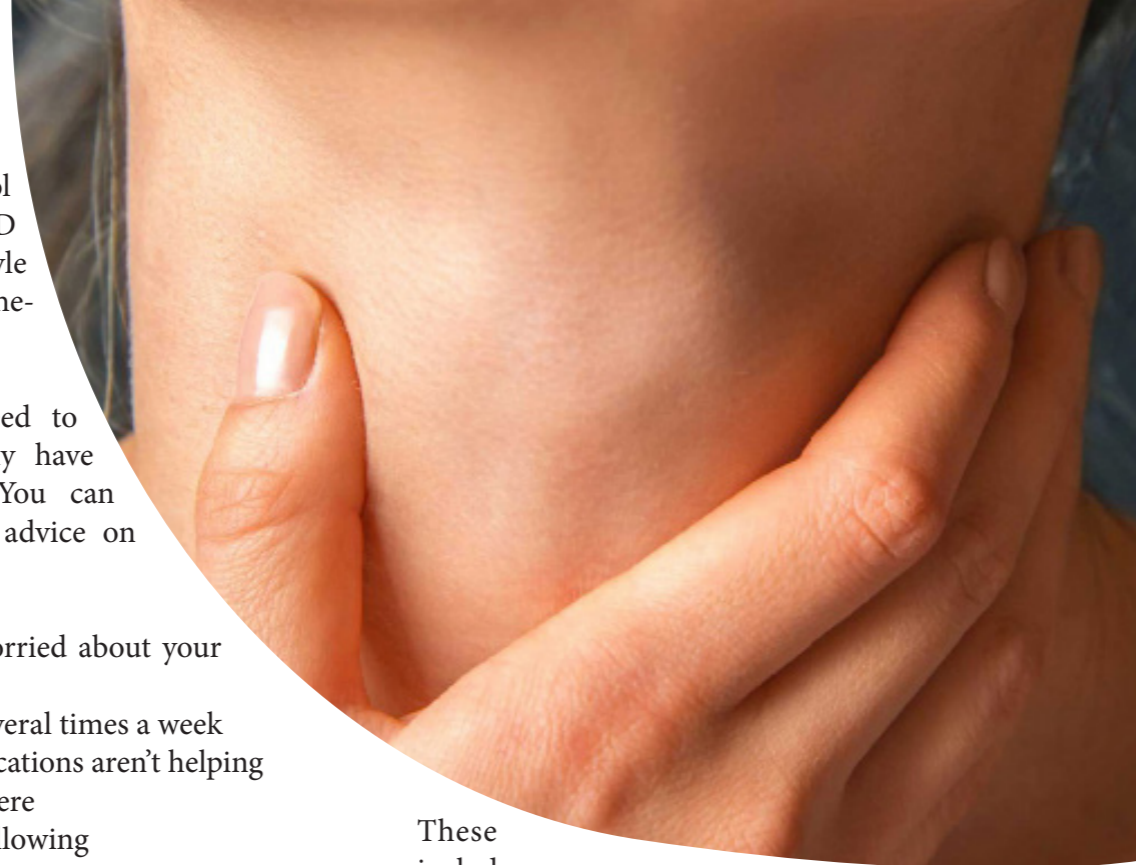
- Self-help measures – this includes eating smaller but more frequent meals, avoiding any foods or drinks that trigger your symptoms, raising the head of your bed and keeping to a healthy weight
- Over-the-counter medicines – ask your pharmacist to recommend an antacid or an alginate
- Stronger prescription medicines – including proton-pump inhibitors (PPIs) and H2-receptor antagonists (H2RAs)

You may only need to take medication when you experience symptoms, although long-term treatment may be needed if the problem continues.

Surgery to stop stomach acid leaking into your gullet may be recommended if medication isn't helping, or you don't want to take medication on a long-term basis.

COMPLICATIONS OF GORD

If you have GORD for a long time, stomach acid can damage your gullet and cause further problems.



These include:

- Ulcers (sores) on the gullet – these may bleed and make swallowing painful
- Scarring and narrowing of the gullet – this can make swallowing difficult and may require an operation to correct it
- Changes in the cells lining the gullet (Barrett's Oesophagus) – very occasionally, oesophageal cancer can develop from these cells, so you may need to be closely monitored

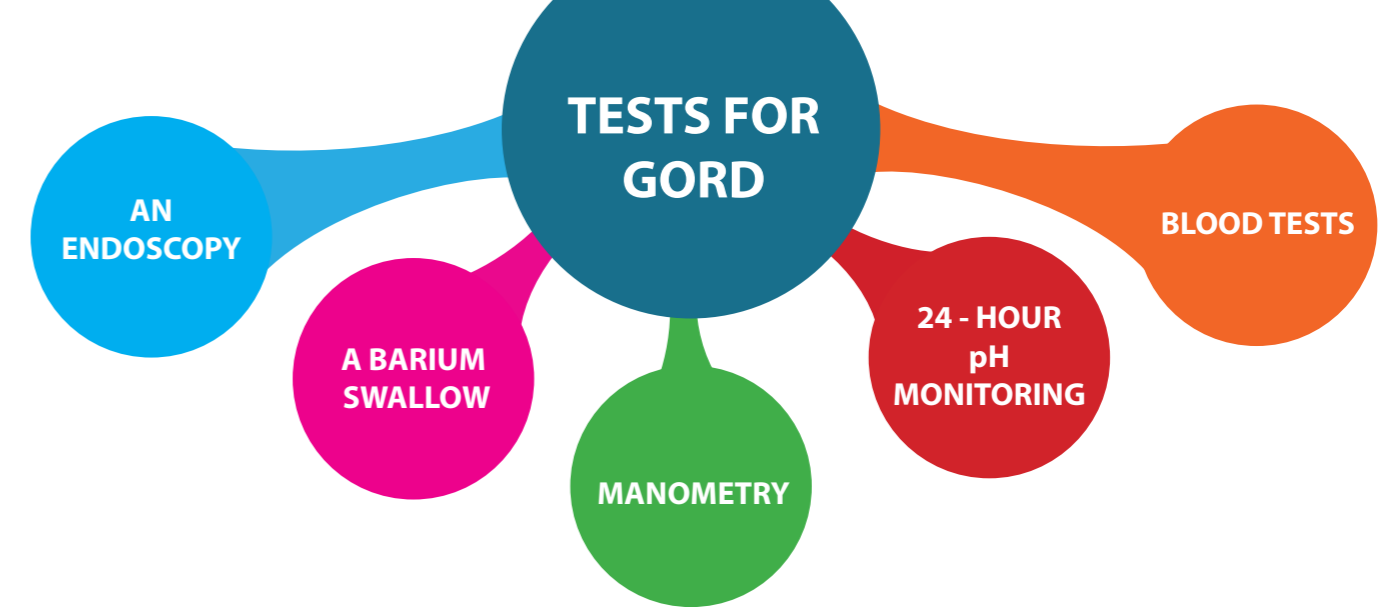
DIAGNOSING GORD

Your GP will often be able to diagnose gastro-oesophageal reflux disease (GORD) based on your symptoms. They may prescribe medication to treat it without needing to carry out any tests.

You'll usually only need to be referred for tests in hospital if:

- your GP is unsure whether you have GORD
- your symptoms are persistent, severe or unusual
- prescription medications aren't controlling your symptoms
- your GP thinks you might benefit from surgery
- you have signs of a potentially more severe condition, such as difficulty swallowing or unexplained weight loss

Tests can help to confirm the diagnosis of GORD, check for other possible causes of your symptoms and determine whether you may be suitable for surgery.



ENDOSCOPY

An endoscopy is a procedure where the inside of your body is examined using an endoscope, which is a long, thin, flexible tube with a light and camera at one end. The endoscope will be gently inserted into your mouth and down your throat. The camera can show if the surface of your gullet has been damaged by stomach acid, although this doesn't happen to everyone with GORD.

BARIUM SWALLOW OR BARIUM MEAL

A barium swallow, or barium meal, is a test to assess your swallowing ability and look for any blockages or abnormalities in your gullet. You are first given some barium solution and then some X-rays are taken. Barium is a harmless substance that shows up clearly on X-rays as it passes through your digestive system.

MANOMETRY

Manometry is used to assess how well the muscles of your gullet are working and assess the ring of muscle at the end of your gullet. The test can rule out other possible causes for your symptoms and can help determine whether surgery would be suitable. During the procedure, a small tube will be passed up your nose and then down into your gullet. The tube contains pressure sensors that can detect the pressures within the gullet.

24-HOUR pH MONITORING

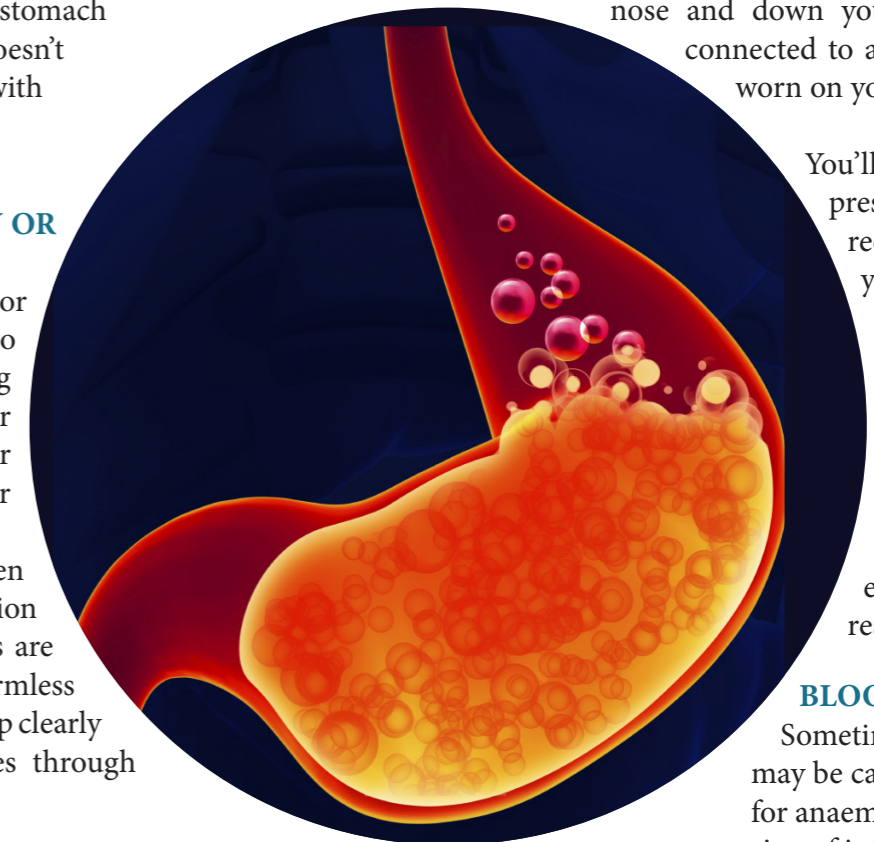
It may be necessary to measure the acidity level (pH) in your gullet to confirm a diagnosis of GORD if nothing is found during an endoscopy.

The acidity level is measured over 24 hours, using a thin tube containing a sensor that's passed up your nose and down your gullet. This is connected to a recording device worn on your waist.

You'll be asked to press buttons on the recorder every time you eat, when you sleep and when you become aware of your symptoms. You should eat as you normally would during the test to ensure an accurate result.

BLOOD TESTS

Sometimes a blood test may be carried out to check for anaemia, which can be a sign of internal bleeding.



FACTS ABOUT... IRRITABLE BOWEL SYNDROME



Elaine McGowan is a CORU registered, Consultant Dietitian and Clinical Nutritionist, working within the private health care system. She has over 33 years experience working closely with consultants and GPs, with over 26 years specialising in gastrointestinal symptoms such as Diverticular Disease, Ulcerative Colitis, Crohn's Disease, Coeliac Disease, Bowel Cancer, Irritable Bowel Syndrome and SIBO. She also has a specialist interest in PCOS (Polycystic Ovary Syndrome), underactive thyroid, difficult weight loss and functional gut symptoms associated with these conditions.



Elaine was one of the first Dietitians in Ireland to be trained in the use of the low FODMAP diet, in Melbourne in 2010. This is a diet specifically designed to aid relief of symptoms such as bloating, abdominal pain and discomfort, excessive wind, belching or altered bowel motions (constipation and/or diarrhoea), in people with irritable bowel syndrome.

As NICE (National Institute for Health and Care Excellence) guidelines suggest, the low FODMAP diet is not recommended to be used without appropriate support and guidance from a healthcare professional specifically trained in the diet, as there are concerns for the adequacy of nutritional intake and unnecessary exclusions if carried out unsupervised. It is also important not to eliminate any specific food groups lifelong. Elaine's specialist knowledge in the area of gastroenterology, as well as the close professional relationships with many of the leading Gastroenterologists in the country, enables Elaine to ensure all other possible causes of symptoms have been ruled out. Elaine can then work with the patient to provide individually tailored advice to each patient, including the low FODMAP diet if appropriate. Elaine has successfully used the low FODMAP diet and other dietary strategies to help thousands of patients in her clinic in Dublin, Limerick and Clare. Elaine is a registered member of CORU (D1018650), therefore consultations may be covered in part, by your Health Insurance Company. Extent of cover is dependant on type of health care plan.

Elaine

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Irritable bowel syndrome (IBS) is a common disorder that affects the large intestine (or colon). IBS can cause cramping, abdominal pain, bloating, gas, diarrhoea and constipation. More women than men suffer from IBS.

Other symptoms sometimes include: nausea, headaches, belching, poor appetite, tiredness, backache, muscle pains, feeling quickly 'full' after eating, heartburn and bladder symptoms.

Most people with IBS find that symptoms improve as they learn to control their condition – by managing diet, lifestyle and stress levels. Only a small number of people with IBS have severe signs and symptoms.

It is crucial that anyone suffering with any of the above symptoms consult their GP to rule out more serious conditions. A diagnosis of IBS should be made by a professional.

What happens during an episode?

The walls of the intestines are lined with layers of muscle that contract and relax in a coordinated rhythm as they move food from your stomach through your intestinal tract to your rectum. If you have irritable bowel syndrome, the contractions may be stronger and last longer than normal. Food is forced through your intestines more quickly, causing gas, bloating and diarrhoea. In some cases, the opposite occurs - food passage slows down, and stools become hard and dry.

What triggers an episode?

Many people find that their symptoms worsen when they eat certain foods. For instance, chocolate, milk and alcohol might cause constipation or diarrhoea. Carbonated beverages and some fruits and vegetables may lead to bloating and discomfort in some people with IBS. Also, symptoms seem to be aggravated, or become more frequent during stressful times and, for women, during or around menstrual periods. Any stress reduction techniques, such as meditation or yoga, are useful during a bout of IBS to reduce symptoms, but dietary intervention is crucial.

Elaine's Advice for IBS Sufferers

"I work with my clients to highlight the trigger foods they are consuming. Dietary advice focuses on prevention and management of the clients symptoms. Eliminating or reducing the intake of certain foods is recommended and monitoring to see if symptoms improve. Although IBS does not cause permanent damage to your colon, the symptoms are extremely uncomfortable for people – such as painful bloating or passing a lot of gas – so a change in diet can make a huge difference. Some people have triggers that are quickly identified but some foods are not that obvious, so a consultation is essential in order to discover an individual's trigger. Patients need to be continually monitored over a period of time, and dietary advice will be adjusted and tailored to suit the individual's symptoms and progress. Although, traditionally, IBS sufferers were advised to eat more fibre, we now have to be careful about the type and amount of fibre introduced as it can actually worsen symptoms in some patients. For instance, wheat can aggravate the colon so reducing, not necessarily excluding, wheat in the diet may be recommended."

HELPFUL TIPS!

During an episode, I always advise my clients to drink at least eight glasses of fluid per day, especially water or other non-caffeinated drinks such as herbal teas. Also, restrict tea and coffee during an episode (as caffeine may be a factor in some people).

For more specific advice on managing symptoms, please book a consultation with me at one of my clinics. It is never advisable to follow a restrictive diet (one that eliminates major food groups) without being guided by a Dietitian, such as myself, who is a member of the Irish Nutrition and Dietetic Institute (INDI) and CORU registered. Some restrictive diets, designed by an individual who does not have professional knowledge of dietetics, can actually lead to vitamin and mineral deficiencies in the long run.

Patient Success Story:

ELAINE MURPHY, DIETARY TREATMENT FOR IRRITABLE BOWEL SYNDROME (IBS)

Since my teens I have always suffered with my bowel and would frequently experience stomach pains, especially if I had just eaten a meal regardless of the portion size. I would never have been able to go out for a meal late in the evening. The symptoms also got bad when on holidays as my diet would be different and I would be eating out more.

In 2018 I was advised by my doctor that the symptoms I had linked to IBS (irritable bowel syndrome). I had tried all types of diets, high fibre, low fibre and I had significantly reduced dairy products from my diet. I was taking medication to reduce the spasms in my stomach and using remedies for diarrhoea or constipation depending on the day.

I was recommended by my Doctor to attend Elaine McGowan. Elaine was very friendly and immediately put my mind at rest. Elaine explained the low FODMAP diet that I was going to use. She provided clear guidelines for the diet and advised that I would need to be strict on the diet for 4 weeks and then we would start to reintroduce foods. Elaine provided a list of the foods that I could eat and where I could purchase these foods. Being a very fussy eater I didn't think that I could obey the guidelines for 4 weeks. Week 1 was very hard adjusting to new foods and when doing my weekly shop reading the ingredients in foods. Once I got started, I immediately noticed a difference in my health, no stomach pains and I had so much energy. I feel so much healthier. As an added bonus I am now able to eat out later than usual with no side effects.

As the weeks have gone by I have not looked back to my old lifestyle. I am so happy that I went to get dietary advice, definitely a lifestyle change. I would highly recommend a visit to Elaine.



Elaine's Low FODMAP Recipe: Stir-Fried chicken with Lime & Coriander

This is a tasty simple recipe which is a low FODMAP recipe and suitable for those with IBS. While following the low FODMAP diet, there are many ways to flavour your food by adding fresh herbs such as coriander, basil, parsley, rosemary or thyme. You can also use some chilli, lemon and lime. Soy, oyster and fish sauces are also suitable to use while following the low FODMAP diet. Use these sauces along with some herbs, ginger and suitable low FODMAP vegetables and you have a very healthy low FODMAP meal.

Ingredients (serves 2-3)

2 boneless, skinless chicken breasts (preferably free range or organic)
Grated zest and juice of 1 large lime
5 fl oz (150ml) tinned coconut milk (can be low fat)
1 green chilli, deseeded and finely chopped
1 dessertspoon Thai fish sauce
4 heaped tablespoons fresh coriander leaves
4 spring onions, cut in to 1 inch shreds (just the green parts, not white part)
1 bok choy, roughly chopped
1 dessertspoon olive oil

Method

1. Chop the chicken into bite-sized pieces and place in a bowl with the lime juice and zest. Stir well and leave them to marinate for an hour.
2. When you're ready to cook the chicken, heat the oil in the pan or wok over a high heat, add the chicken pieces and stir-fry for 3-4 minutes, until they're golden.
3. Add the chilli, stir-fry for 1 more minute, and add the coconut milk, fish sauce and half the coriander, spring onions (green part only) and bok choy.
4. Cook for another 1-2 minutes, and then serve with white, basmati or brown rice and the remaining coriander and chopped spring onions (green part only) sprinkled over the top.

Baby Spinach, Feta Cheese & Herb Omelette (Suitable for low FODMAP diet)



Ingredients (serves 2)

- » 4-5 large eggs
- » 2 tbsp water
- » Sea salt and black milled pepper
- » 250g baby spinach, washed and dried
- » Roughly chopped handful of fresh herbs (e.g. parsley, chives, basil or tarragon)
- » 50g feta cheese
- » Olive oil and butter to coat pan

Method

1. Add the water to the eggs, season with a pinch of salt and pepper and beat lightly with a fork.
2. Heat a non-stick frying pan, add a knob of butter, add spinach and cook for 1 minute until wilted, remove and set aside with feta and herbs.
3. Heat the pan to a high temperature, brush with olive oil, pour in egg mix, give a quick stir and then start drawing the egg in from the side of the pan with a fork letting the runny egg fill the gaps, go around the pan once doing this.
4. Scatter the herbs, wilted spinach and feta on top of the omelette, season with more milled black pepper, carefully fold over 1/3 of omelette over the middle then the other 1/3.
5. Remove from pan, portion into 2 servings with a tossed salad.

Fertility food

Ciara Wright PhD is a Nutritional Therapist with Glenville Nutrition and The Wellness Crew



We've heard that food can be an aphrodisiac but what if you're hoping to get pregnant from your efforts? What you eat can significantly improve your chances of conceiving and works for both men and women. If you are thinking of having a baby, it's a great time to make some positive dietary changes. Sperm and eggs take 3 months to fully develop and, in this time, you can make a big impact on your ability to get pregnant and stay pregnant.

It won't be surprising to anyone that this involves reducing reliance on processed foods. Cooking your own well-balanced meals is a huge step towards a fertility-friendly diet. Aim for more focus on fish particularly the oily fish that is packed with omega-3 oils. The outside of sperm is literally made of these. Include mackerel, sardines or organic or wild salmon. This can be hard to come by but try your local fishmonger or use frozen or tinned products. Also include veggie options with pulses such as lentils, chickpeas and beans rather than too much red meat. Try to avoid the processed meats altogether such as ham, bacon, sausages or salami.

Research clearly shows us that including more fruits and vegetables is the way to go. Aim for at least two fruits per day and five veg a day and vary the colours – we say to 'Eat a Rainbow'. Different fruits and veg have different antioxidants; some of these impart colour to the food. Ensuring you have a wide variety means that you get a wide range of antioxidants. These are your knights in shining armour when it comes to protecting your eggs and sperm.

Certain minerals can be especially helpful, including zinc and selenium for sperm. Include nuts and seeds daily which are a good source. If you haven't had a semen analysis done, go for it. It's better to find out early on in the process and know that in most cases, you can do something about it. Taking supplements can be very helpful, particularly if there is something

amiss on the test. That said, you can definitely have too much of a good thing. You should have a chat with a fertility Nutritionist for the safe doses and best advice.

The good news is that you don't have to give up all the 'bad' stuff either. You can take an 'everything in moderation' approach to caffeine and alcohol. There is no need to abstain unless you are pregnant. That said, you might need to have a quick sense check on what is 'moderation' but enjoying a glass of wine with dinner is not going to do any harm in most cases and we did mention aphrodisiacs earlier!

Smoking is not a good idea though. For both men and women, this can have an impact on the quality of the DNA within sperm and eggs and have future negative consequences for the wee one. Try quitting together and seek support where you can.

Any steps you take now will increase your chances of getting pregnant and reduce risks in the pregnancy for mum and baby. Start now on your healthy lifestyle, you're going to need the extra energy anyway!

Helpful Tips!

FERTILITY FOOD :

- » Reduce processed foods, get cooking!
- » Less red meat – choose fish and veggie options
- » Eat a rainbow – 2 fruit and 5 veg per day
- » Snack on a handful of nuts and seeds daily
- » Alcohol and caffeine in moderation is ok!
- » Stop smoking

Glenville
NUTRITION

COURSES CLINICS CENTRES



Should you take supplements before and during pregnancy?

Kathy Whyte is a nurse with a masters in nutritional medicine. She has a passion for promoting pre-conception health which has long term benefits for mum and baby. Kathy is a partner of The Wellness Crew, bringing pregnancy wellness to your workplace.

Recommendations for supplementation and nutrient intake before and during pregnancy continue to be a source of confusion. In recent years there has been growing interest in the nutritional requirements during these critical periods of development. As always it best for women to source their vitamins and minerals from food. However, there are a number of supplements that are recommended before, during pregnancy, and for mums who breastfeed. These are the current recommendations:

Folic Acid Folic Acid (B vitamin) is recommended for all women at least 16 weeks pre-conceptually and continue until the 12th week of pregnancy. The recommended dose is 0.4mg (400 micrograms daily). Taking folic acid supplements before and during early pregnancy reduces the risk of a baby being born with a neural tube defect (NTD) such as spina bifida. Some women may require a higher dose of folic acid 5 milligrams (mg), including women with a raised body mass index, history of diabetes, personal or family history of having a baby with a NTD.



In addition to folic acid supplements, foods that are high in folic acid are important, such as green leafy vegetables and breads and cereals.

Vitamin D It is recommended that women take 5-10 micrograms of vitamin D each day throughout pregnancy and continue to supplement throughout breastfeeding.

It is also recommended that all infants whether breastfed or bottle fed are given a daily supplement of 5 micrograms (5µg) once a day from birth to 12 months. The supplement should contain vitamin D only. Your pharmacist can advise you on the best supplement.

Iron There is a significant increase in iron requirements in pregnancy, resulting from an increased need from both the mother and foetus. Good sources of iron are lean meat and many breakfast cereals have added iron. Lentils and beans are also an excellent source, but the form of iron is poorly absorbed. Vitamin C from fruits and vegetables can help increase this absorption. An iron supplement should only be taken in pregnancy if recommended by a doctor or midwife.

Oily fish (Omega 3) There's no official recommendation that pregnant women should take a fish oil supplement. For women who eat 2 portions of oily fish (salmon, mackerel, sardines) every week, there is no need for a supplement. However, for women who don't eat oily fish, your pharmacist or health food store can advise on options for supplementation. Omega 3 derived from microalgae as opposed to fish is a valuable source of omega 3 for vegetarians and vegans.

Overall in pregnancy women should be eating a varied and healthy diet before and during pregnancy, and there is no need to eat for 2! Some women may have additional nutritional requirements including those on vegetarian and vegan diets.

In terms of calories, there is no need for extra calories until the third trimester, with 300-350 additional calories (1 slice wholemeal bread) per day in the second trimester and an additional 500 calories (1 slice wholemeal bread and banana) required in the third trimester.

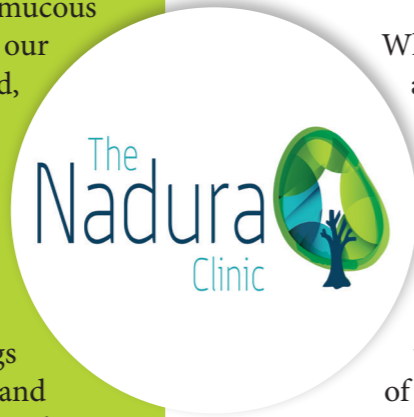
Endurance Sport and its effects on the microbiome By The Nadura Clinic

For many years our microbiome has received very little interest particularly in the line of sport and endurance sport. Our microbiome (bacterial community) begins in our mouth and inhabits our entire digestive system from mouth to anus, including our skin. It has many roles to play in our overall health and wellbeing, and how we maintain it can have a huge knock on effect on our sporting performance.

There are many molecules along with our gut flora that are involved in our overall immunity. Our gut is a barrier between the inside of our bodies and the outside world. As strange as this may sound, what lies inside our digestive tract is actually outside of our body, and unbelievably this barrier is only one cell thick! This is extremely important as our gut barrier is responsible for keeping 'foreign particles' out of our system but also ensuring that our tight junctions in our small intestines allow nutrients to diffuse through and into our bodies for nourishment. It is estimated that up to 75% of our entire immunity is found in our intestines and there are a number of molecules along with our bacterial community that make up this vast number.

One in particular is an antibody known as secretory IGA (SIgA), this is found in our mucous membranes including mouth, lungs and our digestive tract. After our stomach acid, this is our first line of defence on our mucosal lining and in turn makes up a large portion of our entire immunity. SIgA helps in shaping the composition of our gut microbes, therefore protecting us against infection, food proteins, toxins and pathogens. SIgA is also what tags foods that come into our digestive tract and determine whether these foods are allowed to diffuse through our gut lining or whether our immune system needs to eradicate these. Initially if we have an overgrowth of bacteria (dysbiosis) or parasites for example, our SIgA can increase as it is working overtime to alert our immune system to remove these unwanted pathogens. It does not have the ability to maintain this overproduction over a long period and eventually levels begin to plummet which means that in theory any 'foreign particles' or food proteins are no longer tagged for removal and can continue to grow and damage our very delicate gut lining. Over time any particle that enters the digestive tract be it a bacteria/virus/parasite or food protein can now diffuse through the gut lining and invade our body by means of our blood stream, unfortunately this can be the trigger and driver of numerous autoimmune diseases.

There are many factors that can reduce our bodies' production of SIgA, some including genetic factors, chronic low grade infections, parasitic overgrowths, food intolerance, toxins, hormone imbalance, alcohol and agglutinins found in grains and legumes and one very important and often overlooked factor is stress! It is important to understand that stress can be emotional but can also be caused by physical factors. One vital part of this puzzle is that our brains have not yet evolved to decipher whether a bereavement, parasitic infection or endurance sport should or should not receive a different level of stress response to the others. Unfortunately, our bodies being the only and most amazing machinery that we will ever possess, will always react the very same way, with over production initially and fluctuation of our stress hormones.



What this means in terms of sports and in particular endurance sports is that our body perceives this as a large stress to our system, which can switch on our stress response with overstimulation of our sympathetic nervous system. Of course, exercise is a vital addition to anyone's lifestyle and a variety of studies have shown that exercise improves psychological well-being and mood as well as resilience to chronic and acute stress.

For example, the amount of cortisol (our stress hormone) secreted in response to an acute psychological stress was much lower in aerobically fit individuals than in unfit individuals. However, the important take home here is that too much of something is not always better and this is certainly true with regards to sports.

So how exactly does strenuous/endurance exercise affect our digestive tract and immunity? In order to prioritise blood flow to the heart and skeletal muscles during exercise, blood flow is shunted away from the GI tract and our organs (liver etc) and our core

temperature raises. Less blood to internal organs and particularly to our gastrointestinal lining is disastrous and an increased internal temperature can disrupt the intestinal lining, setting off the inflammatory response and increasing the risk of damage to our gut barrier. High training loads, training hard for several hours a week can create a chronic stress from which the body struggles to recover.

Because our delicate gut flora makes up a whopping 75% of our immune system, before you know it, you're sick with a chest infection or the flu. Many who are involved in endurance sports will be no stranger to stomach cramps, gas, flatulence and the dreaded 'runners' diarrhoea! If you can now see the vast interrelationships with our endurance sports and how its effects our entire system, it's not hard to see how! All these symptoms that are extremely common are signs that our gut is not operating as it should be and pushing ourselves too hard can actually have a long-term effect on our entire body. While some endurance athletes report no symptoms of any gastrointestinal upset, there are numerous studies documenting these very athletes do in fact during biochemical blood and stool analysis, show signs of damage to their gut lining with increased permeability and inflammatory cytokines.

How we look after our entire system beginning with the gastrointestinal tract is vital to elite performance and in turn sustained results. In particular, with our endurance athletes at The Nadura Clinic, we see a massive improvement in sustained results from improving digestive dysfunction. As over 70% of our clients present with some digestive dysregulation, we have vast experience in this area. I leave you with this final thought, not always is food alone to blame for digestive dysfunction, before starting to cut major food groups and falling into fad diets, speak to a performance nutritionist and understand the root cause of your symptoms whether they be stress based, microbial imbalance, lack of HCL, GORD, SIBO, H-Pylori, food intolerance or quite simply maybe you just don't have the raw material to break down the food. One thing's for sure, don't continue to put up with symptoms.

Nadura Clinics are at the forefront of functional medicine here in Ireland. With multiple clinics located nationally, Nadura offer the most up to date, sought after clinical programmes relieving many chronic symptoms. Functional Medicine addresses the underlying causes of disease, using a systems-oriented approach and engaging both client and practitioner in a therapeutic partnership. It is an evolution in the practice of medicine that better addresses the healthcare needs of the 21st century. It no longer looks at an individual through different organ systems, but instead incorporates each system and combines this with our diet & nutrient intake, lifestyle, stress management and environmental surroundings and exposure. At Nadura we are less concerned about the diagnosis of a condition but more interested in what may be in fact causing it. With this in mind, we combine the clients goals with lab testing and protocols to achieve long lasting results. Naduras 'Digestive Wellness' programme offers clients answers and solutions to common long term symptoms including bloating, reflux, heartburn, GORD, flatulence etc that are often associated with conditions such as coeliac, SIBO, H.Pylori, IBS, IBD, Crohns & Colitis. Because the health of our gastrointestinal tract and microbiome has and continues to be linked to a range of inflammatory and autoimmune conditions, our 'Digestive Wellness' programme has become the basis for all other programmes that may follow. Within the functional medicine realm, identifying the root cause to any disease and symptom is key to reducing our

client's issues. After our comprehensive initial consultation, laboratory diagnostics are often recommended to identify what in fact may be causing/triggering/driving any collective set of symptoms. A typical scenario would involve clients carrying out a comprehensive stool analysis and SIBO test, whereby we can identify digestive ability, absorption markers and also inflammation that may be present within the gut hindering absorption and triggering symptoms elsewhere in the body (a common occurrence in joint pains/inflammation, hormone imbalance- PMT, PCOS, endometriosis). With the results received, our practitioners can formulate a targeted functional digestive protocol that incorporates the stool results and breath test (SIBO), combined with optimum nutrition intake and timing along with supplement suggestions to enhance their protocol. Because the gastrointestinal tract and health of our microbiome can be linked to all other organ systems, its clear to see how inflammation within our digestive tract can be the continuous trigger for ongoing inflammatory issues including- migraines, joint pains, fatigue, localised pain & aches, fibromyalgia etc. Along with our successful digestive wellness programme, Nadura also offers functional programmes including sports performance nutrition, FEBS (mental health programme) & The Mom Project at their clinics located in Dungarvan, Carlow, Naas & Dublin.

Visit www.nadura.ie
Call 0834489448
0873492991

10 Things you need to know about Coeliac Disease

By Sarah Keogh

An estimated 47,500 people in Ireland have coeliac disease but only around 12,000 have actually been diagnosed. Are you one of the people that have been missed? When it comes to coeliac disease, many of us are aware that problems with digestion are common. However, coeliac disease can affect your whole body even if your gut is behaving itself – so don't rule out coeliac disease if you are feeling unwell...

DID YOU KNOW?

1. Coeliac disease is an autoimmune disease that causes inflammation throughout your body. This means that coeliac disease can be a cause of migraines, infertility, exhaustion, nerve problems and depression as well as tummy upsets. These problems can be caused by other things, but you should rule out coeliac disease, just in case.
2. Your irritable bowel could be coeliac disease. Lots of people who get bloating, constipation, excess gas and upset tummies diagnose themselves with irritable bowel syndrome. But could it be coeliac disease? It's always essential to bring your funny tummy to your GP and check for coeliac disease before you think about IBS.
3. Not everyone with coeliac disease has a funny tummy. In fact, many people with coeliac disease do not get gut symptoms at all!
4. Food intolerance tests will not diagnose you with coeliac disease – or rule it out. Most food intolerance tests (e.g. IgG testing, vega testing, hair analysis, etc.) do not actually pick up food intolerances. So even if you have had a test that says you are not sensitive to gluten, you may still have coeliac disease.
5. Only your GP can diagnose you with coeliac disease. You need a blood test and, if it is positive, you need to see a gastroenterologist for a biopsy to confirm the test.
6. You must be eating gluten for six weeks before you have a coeliac test. If you cut out gluten, your body

goes back to normal and your test will come back negative even if you do have coeliac disease. Never 'try' a gluten free diet before you get tested. Always test first.

7. The only treatment for coeliac disease is a strict gluten-free diet for life. This is a surprisingly complicated diet to get right so make sure your GP refers you to a CORU Registered Dietitian as soon as you are diagnosed. The Coeliac Society of Ireland runs a Dietitian Clinic for members and you can make an appointment by calling 01 872 1471 or going to www.coeliac.ie.
8. Lots of foods that are made with gluten-free ingredients can still pick up gluten from other foods during cooking or manufacture. This is why all people with coeliac disease need to have an up to date copy of the Coeliac Society of Ireland's Food List of gluten free products. This is compiled by the society every year and is available free to members.
9. The coeliac diet is more than just gluten free. People with coeliac disease are at higher risk of several nutrient deficiencies including vitamin D, calcium and iron. Seeing your CORU-registered Dietitian at diagnosis and once a year will help you to avoid long term problems like osteoporosis, infertility and anaemia.
10. Coeliac disease never "goes away". Once a coeliac, always a coeliac. Your GP will test your blood levels every year and if they are back to normal this means that you are following your gluten free diet very well; it does not mean the coeliac disease has gone away. Sorry.

* Sarah Keogh is a Dietician with the Coeliac Society of Ireland and the founder of nutrition and dietetic consultancy Eatwell.

Membership to the Coeliac Society costs €35 for an individual and €40 for a family membership. Membership includes an annual Food List, monthly e-zine, quarterly magazine plus access to our phone support team. Visit www.coeliac.ie or call 01 872 1471 for more information.

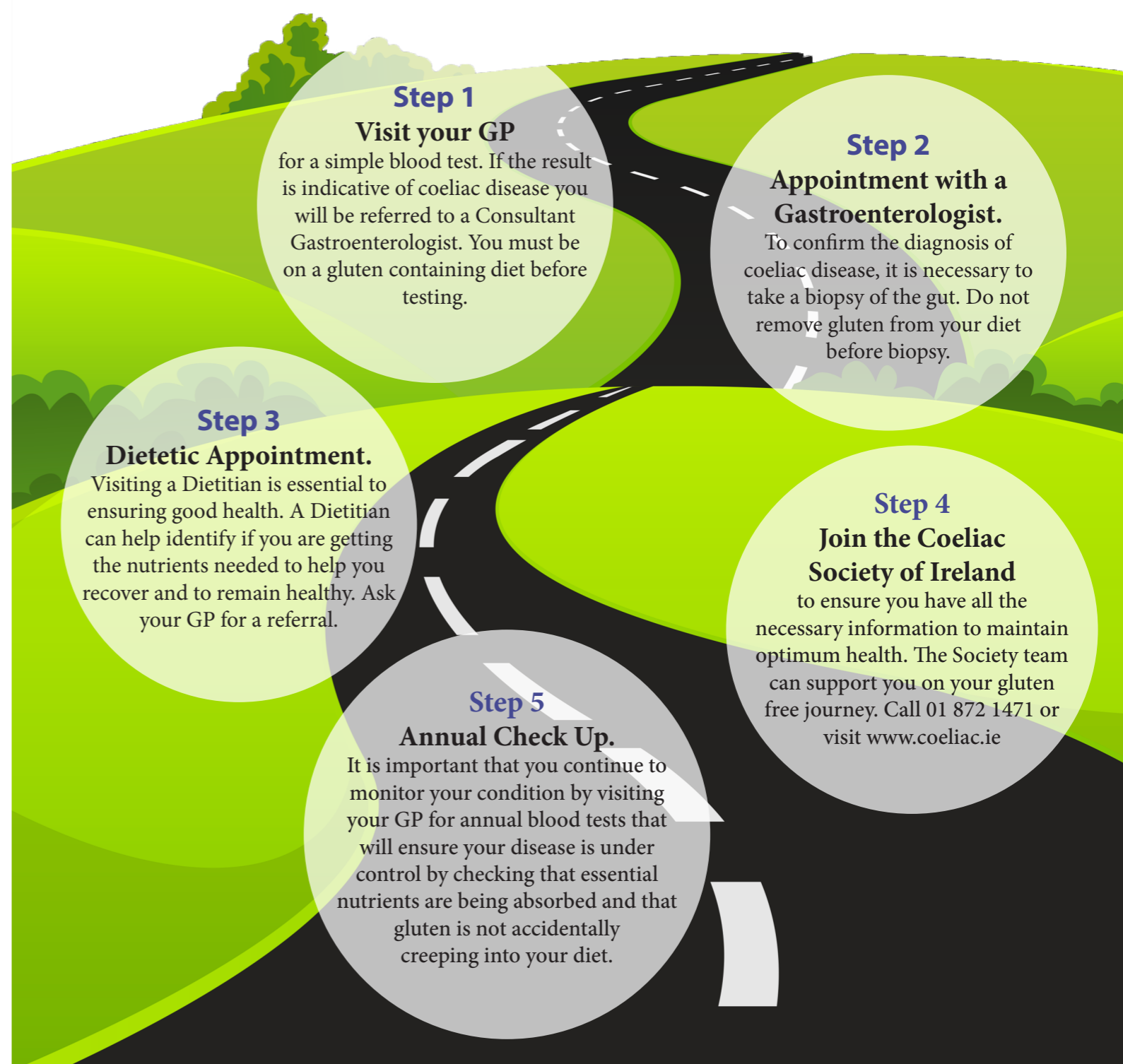
Coeliac Disease – The Path to Diagnosis



Many people are choosing to follow a gluten free diet for a variety of reasons. However, if you think you may be affected by coeliac disease it's essential you receive an official diagnosis to receive the medical and dietetic support needed to stay well.

Coeliac disease is an auto-immune disease, which prevents those affected from digesting gluten, a protein found in wheat, barley and rye. The disease can manifest itself at any stage in a person's lifetime, with symptoms including abdominal pain, recurring mouth ulcers, weight loss, vomiting and diarrhoea. The health implications of undiagnosed coeliac disease are far reaching can include; fertility issues, osteoporosis and anaemia. The only treatment is a gluten-free diet.

To find out more about the symptoms of the disease visit www.isitcoeliacdisease.ie to complete an online self-assessment. If your symptoms are consistent with coeliac disease you will be given supporting information to give to your GP.



What is SIBO?

7 Common Signs You Have SIBO...

You've probably heard of IBS, but have you heard of SIBO? SIBO (Small Intestinal Bacterial Overgrowth) is a commonly underdiagnosed gastrointestinal health condition that may well be at the root cause of 50 – 85% of IBS cases, and yet most people have never even heard of it. In fact, many of the primary symptoms of SIBO are exactly the same as the main symptoms of IBS.

If you suffer from, or know of anyone struggling with typical IBS symptoms, then you need to read this:

What is SIBO?

SIBO happens when the bacteria that normally live in the large intestine, migrate and multiply in the small intestine. A SIBO diagnosis is made when testing shows that there are abnormally high levels of bacteria living in the small intestine. The bacteria ferment food as it passes through the small intestine. This causes excessive gas, pain, cramping and changes in bowel habits such as constipation and diarrhoea; all typical symptoms of IBS. Bacterial overgrowth in the small intestine can also cause problems with digestion and absorption.

The standard way to test for SIBO is via a breath test to measure levels of hydrogen and methane gases. Excess levels of either of these gases indicate a problem with SIBO.

What to do if you suspect SIBO?

The first port of call with any of the above symptoms, as always, is a trip to your GP. If you've already tried that and aren't getting anywhere, get in touch with a nutritional therapist or functional medicine practitioner who is familiar with SIBO testing and natural SIBO treatment. A functional medicine approach to eradicating SIBO involves a combination of dietary change & herbal anti-microbial supplements:

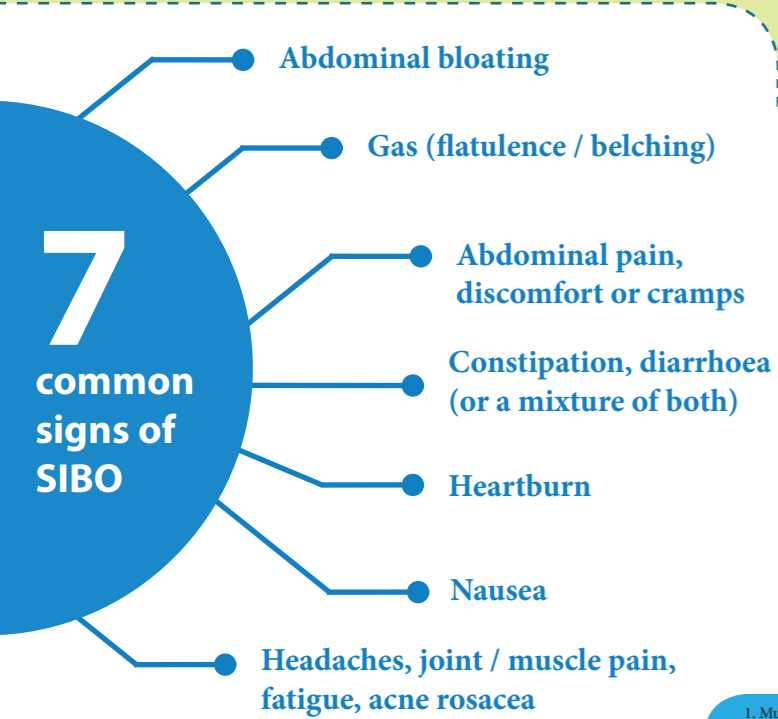
Low carbohydrate diet

Since bacteria use carbohydrates as their preferred food, which they ferment to produce gas, a low carbohydrate diet is generally recommended until the SIBO is eradicated.

Herbal anti-microbial supplement

A combination of herbal anti-microbials is recommended in addition. A 2014 human clinical study found herbal therapy to be as effective as standard antibiotic therapy for eradicating SIBO¹. Recommended natural anti-microbials include berberine, grapefruit seed, garlic, oregano & caprylic acid.

SIBO is commonly underdiagnosed and likely to be much more prevalent than we are currently aware of. If you are struggling with any of the above symptoms, get in touch with your GP or a functional medicine practitioner to find out if SIBO may be affecting your health.



Nutri Advanced Ireland
For product information or to purchase a Nutri Advanced supplement, please contact Sandra for further information.

Sandra O'Connell
Phone: 085 252 3465
Email: sandra.oconnell@nutriadvanced.co.uk

1. Mullin GE, Chedid V et al. Herbal therapy is equivalent to rifaximin for the treatment of small intestinal bacterial overgrowth. Global Advances in Health & Medicine. 2014 May; 3(3): 16-24. Published online 2014 May 1. Doi: 10.7453/gahmj.2014.019



GastroLife is a clinic that specialises in testing for digestive health. We provide testing for Lactose Malabsorption, Small Intestinal Bacterial Overgrowth, Fructose-Sorbitol Malabsorption, Sucrose Malabsorption and the Helicobacter Pylori infection.

Testing takes place in our Sandyford, Naas, and Galway clinic. GastroLife uses the latest advanced equipment and technology. Results of Hydrogen and Methane breath tests are available on the day

of testing. If you are unable to attend our clinics, Hydrogen and Methane testing kits for Small Intestinal Bacterial Overgrowth and Lactose Malabsorption can be purchased from our website.



CLIENT TESTIMONIALS

“ The service provided at Gastrolife is fantastic. I carried out a SIBO test there, and tested positive. After years of digestive issues, I am now finally on the mend after identifying the correct treatment. This has given me great relief. Melissa is a wealth of knowledge and is really at the cutting edge of science in diagnosing and treating digestive issues. The team in Gastrolife is always efficient, professional and very friendly, and I would highly recommend them. ” *Damien - Co. Clare*

“ I want to take this opportunity to say thank you to Gastrolife for the changes this test has made to my life. I first heard of this Test through my Dietitian. I had struggled with my symptoms for over three years before I took the SIBO test.. Following treatment, the positive change in how I felt were quite amazing. Thank you Melissa for the part you played in conducting the Gastrolife Tests without which I feel I could still be going around in circles looking for answers. ” *Mrs S, Galway*

“ I decided to take the SIBO breath test with Gastrolife after suffering with IBS for more than 10 years. Melissa and all the staff were very knowledgeable and the test itself was very simple. I am glad I did, because the results were positive. My Gastroenterologist has since treated the SIBO and I am doing a lot better. ” *Conor - Co. Kildare*

SMALL INTESTINAL BACTERIAL OVERGROWTH

WHAT IS SMALL INTESTINAL BACTERIAL OVERGROWTH?

Small Intestinal Bacterial Overgrowth (SIBO) occurs when there is too much bacteria in the small intestine. Normally the colon contains a large amount of bacteria that plays a very important role in the digestive and immune system. The small intestine only contains a small amount of bacteria. When an overgrowth of bacteria occurs in the small intestine, the excess bacteria feed on food (particularly carbohydrates) that enter the intestine from the stomach. When this happens gases such as hydrogen, methane, and carbon dioxide are produced in the small intestine.

WHAT ARE THE COMMON SYMPTOMS?

The presence of too much bacteria in the wrong place in the intestine can give rise to gastrointestinal symptoms and impaired nutritional uptake. Some people may experience one symptom (bloating, nausea, diarrhoea, constipation, abdominal distension, fatigue, mixed bowel habit, loose stools, flatulence, belching, reflux, joint pain, acne rosacea, brain fog, cramps, intestinal gurgling, weight loss/weight gain, slow intestinal transit) or can be affected by a combination of symptoms e.g. bloating and fatigue. As SIBO can result in the inability of the intestine to function properly, this may significantly affect the absorption of nutrients and damage the lining of the small intestine which may lead to leaky gut. Leaky gut is associated with immune reactions, autoimmune diseases, and generalised inflammation. There is a strong association between SIBO and Irritable Bowel Syndrome, Fibromyalgia, Acne Rosacea, Coeliac Disease, Crohn's Disease and Diabetes.



WHAT CAUSES SIBO?

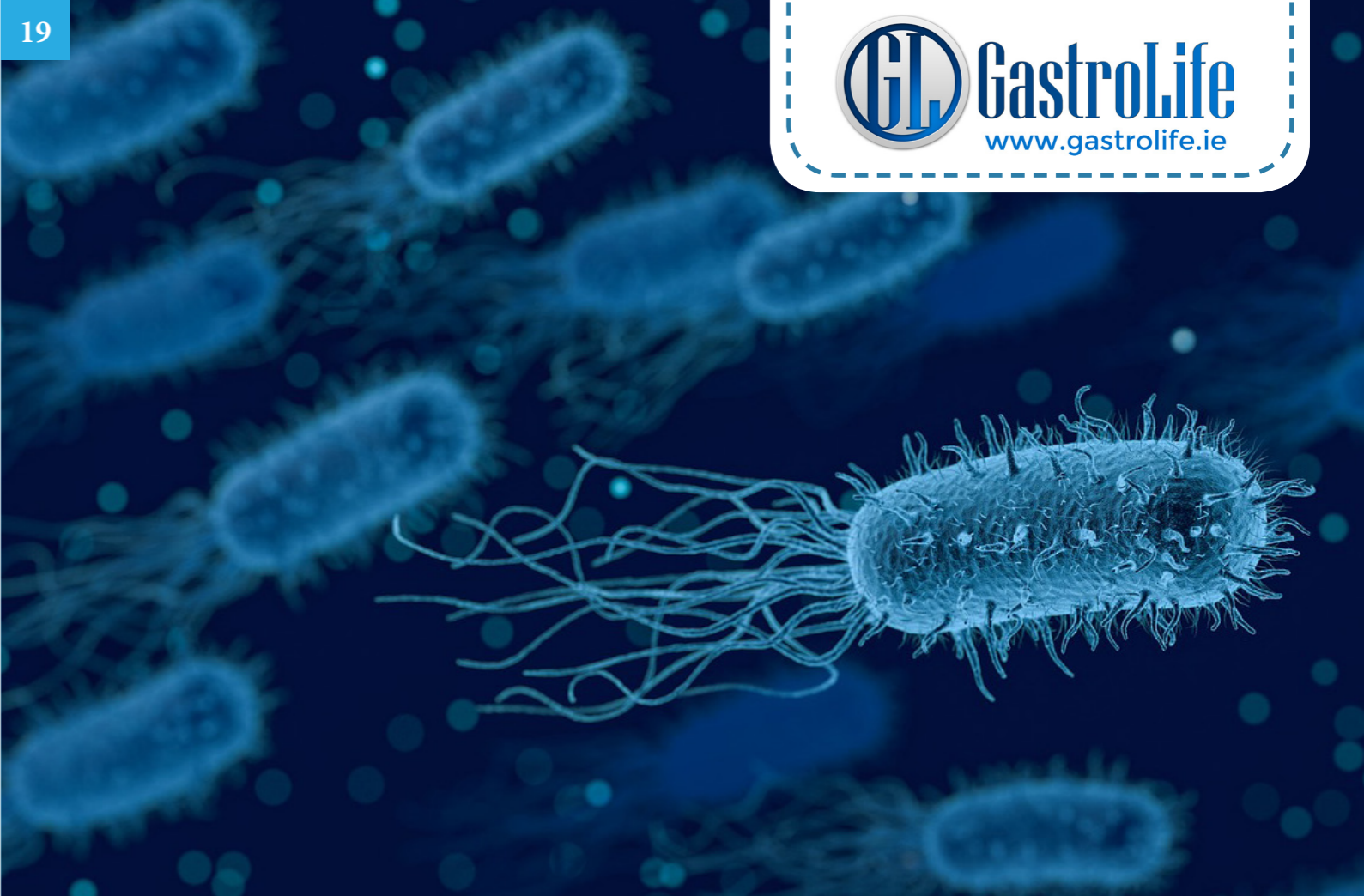
SIBO can develop for a number of different reasons. The main cause is a dysfunction of your normal intestinal motility. If there is slow or uncoordinated muscular contractions in the small intestine, stagnant or sluggish flow of intestinal contents can allow bacteria the opportunity to grow. The purpose of motility (migrating motor complexes) in the small bowel is to push debris and bacteria towards the colon. Motility dysfunction can be due to a number of different factors such as a history of food poisoning, diabetes, certain medications, nerve damage, or often the cause is unknown. Other factors involved in the development of SIBO can include not having low enough stomach acid to kill off ingested microbes that enter the stomach with your food and drink, a weak valve that separates the small and large intestine (this can result in the back flow of bacteria from the colon into the small intestine), post gastrointestinal surgery, post radiotherapy, adhesions in the intestine, following bariatric surgery, inflammatory bowel disease.

HOW IS THE TEST PERFORMED?

The Hydrogen and Methane breath test is used to detect Small Intestinal Bacterial Overgrowth (SIBO). This is a simple and non-invasive investigation. A baseline breath sample is measured by blowing directly into the analyser. Following this, you will be given a testing solution to consume. You will then be called into the clinic room at regular intervals to repeat the breath samples. Between samples, you are free to read a book/watch your tablet.

HOW CAN BREATH SAMPLES TELL ME WHAT IS HAPPENING IN MY INTESTINE?

If there is too much bacteria present in the small intestine, it will break up the test solution as it enters the intestine from the stomach. As a result of this breakdown, gases such as hydrogen and methane are produced. These gases have a small size and pass easily through the wall of the intestine and into your blood circulation. When your blood travels around to your lungs, gas exchange takes place, and these gases are detected from exhaled breath samples.



ARE THE SAMPLES SENT AWAY FOR ANALYSIS?

No. GastroLife has the latest state of the art analysing equipment. All our SIBO tests are performed and analysed on site.

CAN SIBO BE DETECTED WITH THE CAMERA TEST?

The camera that passes through your mouth only reaches the first part of the small intestine, if the bacteria is present in the mid or distal part of the small intestine, it is unlikely to be detected. A sample of fluid from the upper part of the intestine can be taken with the camera however, the samples for SIBO are often contaminated with oral and pharyngeal bacteria as the camera is withdrawn through the mouth. The sample would then have to be cultured in a lab which is quite expensive and not traditionally done in Ireland. The breath test can detect bacteria all the way through the proximal, mid and distal small intestine.

IS SIBO THE SAME AS THE HELICOBACTER PYLORI BACTERIAL INFECTION?

No. Helicobacter Pylori is an infectious bacteria

that mainly affects first part of small for Helicobacter request. SIBO normal bacteria

the stomach and intestine. We do test Pylori in the clinic upon is an overgrowth of the in the small intestine.

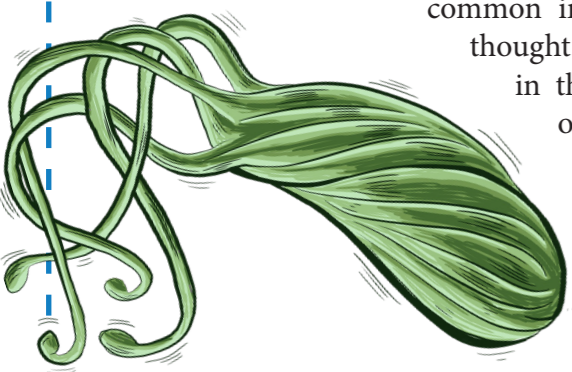
WHO PERFORMS THE TEST?

The test is performed and analysed by a fully accredited Gastrointestinal Physiologist.

DO I NEED A REFERRAL?

No. You do not need a referral for a SIBO test. You can book directly online, by email, or by phone. This test can be performed in one of the clinics and results are available on the day of testing. SIBO testing kits can be purchased from the website www.gastrolife.ie if you are unable to attend one of the clinics.

HELICOBACTER PYLORI UREA BREATH TEST



Helicobacter Pylori is a very common infection that is thought to be a factor in the development of stomach and duodenal ulcers (peptic ulcers). It is a bacterium that can cause chronic gastritis

this carbon for the presence of Helicobacter Pylori through the collection of breath samples which are then sent to a laboratory for analysis.

A blood test can only detect antibodies to Helicobacter Pylori and therefore cannot distinguish between a previous infection and a current infection as the antibodies for Helicobacter Pylori can remain in your body for some time. A blood test cannot be used to determine if your Helicobacter Pylori has been eradicated following treatment for this same reason. Post treatment a Helicobacter Pylori Breath Test or Stool Antigen test is often recommended.

If you are positive for Helicobacter Pylori, you will need to see your G.P who may prescribe you a combination of antibiotics (usually two antibiotics) and an acid reducing tablet (Proton Pump Inhibitor). This treatment is called triple therapy. Sometimes the Helicobacter Pylori infection is not eradicated with the first triple therapy treatment. To see if the bacterial infection has been successfully eradicated, a second breath test 'retest' may be performed following treatment.

(inflammation) of the stomach lining. Symptoms of peptic ulcers include loss of appetite, nausea, vomiting, abdominal pain/discomfort. Some ulcers may bleed which can cause fatigue.

The bacteria can survive because it can penetrate the stomach lining and produce by-products that neutralise the gastric acid around it, thereby creating a protective environment. When a Helicobacter Pylori breath test is performed, the tablet that is consumed contains Urea. The bacteria break this Urea down releasing a carbon atom. The breath test measures

LACTOSE MALABSORPTION TEST

Lactose Malabsorption occurs when there is an inability to fully digest the 'milk sugar'. Symptoms can begin soon after eating or drinking lactose containing food or drinks.

Lactose consists of two sugar units. An enzyme called lactase is required to split the lactose sugar into two single units for absorption. If you do not have enough lactase enzyme, lactose cannot be broken down and it travels to the large intestine where it is digested by bacteria in your colon. The products produced by this process can cause symptoms such as diarrhoea, gas, bloating, nausea, vomiting, upset stomach, or flatulence.



The Hydrogen and Methane breath test is used to detect lactose malabsorption. This is a non-invasive investigation. You will be asked to perform a baseline breath sample by blowing into the analyser. Following this, you are given a lactose testing solution to drink. You will then be called into the clinic room at regular intervals to perform breath samples. If lactose is not absorbed, it travels to the large intestine. In the large intestine, the bacteria will break up the lactose and gases such as hydrogen, methane and carbon dioxide are produced. Hydrogen and methane have a small molecular size which means that they pass easily through the wall of the intestine and into the blood stream. When your blood circulates around your body to your lungs, these gases diffuse out of the bloodstream and are measured in your breath samples.

This test can be performed in one of the clinics and results are available on the day of testing. Lactose malabsorption kits can be purchased from www.gastrolife.ie if you are unable to attend one of the clinics.

FRUCTOSE MALABSORPTION TEST

Fructose can be present naturally in foods such as fruit and some vegetables, or found in many processed foods and drinks. Foods that contain fructose include oranges, apples, mangos, pears, prunes, melons, raisins, honey and fruit juices. Fructose malabsorption occurs when the small intestine fails to fully absorb this sugar. As a result, fructose is transported to the colon where it is broken down by bacteria in the colon. Hydrogen, methane and carbon dioxide gases are produced as a result of fructose malabsorption.



Some people can tolerate more fructose than others, so symptom severity can differ depending on the amount of fructose consumed. Symptoms include bloating, diarrhoea, constipation, nausea, or abdominal cramps. People with Coeliac disease and IBS are at a higher risk of suffering from fructose malabsorption. The Hydrogen and Methane breath test measures the gases produced by the bacteria in the colon to determine if the fructose sugar has not been absorbed properly in the intestine. This test is only performed in the clinic.

SUCROSE MALABSORPTION TEST

Sucrose is normally broken down in the small intestine by the sucrose enzyme. When Sucrose Malabsorption occurs, the sucrose is not properly broken down or absorbed in the small intestine. It travels to the colon where it is metabolised by colonic bacteria. Sucrose is also known as table or cane sugar.



Some people with genetic sucrose - isomaltase deficiency (GSID) are often misdiagnosed with IBS. People with GSID cannot digest sucrose and maltose (sugar found in grains) and can have difficulty digesting starch. Symptoms range from mild to severe.

The Hydrogen and Methane breath test is performed to test for sucrose malabsorption. This is a non-invasive test that is performed in the clinic.

FOR MORE INFORMATION, PLEASE VISIT

 www.gastrolife.ie  01-5242591  info@gastrolife.ie





TACKLING IBS WITH DIET

Heather Leeson, Nutritional Therapist and Director with Glenville Nutrition and The Wellness Crew. Heather is an expert corporate wellness speaker and Nutritionist, and knows just how much good digestion is the root of good health.

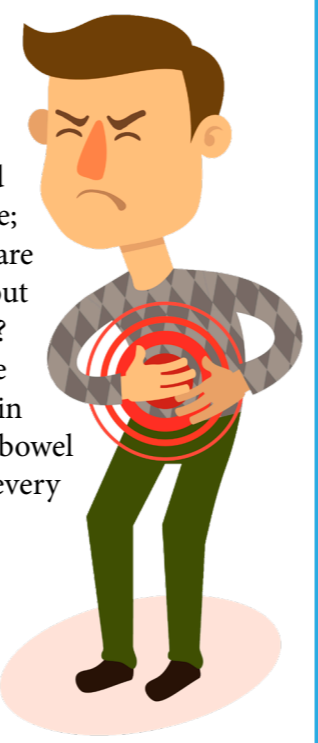
Good digestion for increased wellness

So much of our wellbeing relies on good digestion. To begin, it doesn't matter if we have a super healthy diet; if we are not digesting well, then we won't get the goodness out of our food. Secondly, our digestion has a big impact on other areas of wellbeing, including our mental health and our immune system. And thirdly, if you have suffered from digestive issues, you know how uncomfortable and embarrassing it can be, such that it can have a huge effect on your social interactions and self-confidence.

What is Irritable Bowel Syndrome?

Irritable bowel syndrome or 'IBS' affects 10-15% of people worldwide which is a staggering number. IBS is a diagnosis of exclusion meaning that unless the doctor can find something obviously (and possibly more serious) wrong, then you are popped under this umbrella. But having this umbrella does nothing to improve your wellbeing other than giving you a label for your symptoms.

IBS is also associated with diarrhoea, constipation or both, sometimes alternating between the two. A normal healthy bowel movement should be the consistency of toothpaste; most people are not really aware of this because who talks about stools over their morning cuppa? It shouldn't be watery or loose and it shouldn't be too hard or in lumps. We should also have a bowel movement each day, and not every 2-3 days that many people do.



How can diet help?

If you think these signs and symptoms sound familiar, it might be worth playing around with your diet to find out more. The theory goes that if you take out the favourite foods of the bacteria, they won't have quite as much fun and you will feel better. In fact, they might begin to die off altogether although usually you will need help from your doctor or Nutritionist for that.

However, it is important to remember that this bacteria is not necessarily 'bad' and taking away its food means you may also end up starving all your 'good' bacteria that we hear so much about. So be warned, this diet is not for the long term; you will definitely end up doing more harm than good. Under the guidance of your Nutritionist, you can follow this diet while you undergo treatment, but then you will need to start re-introducing foods. You'll likely be only too glad to at that point.

However, there is one culprit which might be implicated in as many as 60 or 70% of cases. This is called Small Intestinal Bacterial Overgrowth, or SIBO (pronounced see-bow) to give it a friendlier name. SIBO is not necessarily 'bad' bacteria but rather bacteria from the gut that is in the wrong place at the wrong time. It has moved house, farther up the street and frankly no one wants it there. In its new location, it comes in contact with our food before we've had a good go at it. It's like the child raiding the Halloween treat bag before the parent can siphon off the really sugary stuff. Once it gets its teeth into our less-digested food, it has a party all of its own. It produces gases where gases aren't meant to be. Imagine gases are produced lower down; they usually are. A quiet slip and they are released in most cases, and you can always blame the dog. When the bacteria are much further up, these gases have nowhere to go. This can lead to bloating, nausea, reflux, discomfort, spasms or pain.

The low FODMAP diet excludes the favourite foods of the bacteria in your gut and they have the catchy name of Fermentable Oligo-, Di-, Mono-saccharides and Polyols. That just rolls off the tongue doesn't it? Thankfully you don't really have to learn how to identify these but rather you can obtain a list of foods that are 'safe', 'okay in moderation' and 'unsafe'. The trailblazers in this field herald from the Monash University in Melbourne, Australia and they constantly test new food items and add to the official list using a helpful traffic light system. And thank goodness, like many things nowadays, there's an App for that.

For the most part, and possibly the most difficult part for some people, is that the diet excludes wheat and lactose (the natural sugar in dairy products). That said, with so many useful alternatives available now, obtaining spelt or gluten-free bread is simple and lactose-free milk or dairy alternatives abound.

At face value, there's no real rhyme or reason when it comes to the fruits and veggies. It's not simply a case of what you think might be high in sugar. Bananas are usually okay so long as they are not over-ripe and high sugar pineapple and grapes are 'safe' where lower sugar apples and grapefruits are not. Portion size is also key and the App is super helpful for this. It may be that 1/4 avocado is fine where a half or full would be too much. Remember it is a 'low' FODMAP diet, not a 'no' FODMAP diet. If you have a meal or two where you are pushing the boundaries on all sides, it might be that altogether it adds up to be just too many.



How to begin

By working with your practitioner, you can check your most common foods to see what changes you need to make. Source some alternatives and give it a two-week trial period. If you find that your symptoms improve significantly, it is time to chat to your doctor or Nutritionist about how to test for SIBO officially.

Symptoms of IBS that might indicate a bacterial imbalance

- » Intolerance to onions or garlic
- » Difficulty digesting high fibre foods such as lentils, beans and chickpeas
- » Intolerance to wheat (which you might think is a gluten intolerance)
- » Bloating, stomach pain or discomfort after eating
- » Feeling of fullness after eating like the food just isn't 'going down'
- » Nausea, reflux, burning sensations in throat or upper stomach
- » Irregular bowel movements
- » Often anxiety goes along with SIBO
- » Other conditions include Rosacea and gallbladder issues to name a few

High FODMAP

- » Wheat bread or pasta, rye bread
- » Dairy products
- » Beans, lentils, chickpeas
- » Asparagus, cauliflower, sweet potato
- » Apples, mango, plum

Low FODMAP

- » Spelt, oats, quinoa
- » Lactose-free milk, goats milk, rice milk, almond milk
- » Any meat, eggs, fish
- » Peppers, carrots, spinach
- » Banana, blueberry, kiwi



BE YOUR OWN *Superhero*

Nicola Connolly-Byrne of I AM POSITIVE MINDSET is Business All Star Thought Leader in Personal Empowerment 2019. She shares her wellness and resilience toolbox in workshops, businesses, schools, clubs and on a one to one basis.

Empowering yourself to live your best possible life, free of fear, takes courage. In fact, it takes more than courage - it takes tenacity, resilience & a bit of grit! Adopting a fresh attitude towards how you respond to judgement is also very useful. When we are making changes in our lives, one big change isn't the cure, it is a million little changes. Let's start with the basics. I would like you to visualise overhauling your life to live YOUR best life for YOU like building a wall. When building our foundations, we must ask ourselves are we building on sand or cement? Sand is soft, changes form and a bit unstable. Cement is solid, strong, durable and means business. If we do not have the foundations built in a solid fashion - at some point, the wall will come crashing down.

For me, the main foundation that needs to be put into practice, is self-care. Some people misunderstand what self-care is. Self-care isn't having your hair dyed or cut. It isn't maintaining your nails, straight white teeth. It isn't building upper body muscle (and skipping leg day!). It isn't buying nice clothes, shaving or styling your hair. It isn't even having a massage. This kind of self-care is nice and needed however this is treating yourself to a nice short-term experience.



We all know people who look amazing all the time, are immaculately turned out and always looks their best yet are struggling personally or professionally. Maybe they are overcompensating by making sure the wrapper on the package looks well distract themselves and the world that their life really is falling apart. They look like the elegant swan gliding on water, yet they are kicking frantically underneath just to stay afloat. Life isn't supposed to be lived like this. Life is supposed to be full of joy, laughter, love, fulfilment, adventure and most of all, peace.

Let me make a clear distinction between external self-care and internal self-care.

Internal self-care is many things but mainly it is taking care of our mind, making sure that our thoughts are not polluting our capacity to make healthy decisions for ourselves. If we want to live our best life, we need to maintain a good relationship with how our mind works and how we can quieten the mind in times of challenge for us to make balanced healthy decisions. Our minds are spaces for thinking and creating, not for storage. If we carry everything in the forefront of our minds that we have ever experienced it is going to get heavy quickly and very crowded! We do this when we have not processed an experience correctly. Then we end up dragging every experience into the present, every day! That is hard work! When we do this, we become a victim to our past, daily. Instead we could harness our thoughts and become the hero of today. Dealing with negative experiences correctly is vital. We look back into our past to learn from it, but we don't stare. Look back, don't unpack.



There are no superheroes swooping in coming to save you to make the changes you need to live your best life. We need to be our own superhero and save ourselves from falling victim into tolerating the discomfort in our lives, in order to experience more joy.



Paula Ralph Surgery Coaching For faster than expected recovery

PREPARING FOR SURGERY

Paula Ralph is a Surgery Coach bringing her Pharmacist experience and coaching skills to her clients to achieve a faster than expected recovery. She works from Dublin, Ireland and over Skype for international clients. www.paularalph.com

Imagine that you have an operation booked for 2 weeks' time.

And you are 'worried sick'. Your anxiety is increasing and even though you are looking forward to the surgery, you are worried about not only the anaesthetic, the pain and the nausea, but also the effects of your recovery time on your family and getting back to work. Perhaps you don't have a lot of sick leave available to use. Time is money. You are not sleeping well suddenly.

Like many 'events', surgery is something we could do better at if we are actively prepared - as you would expect an athlete to train in advance of a sports event. Major or minor surgery, it is still an emotionally and mentally significant event that deserves attention so that the patient is more comfortable and in the right emotional place for better healing and faster recovery.

A big part in achieving a rapid recovery is in the state of the mind/body connection. Being human, we all have this system of body and mind, and like any system if one part is affected, the rest of the system or parts will be affected. Negative thoughts and emotions create inward, fearful, isolating thoughts, often fatalistic in the story in the head that plays on a loop. If the patient is unable to recognise this thinking the emotion gets worse, the physiological aspect is affected even greater and the downward spiral is in place.

So how do you 'get out of your head?'

One particularly easy way to help yourself in preparation for surgery is to learn how to breathe in a way that is different to what you may already do. Breathing influences your diaphragm via the vagal nerve, which then influences your heart, and to the rest of your body and mind.

Placing attention on the breath - notice the temperature of the air coming into your nostrils and over the soft palate, noticing the ribs expanding, the tummy rising with the in breath, and then the opposite as the breath is released. A longer outbreath activates the 'parasympathetic' branch of your nervous system. It is the opposite of the fight or flight response (the sympathetic response = stress!).

Most people breathe at a count of around 3 in and 3 out - shallow and high within their chest and shoulders. Just perfect to be considered stressed breathing! HeartMath.com advocate an even in breath of 6 and an even out breath of 6 using the tummy and all of the lung space. This will bring your body to a state of balance between parasympathetic and sympathetic reaction - in other words calmly alert. The aim is to have 5 full breaths every 60 seconds.

You can do balanced breathing anywhere - from on the bus to in the bathroom. It is the easiest way to access a state of calm. Of course, a little practise is advised so the body can get used to a new way of being as a result - the difference between reaction and response.

A calm body and mind will feel confident and prepared for surgery, recovering faster so that you can get back to your family and work sooner.



METABOLIC AND FITNESS TESTING



Health Matters is a unique and scientifically driven company specialising in fitness testing, performance enhancing and overall health related programmes. Over the last few years we have started to do a lot of work on a corporate level by providing Metabolic and Vo2 testing on site.

Below is a small breakdown on the services we offer:

Metabolic testing

Health Matters specialise in intelligent weight and energy management through metabolic testing. Your resting metabolic rate is one of the most crucial factors affecting how your body maintains its weight in a healthy range and gives you the energy you need for day to day activity. Many people blame their metabolism on their failure to lose or gain weight, but do they know how their unique metabolism works? This simple 14-minute test will give you the inside information on exactly how your unique body works.

Vo2 testing

Vo2 testing is the single most effect way to measure your cardiovascular fitness and maximise your training. Vo2 tests will provide you with a detailed breakdown of your unique fitness profile and also gives you the information you need to reach the next level in your training. Our new testing technology gives both the seasoned athlete and the beginner the advantage of comprehensive testing without having to leave your workplace.

Health Matters was founded by Seán Kinane in 2011. Seán and his team work mainly on a one to one level at their HQ based in Westpark Fitness, Tallaght. They frequently travel to clubs and teams around the country to carry out testing. Clients include Irish Life Health, Apple, Dell, Facebook, Aviareto, Paddy Power, LinkedIn and many more.

FOR MORE INFORMATION, PLEASE VISIT

 www.myhealthmatters.ie

 086 100 60 88



STRESS, PAIN AND EXERCISE

Stephen McDonald, Registered Physical/Physio Therapist, MIAPT., Bsc

Stress is a natural human function and necessary to stimulate us, but too much can lead to multiple health issues. As with many things in life we need to find balance.

When we are stressed, highly toxic hormones such as Adrenaline and Cortisol are released via our 'sympathetic nervous' system. This function is a left over from when we ran with the rest of the animals on the planet as 'Hunter Gathers'. When under stress from 'attack' or 'chasing' our food, we needed bursts of these hormones to help us run away from danger or fight off our attackers, these hormones gave us boosts of energy, increase our heart rate and gave us additional strength to be ready for that 'fight or flight'.

Those stress hormones are unfortunately still a part of our modern metabolism, but we don't have any animals chasing us these days. That is apart from an insistent boss who might be looking for this week's sales or reports to be completed and quickly! This can cause that similar stress reaction and we get ready to fight. Unfortunately, these same hormones get released and instead of running away or physically fighting we're left sitting at an office desk with these hormones flooding our system, putting our heart, gut and kidneys under massive stress.



Long term build-up of these hormones can result in both mental and physical fatigue and can even lead to depression, gut health illnesses, renal overload and manifestations of physical pain. When we get up and exercise our bodies get a chance to counteract these hormones and allow us to return to a state of a calm.

You may have heard of the 'Runners High', this is where, Endorphin and Dopamine 'feel good' hormones are released into our system after on-going or heavy running exertion. This is why so many people refer to running as addictive and feel that need to run, as it 'helps keep them sane and keeps them feeling good'. 'Endorphin' is a natural pain killer and one of the reasons why exercise is prescribed to manage chronic pain.

So, we can take it that high intensity exercise like; running, boxercise, aerobics and circuit training are great endorphin and dopamine releasers. There are other feel good hormones associated with exercising in a group scenario that have the added benefits in dealing with stress. That's, 'oxytocin', the 'social hormone', sometimes referred to as the 'Love' Hormone. This is the hormone released when we see others helping others, when we touch each other or even look at a small child. It is all about social bonding.

Just interacting positively with others causes an oxytocin release and decreases Cortisol (that toxic stress hormone) in the system. So, taking part in team sports or even training with someone else has a multiplier effect in dealing with stress and making you feel good about yourself and those around you.

In medical research studies by the American Journal of Physiology have shown that the big feel good hormone 'dopamine', is released during even mild levels of exercise. This has the added benefit of decreasing inflammation and reducing oxidative stress in the kidneys and adding to an overall sense of well-being.

In our Pain & Movement Clinic in Stillorgan, we have so many people coming to our clinics suffering from body pain that is stress induced. We offer a process of Bodywork Psychotherapy, Physiotherapy and Nutritional advice to help manage the impact Stress has on the Physical Body, Mind and Gut. Our aim is to get you moving, often and pain free.

FOR MORE INFORMATION, PLEASE VISIT

 www.onebody.ie  01-2140061  info@onebody.ie

OneBody is a Pain & Movement Specialist Clinic

DIABETES AWARENESS

Diabetes affects 1 in 3 Irish families. Currently it is estimated that 225,000 people are living with Diabetes in Ireland and this prevalence is forecast to increase by an additional 50,000 by the year 2030. It is possible to have Type 2 diabetes and not know it, so it is important to have an awareness of Diabetes, the risks that can increase the chances of it developing and

if there is anything that can be done to reduce your future risk of developing this condition.

Diabetes (mellitus) is a life-long condition where the amount of glucose (sugar) in the blood is too high. This happens when the body cannot use glucose properly due to a lack of insulin or not enough working insulin.

THERE ARE DIFFERENT TYPES OF DIABETES

Type 1 diabetes occurs when the body completely stops producing insulin. It is the most common type of Diabetes seen in young people. It is an auto-immune condition where the body's immune system for reasons we don't fully understand attacks the insulin producing cells in the body. It is not preventable at present. Type 1 diabetes is managed by replacing the body's insulin using insulin injections or by using an insulin pump, along with a healthy lifestyle, similar to what is recommended for all people.

Type 2 diabetes is the more common form of Diabetes, accounting for around 85% of all Diabetes. In Type 2 diabetes the body produces some insulin but not enough, or the produced insulin does not work effectively, a condition known as insulin resistance. Type 2 diabetes is managed by having a healthy balanced diet, taking regular physical activity, and with prescription medication which may also include insulin injections.

Prediabetes is when blood glucose levels are higher than normal but not high enough to be Type 2 diabetes. It is estimated that almost 20% of people over the age of 45 have pre-diabetes, a largely preventable condition. Type 2 diabetes prevention studies show that healthy eating, taking regular physical activity and having a weight appropriate for your height will help to delay or possibly prevent the onset of Prediabetes and Type 2 diabetes.

Know the signs and symptoms

Signs and symptoms of diabetes include tiredness, thirst more than normal, passing urine more than normal, unexplained weight loss, otherwise known as the 4 T's Tired, Thirst, Thinner, Toilet! Other signs and symptoms include frequent infections, slow healing of sores or cuts, blurred vision, numbness, pain or tingling in hands or feet (often worse at night).

If you or a family member are experiencing these symptoms go to your GP as a simple finger prick test can rule out diabetes.



Sometimes there are no symptoms of Type 2 diabetes, but a routine blood test with your GP will detect it.

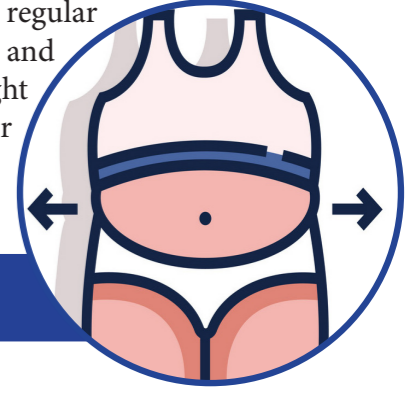
Who should get checked and how?

There are a number of factors that can increase the risk of developing Type 2 diabetes. These include; age (over age 45), having a family history of diabetes, being overweight for one's height, being sedentary, or having had gestational diabetes (diabetes during pregnancy). Having high blood pressure or high cholesterol are also conditions associated with Type 2 diabetes.

Diabetes is diagnosed by getting a routine blood test done with your GP to check the levels of glucose in the blood. If you have some of the risk factors listed above, you should attend your GP for a blood test to rule out Diabetes.

Reduce your risk for Type 2 diabetes

If you feel you are at risk of developing Type 2 diabetes, perhaps you are overweight, sedentary, have other family members with Diabetes, Take Action Today. You should attend your GP for routine blood tests which will determine if you have Diabetes. You can also delay or prevent Type 2 diabetes and Pre-diabetes by adopting a healthy lifestyle such as having a healthy balanced diet, taking regular physical activity and maintaining a weight that is appropriate for your height.



Avoid weight gain especially around the abdomen

To check your own personal risk of Diabetes you can complete a short online risk assessment on the Diabetes Ireland website on www.diabetes.ie

Diabetes is a manageable condition, but early diagnosis is essential

Diabetes is a manageable condition but if it is poorly managed or goes undiagnosed for years the ongoing high blood glucose levels can lead to complications of Diabetes. These complications can affect the eyes, heart, kidneys and feet. So, it is essential that you reduce your risk of this condition developing by leading a healthy lifestyle and attending your GP for routine blood tests.

Since 1967 Diabetes Ireland has been serving the Diabetes community, as the national charity dedicated to supporting people with Diabetes, their families and carers. Each year through our patient education and information services we provide support to thousands of Irish people living with diabetes and their families when they need it most.



DIABETES IRELAND EXISTS TO SUPPORT THE DIABETES COMMUNITY, FOR MORE INFORMATION SEE

www.diabetes.ie 01-842 8118 info@diabetes.ie

Author Clair Naughton is a Diabetes Nurse Specialist and Regional Development Officer for the North West for Diabetes Ireland.

LYME DISEASE 'THE GREAT IMITATOR'

Lyme Disease, also known as Lyme Borreliosis, is an infectious disease caused by a bacterium named Borrelia spread by ticks. It is currently the world's fastest growing vector-borne infection (spread by ticks). As Ireland's first Lyme disease support group we hope to spread awareness and encourage quick diagnosis and treatment of this debilitating disease.



Lyme disease is a complex and serious illness that can cause severe health problems if not caught and treated early and effectively. It is a bacterial infection caused by a spirochete, or corkscrew-shaped bacteria, called Borrelia Burgdorferi.

The disease affects multiple areas of the body such as the joints, nervous systems and heart. Symptoms can be insidious, sometimes they don't appear for weeks, or months even longer after being bitten. A commonly recognised sign of an initial Lyme disease infection is an erythema migrans (EM) or "bull's-eye" rash however less than 50% of patients with Lyme disease remember being bitten by a tick or having any rash. It is important to know that

the bulls eye rash is a classic symptom of Lyme disease and no further testing is needed prior to starting an appropriate course of antibiotic therapy. Non presence of the rash should NOT be considered an indication that a patient does not have Lyme disease. Lyme disease is a complex disease that can affect multiple body systems. Early stage symptoms include: Flu-like symptoms, including chills & fever. Swollen lymph nodes. Headaches, muscle aches, joint pain, fatigue & stiff neck. Lyme disease can also affect the nervous system, causing symptoms such as: Meningitis, Bell's palsy, pain or weakness in the limbs & poor coordination. Memory function can also be affected, as can mood or sleeping habits. Other symptoms include; irregular heartbeat, shortness of breath, dizziness, and severe fatigue.

Two Tier Testing

Elisa Blood Test **Western Blot Blood Test**

* Must Get Positive Result from Elisa Blood Test Before Western Blot Test is performed.

There is considerable debate about the accuracy and effectiveness of the standard Two Tier Testing done in Ireland. Though controversial, there is increasing evidence that "The 1994 serodiagnostic testing guidelines predate a full understanding of key B. burgdorferi antigens and have a number of shortcomings."

Schützer et al. (2018) 'Direct Diagnostic Tests for Lyme Disease' in Clinical Infectious Diseases, Published 11 October 2018

The UK NICE Guidelines on Lyme Diseases now recognise that a negative result on the Two Tier Testing method does NOT rule out Lyme Disease. The patient history and patient symptoms should guide diagnosis and not to over rely on the Elisa or even the Western Blot. However, the new Lyme culture tests that have been developed in other countries are very controversial here, and not widely recognised. They have not only helped diagnose new cases of Lyme disease, but also can prove that lingering symptoms of Lyme disease are not due to the so-called post-Lyme syndrome.

Treatment of Lyme Disease

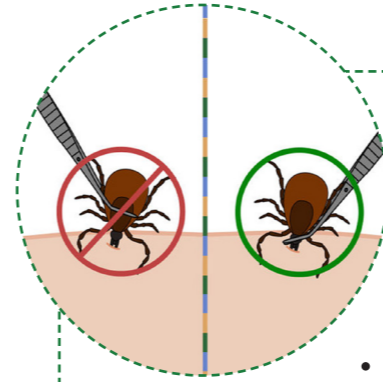
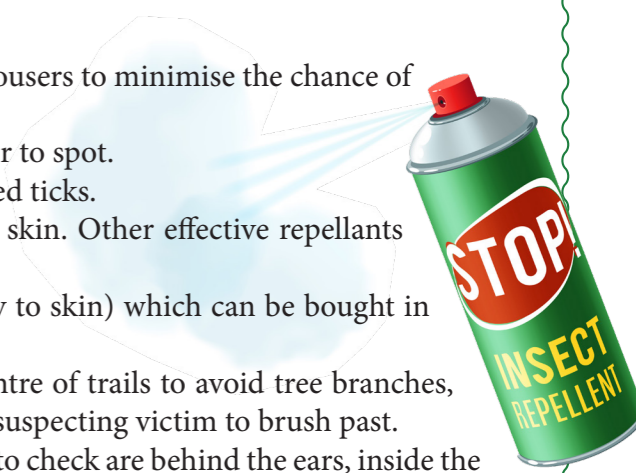
Lyme disease is generally considered to be easily treatable in the early stages of infection. If you have been bitten by a tick, or if you think you have been bitten it is advisable to speak to your doctor as soon as possible. The key to treating this disease is an early diagnosis. If you are presenting any symptoms at all, seek medical advice! NICE guidelines for Lyme recently updated is a good reference to bring with you.

Where are Ticks Found?

The simple answer is you can find Ticks in every county of Ireland. Ticks are usually found in long grass, leaf litter and on low plants. There are usually more ticks in woodland and forest areas, but they can be found in fields and parkland, especially where there is livestock and deer. However, they can also be present in town parks and gardens. Ticks can be active all year round during milder weather above 3.5c.

Protection against Lyme

- » Wear long sleeved t-shirts and trousers when out.
- » Tuck your trousers into socks or boots and tuck shirts into trousers to minimise the chance of ticks getting to exposed skin.
- » Wear light coloured clothing to make any attached ticks easier to spot.
- » Check yourself and children every couple of hours for attached ticks.
- » Apply insect repellent with 20%-30% DEET to any exposed skin. Other effective repellants include Aultan, Repel100, Mosi-guard.
- » Can also apply Permethrin to clothing (do not apply directly to skin) which can be bought in camping or hunting shops.
- » Avoid wooded areas with tall grass and try to stay in the centre of trails to avoid tree branches, leaves and long grass where ticks usually lie in wait for an unsuspecting victim to brush past.
- » Once home check your entire body for ticks. Important areas to check are behind the ears, inside the outer ear, under the arms, behind knees, the trunk of the body and the scalp.
- » If you find any ticks remove them.



Removal of a Tick

- Using thin tweezers grasp the tick as close to the skin as possible and pull upwards with a steady even pressure.
- Don't twist or jerk the tick as the mouth parts may become detached and remain in the skin.
- Pull firmly enough to raise the skin and hold at this position steadily.
- When the tick is detached seal in a plastic bag and place in the freezer. If you should develop any flu like symptoms or get a rash go straight to your GP and take the tick with you.
- After removing the tick wash your hands and the affected area with soap and water and apply an antiseptic cream.
- Avoid folklore remedies such as "painting" the tick with nail polish or petroleum jelly, or using heat to make the tick detach from the skin. Your goal is to remove the tick as quickly as possible—not waiting for it to detach.



TickTalk Ireland is a support group set up to encourage awareness, prevention and treatment of Lyme Disease (Borreliosis) in Ireland.

FOR MORE INFORMATION SEE

 www.ticktalkireland.org

IBS AND FOOD POISONING

Irritable bowel syndrome (IBS) is a common condition reported to affect around 10-15% of the population. It is a chronic functional and sometimes debilitating disorder of the gastrointestinal tract that can impact quality of life. IBS is classified into four categories; IBS-D (IBS with diarrhoea), IBS-C (IBS with constipation), IBS-M (mixed diarrhoea and constipation), IBS-A (Alternating diarrhoea and constipation).

IBS often has no known cause, however there is an association between the development of IBS symptoms and gastrointestinal inflammation, inflammatory bowel disease, food poisoning, genetic factors, and small intestinal bacterial overgrowth (SIBO). The most common cause of IBS is thought to be from food poisoning. Risk factors associated with the development of IBS from food poisoning include the severity of food poisoning, if you are female, was there antibiotics required, were you sick for more than 7 days, and psychological factors such as anxiety. Some people may not recall the food poisoning episode but that does not mean that it did not happen. Often food poisoning is mild and can be confused with the onset of IBS symptoms.



When you are exposed to food poisoning, your body produces antibodies to fight the foodborne illness. These antibodies attack Vinculin which is an important protein for nerves. In turn, the motility in the small intestine is affected and this can lead to the development of SIBO.

SIBO is an overgrowth of your normal small intestinal bacteria. When this happens, gases such as hydrogen, methane and carbon dioxide are produced giving rise to gastrointestinal symptoms and may lead to impaired nutritional uptake. Some people may experience one symptom such as bloating, nausea, diarrhoea, constipation, abdominal distension, fatigue, mixed bowel habit, loose stools, flatulence, belching, reflux, joint pain, acne rosacea, brain fog, cramps, intestinal gurgling, weight loss/weight gain, slow intestinal transit, or some people can be affected by a combination of symptoms. As SIBO can result in the inability of the intestine to function properly, this may significantly affect the absorption of nutrients and damage

the lining of the small intestine which can contribute to leaky gut.

There is a new blood test that has recently been developed to detect IBS, but this is currently only available in the US. This blood test measures the presence of the two antibodies found in food poisoning. If the test is positive for these antibodies, there is 98% correlation that the IBS in question is due to food poisoning.

The good news is that these antibodies will diminish over time, but you need to try and prevent getting food poisoning again. If you have IBS you are approximately 2.9 times at a greater risk of getting food poisoning than someone without any pre-existing IBS. SIBO does need to be addressed with either prescription or natural antimicrobials as part of the treatment process.

SIBO testing can be done in Ireland and is carried out in our Dublin, Kildare or Galway clinics. Home kits are available for those unable to travel to the clinic for testing. The Hydrogen and Methane breath test is used to detect SIBO and all investigations are carried out by a fully accredited Gastrointestinal Physiologist. This is a simple and non-invasive investigation. A baseline breath sample is measured by blowing directly into the analyser. Following this, you will be given a testing solution to consume. You will then be called into the clinic room at regular intervals to repeat the breath samples. Between samples, you are free to read a book/watch your tablet.

If you would like more information on SIBO or any of our other tests, please feel to contact us.



MELISSA@GASTROLIFE.IE
01-5242591/0851675165

Unable to attend the clinic?

Testing takes place in our Sandyford, Naas, and Galway clinic. If you are unable to attend the clinic, you can perform the test at home and send the samples back to us by post. You can buy a testing kit directly from our website or else you can give us a call or email.



Home Testing Kits FAQ

Is the test easy to perform?

The testing kit that is posted out to you is designed to be performed at home/office. It involves a simple breath collection into a labelled collection sample bag. You perform breath samples at regular intervals following the ingestion of a testing solution. Full graphical instructions are included with the testing kit. If you receive the kit and are unsure of how to perform the test, you can call or email us and we can provide more information to you.

How long will the samples be valid for in the collection bags?

Samples are valid for two weeks in the collection bags. We recommend that once you complete your testing kit, you aim to post it back to us as soon as possible.

I have heard about a new mobile digestive breath tracker on the market, is this the same thing?

No, tests performed at Gastrolife are clinical investigations. We measure BOTH hydrogen and methane gas (not just hydrogen). We also measure oxygen levels for each breath sample to validate each measurement and ensure accuracy of results. It is preferred to perform a SIBO test first before testing for 'FODMAP' sugars (lactose, fructose, sucrose, sorbitol). This is because, if SIBO is present, it can interfere with how these sugars are broken down and absorbed. Therefore, it may not be a 'FODMAP' sugar issue that is causing your symptoms. By excluding SIBO, dietary malabsorption testing for FODMAP sugars is more reliable. SIBO cannot be diagnosed with a portable breath tracker.

Is there any follow-up?

Yes, once your results have been sent back to you, we can provide a consultation and feedback on your results by phone or email if requested. There is no additional fees or charges for a follow up consultation.

FOR MORE INFORMATION, PLEASE VISIT



Gastrolife
www.gastrolife.ie

**CONTACT
INFORMATION**



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