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Digestive issues common with advancing age

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Dr. Daniel Cohen, a gastroenterologist at Memorial Hospital Pembroke.

It was four years ago that Aventura attorney Ivy Ginsberg had her first attack of acid reflux, and the memory of the painful experience is still fresh.

She had just finished a big dinner of steak, fries and garlicky chimichurri sauce and was getting ready to attend a live performance of *The Whiz* when she began to feel her food rising.

Instead of attending the theater that night, Ginsberg, 51, wound up in the bathroom vomiting all night.

At first, Ginsberg attributed the experience to “some bad indigestion,” brought on by the heavy, spicy dinner. But she was alarmed at how painful

her throat and esophagus became.

The next day, Ginsberg made an appointment with a gastroenterologist. “I had to know what it was,” she said.

The diagnosis: acid reflux.

Ginsberg now takes medication, Aciphex, daily and has adjusted her diet, cutting back on dairy and eliminating fats and oils. She has never suffered another bad attack of reflux, although she has developed secondary, related issues, including a constant cough attributable to irritation in the esophagus and digestive track.

“When I follow the guidelines I usually feel good,” she said.

Ginsberg is not alone. As people hit middle age and beyond, they find their digestive tract is no longer an invisible, perfect machine guiding food from mouth to elimination. Age-related digestive issues include acid reflux, constipation, bloating, gallbladder attacks and gallstones, as well as more serious issues such as colon cancer.

Doctors say there are a number of reasons people begin experiencing digestive issues as they age. For one thing, they may develop other conditions that cause digestive side effects.

Diabetes, for example, can lead to diarrhea or constipation as well as stomach infections such as

candida. Congestive heart failure can lead to thickening of the bowel wall and bloating. And Parkinson's disease can create constipation and swallowing issues.

Secondly, medications can affect the digestive tract adversely, and most people start taking one or more medications in their 40s, 50s or 60s. Certain anti-inflammatory drugs, for example, can lead to gastritis and intestinal bleeding, said Dr. James Leavitt of Baptist Hospital in Miami, while pain medications with narcotics cause constipation.

Even conditions like depression and dementia can exacerbate gastric issues, said Leavitt, who recommends exercise to these patients.

When people go to the doctor complaining of blood in the stool, extreme weight loss or sharp stomach pains, doctors may grow concerned and do a full array of testing. But for complaints of constipation, "we can usually correct the problem by increasing fiber," Leavitt said.

"If someone comes in and they are 80 and they've been constipated for 40 years, that's not such a problem. We look for sudden changes ... like an on-off switch has been pulled."

Dr. Daniel Cohen, a gastroenterologist at Memorial Hospital Pembroke, agrees. Aside from preventive medicine like colonoscopies, constipation is the No. 1 reason patients visit him.

"Some of these issues are not the most serious or life-threatening, but they do affect how people live their lives," he said. "I tell patients, if you look at the largest aisle in the pharmacy, it's for medicines for constipation."

Cohen comforts his patients by assuring them they are not alone. "I tell them this is perfectly normal at their age," he said. "Maybe 50 percent of people experience this."

He starts by prescribing a change in diet and an increase in fruits, vegetables and whole grains. When that doesn't do the trick, he prescribes stool softeners and fiber supplements. The point is to increase the daily fiber intake to 25 to 30 grams. Most people only eat 15 grams of fiber daily.

The second biggest complaint Cohen hears from older patients is acid reflux, which he estimates affects anywhere from 10 to 20 percent of his patients (Leavitt puts the number higher, at 40 percent). Again, Cohen will start with asking patients to look at their diet and eliminate high-acid foods and drinks like orange juice, coffee and tomatoes. Still, he acknowledges that rarely works.

"There are dozens of foods and drinks that are high in acid," he said. "If people stopped having everything in that category, there would be nothing to eat."

Cohen frequently prescribes acid-blocking medicine such as Prilosec and Nexium, which can now be purchased over the counter.

"Everyone at some point has had these symptoms, but it happens more as they get older."

Just ask Rosy Lopez. The Fort Lauderdale marketing manager never had digestive issues until 2009, when, after Thanksgiving dinner, she started feeling sick to her stomach. She didn't sleep the entire night and the next morning, at 6 a.m., she asked her husband to take her to the emergency room at Baptist Hospital.

Lopez was diagnosed with gallstones, which had become dislodged and gotten infected. Surgeons could not operate to remove the gallbladder until the infection cleared up, two nights later.

Additionally, the gastric acid was so strong it had seriously burned Lopez's esophagus. It took months for her esophagus to heal.

Since then, Lopez, 47, has suffered from acid reflux. She has altered her entire diet, eliminating coffee, most meat and anything oily or fatty. She also takes an acid-blocking medication, Protonix, daily.

"I really, really watch what I eat now," Lopez said. "But every once in awhile, I give in to the urge for a nice big chocolate shake."

Yet another condition that a small percentage of people can develop in middle age, according to Miami Beach cardiologist Dr. Arthur Agatston, is celiac disease, which is an inability to process gluten, which comes from grains and additives in foods such as salad dressings, soy sauce and soups.

Agatston, creator of *The South Beach Diet*, is now addressing gluten sensitivity in his new book, *The South Beach Diet Gluten Solution*. He is medical director of wellness and prevention at Baptist Health South Florida.

"Whatever age you are, if you are having irritable bowel syndrome or diarrhea, you should be tested for celiac disease," said Agatston, whose uncle was diagnosed with celiac disease in his 70s.

Even if a patient tests negative for celiac disease, Agatston recommends anyone suffering from gastric problems like IBS, bloating or acid reflux to try removing gluten from their diet for one month and then gradually phase it back in.

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