



# GASTROINTESTINAL CONDITIONS



HUNTERSEVEN FOUNDATION

DIAGNOSTIC ATTRIBUTE	IRRITABLE BOWEL SYNDROME	CROHNS DISEASE	ULCERATIVE COLITIS	CHRONIC GASTRITIS	PEPTIC ULCER DISEASE
PERCENT OF AMERICANS WITH CONDITION:	10 - 15%	<1%	<1%	<1%	1 - 2%
COMMON AGE AT DIAGNOSIS:	12 - 50 YEARS OLD	15 - 35 YEARS OLD	UNDER 50 YEARS OLD	ALL AGES	30 - 50 YEARS OLD
GENETICALLY RELATED:	NO	YES, 15% OF CASES HAVE GENETIC COMPONENT	YES, 25% OF CASES HAVE GENETIC COMPONENT	NO	NO
POTENTIAL CAUSING FACTORS:	EMOTIONAL STRESS, ANXIETY, DIETARY	AUTOIMMUNE REACTION, GENETICS, DYSBIOSIS, ENVIRONMENT	AUTOIMMUNE REACTION, GENETICS, DYSBIOSIS, ENVIRONMENT	H.PYLORI INFECTIONS, RADIATION INJURY, ACID REFLUX	H.PYLORI INFECTIONS, CIGARETTES, NSAIDS & ASPIRIN, STRESS
INFECTION ASSOCIATED:	NO	POTENTIALLY (AUTOIMMUNE-RELATED)	POTENTIALLY (AUTOIMMUNE-RELATED)	YES, H.PYLORI INFECTIONS	YES, H.PYLORI INFECTIONS
AREA OF GI SYSTEM EFFECTED:	ANYWHERE IN STOMACH	CAN AFFECT <b>ALL AREAS</b> OF GI TRACT. MAINLY <b>SMALL INTESTINE</b>	LIMITED TO <b>LARGE INTESTINE</b> AND <b>COLON</b>	ANYWHERE IN STOMACH	MOST COMMON IN <b>STOMACH</b> AND <b>SMALL INTESTINE</b> (DUODENUM)
ARE ULCERS PRESENT:	NO	DEEP, KNIFE-LIKE ULCERS, AND GRANULOMAS	BROAD, SUPERFICIAL ULCERS	YES, ULCERS CAN FORM IF UNTREATED	YES, SORES FORM ULCERS
DOES SCARRING OCCUR:	NO	YES, SKIP LESIONS (POCKETS) AND STRICTURES CAN OCCUR	YES, DIFFUSE SCARRING CAN OCCUR IN POORLY-MANAGED CASES	NO	YES, SCAR TISSUE FORMS AFTER ULCERS HEAL
COMMON LOCATION(S) OF PAIN:	MIDDLE, LOWER ABDOMEN	<b>RIGHT</b> , LOWER ABDOMEN (ILEUM & CECUM)	<b>LEFT</b> , LOWER ABDOMEN (COLON)	<b>UPPER CENTER</b> OR <b>LEFT SIDE</b> OF ABDOMEN	<b>MIDDLE</b> OF ABDOMEN

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IS BLEEDING LIKELY TO OCCUR:	NO	UNCOMMON	<b>BLEEDING COMMON</b> WITH BOWEL MOVEMENTS	BLEEDING <b>VARIES ON SEVERITY</b> OF CONDITION	YES, ULCERS <b>ERODE BLOOD VESSELS</b> , OCCURS WITH BOWEL MOVEMENT
FAT OR VITAMIN MALABSORPTION	NO	YES	NO, BUT CAN AFFECT <b>ELECTROLYTES, WATER ABSORPTION</b>	POTENTIALLY OVER TIME DUE TO <b>PROTON-PUMP INHIBITORS (PPI)</b> , VIT B12	YES, DUE TO <b>LIMITED DIETARY INTAKE</b> , FEELING "FULL" AND PAIN
PROGRESSIVE OR WORSENS:	NO, <b>SYNDROMES DO NOT PROGRESS</b>	YES, <b>CAN PROGRESS</b> WITHOUT ADEQUATE TREATMENT / MANAGEMENT	YES, CAN PROGRESS BUT <b>VARIES</b> BETWEEN PATIENTS, <b>UNPREDICTING</b>	YES, THIS IS A PROGRESSIVE, CHRONIC CONDITION <b>IF UNTREATED</b>	YES, THIS IS A PROGRESSIVE, CHRONIC CONDITION <b>IF UNTREATED</b>
AT-RISK POPULATION(S):	TWICE AS LIKELY IN <b>WOMEN, AND MILITARY VETERANS</b>	CAUCASIANS, AND THREE-TIMES AS LIKELY IN <b>ASHKENAZI JEWS</b>	CAUCASIANS, AND THREE-TIMES AS LIKELY IN <b>ASHKENAZI JEWS</b>	LONG-TERM <b>ALCOHOL USE, NSAID / ASPIRIN USE, THIRD-WORLD COUNTRIES</b>	LONG-TERM <b>ALCOHOL USE, NSAID / ASPIRIN USE, THIRD-WORLD COUNTRIES</b>
POTENTIALLY ASSOCIATED SYMPTOMS:	<b>INCREASED URGE / FREQUENCY</b> OF BOWEL MOVEMENTS, CHANGES IN TEXTURE.	<b>WATERY DIARRHEA</b> , ABDOMINAL PAIN AFTER EATING & DRINKING, GAS, <b>PERIANAL SKIN TAG(S)</b> . <b>ORAL ULCERS</b> ON GUMS.	<b>URGENT SUDDEN BLOODY DIARRHEA</b> , SMALL VOLUME OF STOOL. PAIN NOT ALWAYS PRESENT.	<b>INDIGESTION / ACID REFLUX</b> , PAIN UNPREDICTABLE, NAUSEA, VOMITING POSSIBLE, BURPING & <b>HICCUPS</b>	<b>INDIGESTION / ACID REFLUX</b> , PAIN, NAUSEA & VOMITING POSSIBLE, BURPING & <b>HICCUPS</b>
HOW TO DIAGNOSE:	SYMPTOM-BASED, RULE OUT	ENDOSCOPY, TISSUE BIOPSY, ROUTINE LABS.	ENDOSCOPY, TISSUE BIOPSY, ROUTINE LABS.	ENDOSCOPY, <b>UREA BREATH TEST</b>	EGD SCOPE, <b>UREA BREATH TEST, STOOL</b>
HOW TO TREAT:	STRESS MANAGEMENT, DIETARY CHANGES	CORTICOSTEROIDS, JAK INHIBITORS, HEALTHY DIET, IMMUNOMODULATORS	CORTICOSTEROIDS, JAK INHIBITORS, HEALTHY DIET, IMMUNOMODULATORS	ELIMINATE INFECTION, <b>TREAT UNDERLYING CAUSE</b>	ELIMINATE INFECTION, <b>TREAT UNDERLYING CAUSE</b>
AT RISK FOR OTHER CONDITIONS:	ANXIETY, PAIN, FATIGUE, ACID REFLUX	CUTANEOUS NODULES, UVEITIS, ANKYLOSING SPONDYLITIS, ARTHRITIS	MICROCYTIC & IRON-DEFICIENT ANEMIA, UVEITIS, ARTHRITIS, NODULES	PERNICIOUS ANEMIA, GERD, WEIGHT LOSS	GERD, PERFORATED BOWEL, PERITONITIS
CANCER RISK:	NO	<b>YES</b> , COLORECTAL CANCER	<b>YES</b> , COLORECTAL CANCER ( <b>8+ YRS LATER</b> )	<b>YES</b> , STOMACH, GASTRIC, ESOPHAGEAL CANCERS	<b>YES</b> , STOMACH, GASTRIC, ESOPHAGEAL CANCERS

## ADDITIONAL NOTES

Irritable bowel syndrome (IBS) is the most common syndrome in the post-9/11 military and veteran populations. On active duty, the Navy reported the most stomach and/or bowel problems followed by the Army, Marine Corps and Air Force; occurring in pay grades of E-7 to E-9, followed by Warrant Officers.

Inflammatory bowel diseases (IBD) such as Ulcerative Colitis and Crohn's Disease are multi-factorial diseases that occur after an individuals intestinal microflora are disrupted by environmental stimuli. This "activation" leads to the bodies immune system attacking itself causing severe inflammation. Many of the toxins post-9/11 service members have been exposed to are correlated with IBD and like-disease(s) activation, and progression. Some of these exposures include ambient air pollution, heavy metals such as Mercury, and exposure to contaminated water are a few examples.

Other exposures often overlooked is the common gut bacterial infection, helicobacter pylori, which is common in nations in the Middle East, and Africa.

