Cover art for this annual report was provided by Robert Johnson, whose interest in and support for the Center are greatly appreciated. The artwork was arranged by Jennifer Peterson.
Welcome to the “2006 Annual Report – UNC Center for Functional GI & Motility Disorders.” The yearly process of gathering and presenting information about the Center is an opportunity to reflect on our accomplishments and to thank everyone for their contributions to the Center – faculty, clinicians, investigators, staff, directors and advisors, collaborators, research funding agencies, individual donors, foundations, and corporate sponsors. This report is about all of us and we hope it conveys our gratitude as well as celebrating the year’s accomplishments.

The Center is in the third year of a five-year grant from the National Institutes of Health (NIH) to foster interdisciplinary research on interactions between the mind and body in health and disease. This $4.4 million grant established a Gastrointestinal Biopsychosocial Research Program within our Center, focused on the causes and treatment of functional GI and motility disorders. This broad-based NIH initiative has evolved from growing evidence that interdisciplinary research -- which integrates the study of social, behavioral, psychological and biological factors -- holds particular promise in understanding the origins of disease and promoting health. Our Center was the first to advocate a biopsychosocial approach to the study and treatment of functional GI and motility disorders.

In addition to activities funded through the “mind-body infrastructure grant,” our annual report chronicles other significant activities and accomplishments, including these highlights:

- Recruitment of new faculty and investigators to the Center
- Planning and hosting Research Day 2006: Gastrointestinal Biopsychosocial Research at UNC
- Planning and hosting Patient Symposium 2006
- $3.1 million in on-going and new research grants and contracts
- Three additional Seed Grants awarded
- 65 journal articles/editorials/commentaries, 8 published abstracts, 18 books or book chapters
- Continued generous support from individual donors, foundations and corporate sponsors.

There is always more to share than we include in the annual report. We invite our readers to visit the Center’s website at www.med.unc.edu/ibs for further details.

With gratitude,

William E. Whitehead, PhD
Co-Director
Professor of Medicine and
Adjunct Professor of OB/GYN

Douglas A. Drossman, MD
Co-Director
Professor of Medicine and Psychiatry
HIGHLIGHTS OF 2006

Faculty Additions

- Miranda Van Tilburg, PhD, was appointed to a full-time appointment
- Stephan Weinland, PhD, joined the Center as an Instructor in Medicine

New Grants

In addition to contracts for clinical trials and grants for investigator-initiated studies funded by for-profit corporations, a number of new grants were awarded by the National Institutes of Health (NIH) or Canadian Institute for Health Research (CIHR) in calendar year 2006:

- R21 to Dr. Susan Gaylord – Mindfulness meditation treatment for IBS
- K12 award to Dr. Yehuda. Ringel – The role of intestinal inflammation in the pathophysiology of functional GI disorders
- K23 award to Dr. Yehuda Ringel – The role of intestinal inflammation in the pathophysiology of functional GI disorders
- NIH re-entry grant for Dr. Miranda Van Tilburg (supplement to the infrastructure grant)
- CIHR grant to Dr. Brenda Toner (Dr. Drossman is PI of subcontract to the Center)
- Research Day 2006: Gastrointestinal Biopsychosocial Research at UNC was hosted on the campus of the UNC School of Medicine on June 17, 2006

Mind-Body Infrastructure Grant

- Scientific Advisory Board of leading experts in functional GI and motility held its annual meeting June 16, 2006
- Infrastructure Grant Advisory Board of UNC leaders held its annual meeting on June 30, 2006
- Seed Grants were awarded to:
  - Kimberly A. Brownley, PhD (UNC) -- Endogenous Ghrelin and Gastric Emptying in Patients with Functional Dyspepsia
  - Susan Gaylord, PhD (UNC) -- Mindfulness for Irritable Bowel Syndrome
  - Michael P. Jones, MD (Northwestern University) -- Stigma in the Irritable Bowel Syndrome (IBS): Development of a Condition-Specific Measure and Relationship to Quality of Life
Awards, Appointments, Special Honors

- Douglas Drossman, MD, William Whitehead, PhD and Nicholas Shaheen, MD were appointed Fellows of the American Gastroenterological Association
- Miranda Van Tilburg, PhD, received Poster of Distinction recognition at DDW 2006 for "Medical consultation for children's chronic stomachaches is related to a belief that the symptoms have a physical cause but is not related to anxiety about serious missed diagnosis.”
- Douglas Drossman, MD was appointed to the NIDDK Commission on Digestive Diseases Subcommittee for Functional GI and Motility Disorders
- Nicholas Shaheen, MD, was named the Ray ’62 and Christine Hayworth medical Alumni Distinguished Teaching Professor from the medical Foundation of North Carolina
- Douglas Morgan, MD, received the ASGE Capsule Endoscopy Research Award, 2006-2007
- Douglas Drossman, MD, was appointed to the Editorial Board, Neurogastroenterology and Motility
- Douglas Drossman, MD, received the Division of Gastroenterology and Hepatology Mentor Award
- Douglas Drossman, MD was nominated for the 2007 AGA Mentors Research Scholar Award
- Nicholas Shaheen, MD, received the Eugene Bozymski Award for Excellence in Endoscopy
- William Whitehead, PhD, was appointed to the Planning Committee of the NIH State of the Science Conference on the Prevention of Fecal and Urinary Incontinence
- Denesh Chitkara, MD, received an ACG Presidential Award for his abstract titled "Abdominal pain of unknown origin: Does early childhood pain or female gender influence adult presentation?" (Miranda Van Tilburg, PhD was co-author)
- Douglas Drossman, MD, received the Division of Gastroenterology and Hepatology Mentor Award
- Douglas Drossman, MD was nominated for the 2007 AGA Mentors Research Scholar Award

Educational Grants

- The S&R Foundation and Sucampo Pharmaceuticals are two sponsors of the Center who have continued to provide valued support for our clinical services, research initiatives, patient and public educational efforts, and programs to train researchers and clinicians.
- We also greatly appreciate receiving educational grants in 2006 from AstraZeneca Pharmaceuticals, Takeda Pharmaceuticals, The Procter & Gamble Company (P&G), and Novartis Pharmaceuticals.
The UNC Center for Functional GI & Motility Disorders was established in 1994 by its Co-Directors – Douglas A. Drossman, MD, and William E. Whitehead, PhD – as a “center of excellence” within the Division of Gastroenterology & Hepatology, School of Medicine, University of North Carolina at Chapel Hill. Over the years, the Center has evolved into a multidisciplinary patient care, research, training, and public education initiative with an annual budget of over $2 million and a base of more than 30 faculty, investigators and staff, in addition to visiting and collaborating scholars.

**Mission**

The mission of the UNC Center for Functional GI and Motility Disorders is to advance the biopsychosocial understanding and care of patients with functional gastrointestinal and motility disorders through patient care, research, training and education.

**Goals of the Center**

To achieve its mission, the Center is committed to the following goals:

I. **Patient Care** – To offer state-of-the-art evaluation and treatment for the full range of functional GI and motility disorders.

II. **Research** – To conduct studies on the physiological and psychosocial mechanisms underlying functional GI and motility disorders, their impact on quality of life and health outcomes, and their treatment.

III. **Training** – To provide multidisciplinary training and education in clinical and research skills, with an emphasis on patient-centered care and advanced research methods.

IV. **Public Education** – To provide helpful and up-to-date information, through seminars and workshops as well as printed materials, videos and the Internet.

**Core Activities of the Center**

The integration of patient care by gastroenterologists, physician assistants and psychologists in our Functional GI Clinic with state-of-the-art Motility Services places the Center at the forefront of patient evaluation and treatment for functional GI and motility disorders. The Center functions as a tertiary treatment center and receives referrals from gastroenterologists throughout the United States and around the world.

The Center’s unique research program provides opportunities for Center faculty, investigators and collaborators to develop and pursue new areas of research in the field of FGIDs. Center associates have developed innovative technologies, such as Internet-based questionnaire research and a network of collaborators at other institutions across the United States and around the world. Through their leadership roles and activities in other organizations – such as The Rome Foundation, Functional Brain-Gut Research Group (FBG), International Foundation for Functional Gastrointestinal Disorders (IFFGD), and AGA Motility Nerve-Gut Interactions Section – the Center’s co-directors play a significant role in defining the research agenda for the entire field of functional GI and motility disorders.

The Center has an excellent program for training postdoctoral fellows as well as individualized and highly specific learning opportunities for advanced scholars, physicians and scientists who visit the Center for a couple of days, a week or two, or even longer periods of time. The Center has also created a preceptorship for pharmaceutical representatives (primarily medical liaisons), to provide a thorough grounding in the epidemiology, pathophysiology, diagnosis, and treatment of FGIDs, as well as training in the interpersonal aspects of working with patients and communicating with physicians.

The Center’s education programs target patients and their family and friends, health care professionals at all levels, and the public at large. The Center promotes increased awareness and understanding of FGIDs through symposia, printed materials, videos, and its website [www.med.unc.edu/ibs](http://www.med.unc.edu/ibs).
CO-DIRECTORS

Douglas Drossman, MD
Professor of Medicine and Psychiatry

Dr. Drossman is Professor of Medicine and Psychiatry (UNC School of Medicine, Division of Gastroenterology & Hepatology) and Co-Director of the UNC Center for Functional GI & Motility Disorders. He has had a long-standing interest in the research and evaluation of difficult to diagnose and treat GI disorders. He established a program of research in functional GI disorders at UNC more than 25 years ago and has published more than 400 books, articles and abstracts relating to epidemiology, psychosocial and quality of life assessment, design of treatment trials, and outcomes of research in GI disorders. He has also published two books, a GI procedures manual, and a textbook on Functional GI Disorders (Rome I, Rome II and Rome III). In addition, he serves on six editorial boards in medicine, gastroenterology and psychosomatic medicine, was associate editor of Gastroenterology and GI Motility and section editor of the Merck manual, and is currently editor of Digestive Health Matters published by IFFGD as well as the newsletter of the Functional Brain-Gut Research Group.

Dr. Drossman received his MD degree from Albert Einstein College of Medicine in 1970, and completed his medical residency at the University of North Carolina School of Medicine and New York University-Bellevue Medical Center. After his residency, he sub-specialized in psychosocial (psychosomatic) medicine at the University of Rochester School of Medicine under the mentorship of Dr. George Engel from 1975 to 1976 and in gastroenterology at the University of North Carolina in from 1976 to 1978.

Dr. Drossman has been involved in several national and international activities which include President of the Rome Foundation and Scientific Director and member of the Board of the International Foundation for Functional GI Disorders (IFFGD). He is a past president of the American Psychosomatic Society, immediate past Chair of the AGA Council on Motility and Nerve-Gut Interactions, and Founder/Past President of the Functional Brain-Gut Research Group of AGA. He is an AGA Fellow and serves on the AGA Media Committee, AGA Nominating Committee, and the AGA Research Awards Panel. Dr. Drossman is a Fellow of the American College of Physicians and a Master of the American College of Gastroenterology. He is a member of the Institute of Medicine of the National Academy of Sciences Committee on Gulf War and Health: Physiologic, design of treatment trials, and outcomes of research in GI disorders.

William E. Whitehead, PhD
Professor of Medicine and Adjunct Professor of OB/GYN

Dr. Whitehead is Co-Director of the UNC Center for Functional GI & Motility Disorders. He was recruited to UNC in 1993 to direct the Gastrointestinal Motility Program, and in 1994 he and Dr. Drossman founded the Center for Functional GI and Motility Disorders. He has been involved in research on functional gastrointestinal disorders for 32 years and is recognized internationally for his research and teaching on constipation, fecal incontinence, and irritable bowel syndrome (IBS). His current research interests are the heterogeneity of IBS (the concept that IBS is not one disorder but a collection of different disorders with distinct etiologies and treatments), psychosocial factors that affect visceral pain sensitivity in IBS, comorbidity of IBS with other disorders, and the biofeedback treatment and medical management of fecal incontinence and constipation.

In 1999, Dr. Whitehead also joined the UNC Division of Urogynecology as an adjunct faculty member to help develop a fellowship program in Urogynecology and Reconstructive Pelvic Floor Surgery. He teaches surgery fellows in this fellowship program and heads a monthly case conference attended by the urogynecology faculty and fellows and GI motility team. Dr. Whitehead collaborates with several faculty in Gynecology in research on the role of obstetrical injury in the etiology of fecal incontinence, behavioral treatments for incontinence, and the role of reproductive hormones in IBS.

Dr. Whitehead received his PhD from the University of Chicago in clinical psychology and physiology in 1973 and did his dissertation research on the biofeedback conditioning of gastric acid secretion. After graduation, he joined the faculty of the Department of Psychiatry, University of Cincinnati College of Medicine, and worked for seven years in the psychosomatic service where he began his research on visceral perception and IBS. In 1979, after a year as a visiting scientist at the Gerontology Research Center of the National Institute on Aging (NIA), Dr. Whitehead was recruited to the Department of Psychiatry at the Johns Hopkins University School of Medicine and established 15-year collaboration with a Dr. Marvin Schuster, which includes co-authorship of the text, Gastrointestinal Disorders: Behavioral and Physiological Basis for Treatment (Academic Press, 1985). He was chief of the Gastrointestinal Physiology Laboratory at the Bayview Medical Center, where he continued to evolve his research on constipation, fecal incontinence, and irritable bowel syndrome (IBS).
D. DROSSMAN, CONT.

Psychologic and Psychosocial Effects of Deployment Related Stress. He has been an Ad Hoc Advisory Board member of the NIH National Center for Complementary and Alternative Medicine (NCCAM), and is currently serving on the NIH (NIDDK) Functional Gastrointestinal and Motility Disorders Working Group.

As Medical Director of the UNC Center for Functional Gastrointestinal & Motility Disorders, Dr. Drossman sees patients in the Functional Gastrointestinal Clinic. He also precepts GI fellows and visiting gastroenterologists to develop their clinical skills in patient care and communication. He facilitates the learning of medical faculty and fellows, psychiatry residents and medical students with regard to the biopsychosocial care of patients with functional GI disorders. In 2004, Dr. Drossman received the AGA Distinguished Educator Award, recognizing an individual for achievements as an outstanding educator over a lifelong career.

Dr. Drossman’s educational and clinical interests in the psychosocial/behavioral aspects of patient care have led to the development of a series of videotapes to teach physicians and other healthcare professionals how to conduct an effective patient interview, carry out a psychosocial assessment, and enhance patient–doctor communication. He has taught numerous US and international workshops on this topic and was chair of the ACG Physician–Patient Relations Committee from 1994–1996. He is also a charter fellow of the American Academy of Physicians and Patients, a consortium of doctors teaching these skills to medical school faculty. In 2007, he will receive the AGA Mentors Research Scholar Award.

Dr. Drossman has an active research program that relates to the clinical, epidemiological, psychosocial, and treatment aspects of irritable bowel syndrome and the functional GI disorders. He has held several NIH grants totaling $10 million, including a recent multi-center treatment trial of functional bowel disorders with cognitive behavioral therapy and antidepressants in addition to several pharmaceutical trials of new investigative agents for IBS. He has developed and validated several assessment and quality of life measures that are used worldwide for clinical research. Recently, he is studying brain imaging (fMRI) in functional bowel disorders to determine if reported changes in the brain are associated with pain and stress, and are responsive to treatment. He also consults with pharmaceutical companies and government agencies regarding treatment trials. In 1999, Dr. Drossman received the Janssen Award for Clinical Research in Digestive Diseases. In 2003, he received the Research Scientist Award for Clinical Research presented by the Functional Brain-Gut Research Group (FBG) during Digestive Diseases Week. That year, he also received the American Psychosomatic Society’s President’s Award. In 2005, Dr. Drossman received the AGA/Miles and Shirley Fiterman Foundation Joseph B. Kirsner Award in Clinical Research in Gastroenterology.

W. WHITEHEAD, CONT.

on IBS and began research programs on the biofeedback treatment of fecal incontinence and on the understanding and treatment of rumination syndrome and failure to thrive.

Dr. Whitehead is a career investigator who has been continuously funded by NIH since 1977. He was supported by a National Institute of Mental Health (NIMH) research scientist award for 22 years and has received research support from NIDDK, NICHD, NIA, NINR, and NIMH. His 35 RO1 grants have included studies of (1) the causes and treatment of fecal incontinence in special populations such as spina bifida and elderly, (2) the causes and treatment of constipation, (3) treatment of rumination syndrome in developmentally disabled children, (4) the role of visceral perception in IBS, (5) comorbidity of IBS with other disorders, and (6) psychological and behavioral treatment of IBS. He has published over 200 journal articles, books, and book chapters and more than 200 abstracts on these topics. In 2002 he and Dr. Drossman were awarded an NIH Mind-Body Infrastructure grant (R24 DK67674) to provide core support for an expansion of the Center’s research program in functional GI and motility disorders.

Twenty-four research fellows, both psychologists and physicians, have completed predoctoral or postdoctoral training in Dr. Whitehead’s laboratory. Nineteen of these alumni are in academic positions, one is still in medical school, two are in private practice (gastroenterologists), and the jobs of two are unknown. Dr. Whitehead also organizes and participates in preceptorships and CME courses on a regular basis, in the U.S. and internationally.

In 1990, Dr. Whitehead joined the board of the Rome Foundation (then known as the Multinational Working Team Project to Develop Diagnostic Criteria for Functional Gastrointestinal Disorders). He chaired the Rome I working team on Anorectal Disorders in 1990-1994, the Rome II working team on Anorectal Disorders in 1995-2000, and co-chaired the working team on Design of Treatment Trials from 2001-2006. He also chaired the International Resource Committee for the Rome Foundation and led a multisite study to validate the Rome III diagnostic questionnaire in 2006. Other awards and leadership positions in national and international organizations are as follows:

- Co-founder and past chair of Functional Brain-Gut Research Group (FBG) special interest section within the American Gastroenterological Association (AGA)
- Head of the steering committee and chair of two multidisciplinary conferences on fecal incontinence sponsored by the International Foundation for Functional Gastrointestinal Disorders (IFFGD)
- Associate Editor of Gastroenterology, the official journal of the American Gastroenterology Association (AGA), from 2001-2006
- Organized an international conference on the design of treatment trials for functional GI disorders
- Co-chair of the fecal incontinence subcommittee for the
In addition to his clinical care, research and teaching responsibilities associated with the UNC School of Medicine and the Center for Functional GI & Motility Disorders, Dr. Drossman has numerous involvements with leading national and international organizations:

- Chair of the Executive Committee (since 1989) and President (since 2003) of the Rome Foundation
- Member of the Board of Directors, Chair of the Scientific Advisory Board, and Chair of the Awards Committee of the International Foundation for Functional GI Disorders (IFFGD)
- Co-Chair and Chair of the Motility and Nerve-Gut Interactions Section of the AGA Council from 2001 to 2005
- Founder and past chair of the Functional Brain-Gut Research Group (FBG) special interest section within the American Gastroenterological Association (AGA)
- Chair of the Digestive Health Initiative on Functional GI Disorders sponsored by the American Digestive Health Foundation in 1999-2000
- Functional Brain-Gut Research Group Research Scientist Award -- 2001
- Past-president of the American Psychosomatic Society
- Fellow of the American College of Physicians (ACP)
- Master of the American College of Gastroenterology (MACG)
- Charter fellow of the American Academy of Physician and Patient
- Janssen Award for Clinical Research in Digestive Diseases -- 1999
- Associate Editor of Gastroenterology, the official journal of the AGA, from 2001 to 2006
- Author of the AGA Clinical Teaching Project on IBS (1997) and the AGA Gastroenterology Teaching Project on IBS (2nd edition, 2003)
- Editor of the Manual of GI Procedures (now in its fourth edition)
- On the board of the medical website Medscape Gastroenterology
- Gastroenterology Section editor of the Merck Manual 1990-2005
- Member of the Institute of Medicine Committee on Gulf War and Health: Physiologic, Psychologic and Psychosocial Effects of Deployment Related Stress
- Member of the NIDDK (NIH) National Commission on Digestive Diseases Subcommittee on Functional GI & Motility Disorders

Dr. Drossman is considered a world authority in the field of functional GI disorders and physician-patient communication. He presents at numerous national and international meetings throughout the year.
Faculty, Clinicians and Investigators

Shrikant I. Bangdiwala, PhD
Research Professor in Biostatistics, Director of the Biometry Section

Charles K. Burnett, PhD, DrPH
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Denesh Chitkara, MD

Assistant Professor of Pediatrics
Christine B. Dalton, PA-C

Physician Assistant
Spencer Dorn, MD Postdoctoral Fellow

in Digestive Diseases and Epidemiology
Steve Heymen, PhD Instructor in Medicine

Medicine, Director of Biofeedback Services
Temitope O. Keku, PhD

Associate Professor of Medicine
Jane Leserman, PhD Professor of Psychiatry and Medicine
Danielle Maier, PA-C, MA PAS

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Douglas R. Morgan, MD

Assistant Professor of Medicine, Director – Center for Latino Digestive Health
Olafur S. Palsson, PsyD

Associate Professor of Medicine
Yehuda Ringel, MD Assistant Professor of Medicine, Medical Director of the GI Motility Laboratory
Nicholas J. Shaheen, MD, MPH

Associate Professor of Medicine and Epidemiology, Director of the Center for Esophageal Diseases & Swallowing
Syed Thiwan, MD Research Instructor in Medicine

Miranda van Tilburg, PhD Assistant Professor of Medicine
Stephan Weinland, PhD Instructor of Medicine

Yolanda Scarlett, MD Assistant Professor of Medicine, Medical Director of the GI Motility Laboratory

Temitope O. Keku, PhD

Nicholas J. Shaheen, MD, MPH

Jane Leserman, PhD

Danielle Maier, PA-C, MA PAS

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Olafur S. Palsson, PsyD

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Miranda van Tilburg, PhD

Stephan Weinland, PhD
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- Gabrio Bassotti, MD — University of Perugia, Italy
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- Jan Busby-Whitehead, MD — Geriatrics and Program on Aging, UNC School of Medicine, Chapel Hill, NC
- Michael Camilleri, MD — Mayo Clinic, Rochester, MN
- Lin Chang, MD — Center for Neurovisceral Sciences & Women's Health, UCLA, CA
- Giuseppe Chiarioni, MD — University of Verona, Italy
- Michael Crowell, PhD — Mayo Clinic, Scottsdale, AZ
- Nicholas Diamant, MD — University of Toronto, Canada
- Luda Diatchenko, MD, PhD — UNC School of Dentistry and Center for Neurosensory Disorders
- Andrew Feld, MD, JD — Group Health Cooperative of Puget Sound and University of Washington, Seattle, WA
- Shin Fukudo, MD, PhD — Dept. of Behavioral Medicine, Tohoku University, Sendai, Japan
- Susan Gaylord, PhD — Integrative Medicine Program, UNC School of Medicine, Chapel Hill, NC
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- Anthony Lembo, MD — Beth Israel Medical Center and Harvard University, Boston, MA
- Susan Levenstein, MD — Marguerite Regional Hospital, Rome, Italy
- Rona L. Levy, PhD — University of Washington, Seattle, WA
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- Emeran Mayer, MD — Center for Neurovisceral Sciences & Women's Health, UCLA, Los Angeles, LA
- Howard Mertz, MD — Vanderbilt-Ingram Cancer Center, Nashville, TN
- Gabriele Moser, MD — University of Vienna, Austria
- Nancy Norton — International Foundation for Functional Gastrointestinal Disorders, Milwaukee, WI
- Mary Palmer, RN, PhD — UNC School of Nursing, Chapel Hill, NC
- Donald Patrick, PhD — University of Washington, Seattle, WA
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- Nicholas Talley, MD, MPH — Mayo Clinic, Jacksonville, FL
- Brenda Toner, PhD, CPsy — Centre for Addiction & Mental Health, University of Toronto, Ontario, Canada
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- Steven Young, MD — Div. of Reproductive Endocrinology, OBGYN, UNC School of Medicine, Chapel Hill, NC
- Li Zhiming, MD, MPH — Global Health Economics Pharmacia and Upjohn Laboratories
One of the four goals of the Center is to provide state-of-the-art evaluation and treatment for a full range of functional gastrointestinal and motility disorders (FGIDs).

Patients come from throughout North Carolina, the United States, and other countries to benefit from the Center's unique biopsychosocial approach to understanding and treating FGIDs.

**Functional GI and Motility Disorders Clinic**

Established and directed by Dr. Douglas Drossman, the Functional GI and Motility Disorders Clinic at UNC Hospitals is the premier site, both nationally and internationally, for referral of patients with functional GI and motility disorders (FGID). The clinic's unique multi-disciplinary, patient-centered approach integrates medical, physiological and psychological factors in the evaluation, understanding and treatment of patients with these disorders. The clinic also serves as a leading tertiary referral site for patients who have difficult-to-diagnose illnesses or challenging disease/disorder management issues. The clinic's services and educational activities have expanded over the last few years with the addition to Dr. Yehuda Ringel as a faculty member at UNC. Dr. Ringel's clinic is a referral service for patients with functional upper GI symptoms (e.g., dyspepsia, non-cardiac chest pain, chronic nausea, vomiting) and/or complicated motility disorders (e.g., gastroparesis, chronic intestinal pseudo-obstruction, intractable constipation), in addition to IBS and other functional bowel disorders. Other FGID Clinic staff include Christine B. Dalton, PA-C; Danielle Maier, PA-C, MA PAS; Charles K. Burnett, PhD, DrPH; and Stephan Weinland, PhD. We are also recruiting Tom Abell, MD, a well known gastroenterologist specializing in severe vomiting disorders, to join our Center and participate in our clinical services.

On some afternoons, the clinic is also staffed with a Fellow (gastroenterologist in training), who is supervised by Dr. Drossman. The Center's clinical personnel are also routinely involved with consulting on patients at UNC Hospitals with severe functional GI or motility disorders and with physicians who call for advice regarding their patients. The clinic often has visiting gastroenterologists and trainees from other states and countries who are interested in learning more about the clinical approach, diagnosis and treatment of FGID patients. They also learn how to improve their interviewing and patient skills (see Visiting Scholars).

A new service now being provided to the Functional GI and Motility clinic is the electrogastrogram (EGG). This clinical and research tool provides information on the electrical activity of the stomach and is helpful for evaluating patients with nausea, dyspepsia, vomiting and other functional GI and motility disorders that involve the stomach.

**Clinical Case Conference:** An important part of improving patient care is the Clinical Case Conference, held every Thursday morning in the FGID Clinic. Clinicians have the opportunity to present difficult cases and exchange ideas regarding patient evaluation and treatment. Participants in the Clinical Case Conference address the physical, social and psychological factors that are relevant to a specific case, utilizing the group's overall expertise to maximize the impact on patient care. This weekly forum also provides a learning opportunity for resident fellows, investigators, and others interested in the clinical aspects of caring for patients with functional GI and motility disorders.

**GI Motility Program**

The GI Motility Program at UNC Hospitals was established by Dr. Whitehead. Diagnostic evaluations and clinical care are now managed by Dr. Yolanda Scarlett (Medical Director), Dr. Yehuda Ringel, and Danielle Maier, PA, for lower GI motility disorders, and Dr. Nicholas Shaheen (Medical Director) and Dr. Doug Morgan for swallowing disorders and ambulatory pH testing. Sheila Crawford, RN, is the head nurse for the GI Motility Lab.

Patients with GI motility disorders may be seen initially in the Functional GI and Motility Disorders Clinic (see above), or they may be referred directly to the medical staff of the GI Motility Lab if referring physicians anticipate that diagnostic motility testing or biofeedback training will be needed. Diagnostic motility tests may be scheduled directly by outside physicians, but a medical consultation from one of the clinicians affiliated with the GI Motility Lab is recommended. The following services are provided
by the GI Motility Lab:

- Diagnostic anorectal motility tests for fecal incontinence, constipation or rectal pain
- Biofeedback treatment for fecal incontinence or constipation
- Ambulatory pH and impedance testing
- Esophageal motility testing
- Hydrogen breath tests for small bowel bacterial overgrowth and carbohydrate malabsorption
- Breath tests for H. pylori infection

In addition, we plan to expand our motility services through the recruitment of Tom Abell, by introducing new methods to treat severe vomiting syndromes using both surgical and endoscopically placed gastric stimulators that have been shown to reduce these symptoms. Dr. Abell is expected to join the motility group before the end of 2008.

Pelvic Floor Disorders Case Conference: The Pelvic Floor Disorders Case Conference is held monthly and is central to the training, patient care and research objectives of the GI Motility Service. The format for the conference is a discussion of cases that have been seen by the gastroenterology and urogynecology services, focusing on cases that present complex decision making about patient care or important teaching points. There is also discussion of whether certain patients are appropriate for referral to one of the ongoing research studies at the Center. The conference also provides an opportunity for updates on new publications, research conferences, and new research initiatives.

Psychological Services

Charles K. Burnett, PhD, DrPH, is a Clinical Associate Professor of Medicine and the Center’s Director of Psychological Services. In addition, Stephan Weinland, PhD, has joined the Center’s clinic staff as Instructor of Medicine to provide psychological services. Patients are referred to the two psychologists through the Center and by outside physicians. When the medical evaluation of a patient visiting the FGID Clinic suggests that psychological evaluation and/or treatment that could include pain management or psychological treatments would be beneficial, Drs. Burnett or Weinland or a psychology intern working with them is brought into the patient’s overall care as part of our multi-disciplinary team approach. Drs. Burnett and Weinland specialize in the treatment of patients with chronic gastrointestinal illnesses, using one or more of the following techniques or therapies, in collaboration with the patient’s other health care providers:

- Stress Management: Stress management therapy seeks to help a person understand the role of stress in his/her life and how it relates to the person’s FGID symptoms. It also seeks to provide the patient with a variety of ways for dealing with stressful events in ways that minimize their impact on the person’s FGID symptoms and quality of life.
- Cognitive Behavioral Therapy (CBT): CBT focuses on the interrelationship between a patient’s thoughts (cognitions), actions (behaviors) and feelings (affect), and the role they play in their FGID symptoms. A common example is to beat the “vicious cycle” that occurs when chronic severe symptoms lead to psychological distress which, in turn, worsens the symptoms. By understanding and focusing on the psychological components of the “brain-gut axis”, changes can be made in how a patient thinks, acts and feels about his/her GI difficulties, and thereby help reduce the frequency and intensity of FGID symptoms.
- Relaxation Therapy: Relaxation therapies to reduce a person’s current state of physical and psychological activation include progressive muscle relaxation (PMR), autogenic training, breath regulation, and meditation. With these techniques, a person can learn how to “turn down the volume” on their GI symptoms by becoming more calm and relaxed about them.
- Hypnosis: Hypnosis or hypnotherapy is a set of techniques designed to help a person focus their attention and concentration in more positive directions. This can be accomplished with the help of a therapist or by oneself (self-hypnosis). It creates a very deep state of relaxation and imagining through which the patient is open to ideas or concepts that may help him/her manage certain problems, such as FGID symptoms.
- Biofeedback: Biofeedback is a technique in which the person is trained to change a specific physical response. Biofeedback requires equipment than can be used in a therapist’s office, or can be purchased or rented for personal home use. Biofeedback has been used to successfully treat many diseases and disorders, including IBS. Through biofeedback, a patient can gain control over his/her physical responses and manage the unpleasant symptoms to a point where the equipment becomes unnecessary.
RESEARCH

An important goal of the Center is to conduct research studies on the physiological and psychosocial mechanisms underlying functional GI and motility disorders, their impact on quality of life and health outcomes, and their treatment.

The Center has developed a broad portfolio of research on the mechanisms of functional GI and motility disorders, as well as their psychosocial correlates, health outcomes, and treatment. The Center's Co-Directors have a long history of research support from the National Institutes of Health (NIH), pharmaceutical companies, and other sources. Other Center investigators have established their own independent research programs and funding. In 2006, the Center's research activities were supported through $3.1 million in grants and contracts – 53% from the National Institutes of Health (NIH), 38% from pharmaceutical companies, and 8% from foundations and other sources.

In addition to contracts for clinical trials and grants for investigator-initiated studies funded by for-profit corporations, a number of new grants were awarded by the National Institutes of Health (NIH) in calendar year 2006:

- R21 to Dr. Susan Gaylord – Mindfulness meditation treatment for IBS
- K12 award to Dr. Yehuda. Ringel – The role of intestinal inflammation in the pathophysiology of functional GI disorders
- K23 award to Dr. Yehuda Ringel – The role of intestinal inflammation in the pathophysiology of functional GI disorders
- NIH re-entry grant for Dr. Miranda Van Tilburg (supplement to the infrastructure grant)
- CIHR grant to Dr. Brenda Toner (Dr. Drossman is PI of subcontract to the Center)

The Center's research programs are multidisciplinary, involving collaborations between gastroenterologists, psychologists, neuroradiologists, psychiatrists, physician assistants, and nurses. Within UNC at Chapel Hill, collaborators came from the departments of Medicine, Psychology, Psychiatry, Surgery and Gynecology, as well as the schools of Dentistry and Public Health. Research at the Center has included studies on the pathophysiology and treatment of such prevalent functional GI disorders as IBS, functional dyspepsia, functional abdominal pain, fecal incontinence, and constipation. These disorders greatly impair quality of life and result in aggregate annual health care costs in the United States exceeding $25 billion.

Mind-Body Infrastructure Grant

This multi-year “infrastructure grant” is being used to build on the Center's longstanding record of NIH-funded research in mind-body interactions and to carry out longer-term collaborations with other disciplines in health and medicine at UNC and with other institutions throughout the US and other countries. Examples of mind-body research at the Center include studies on the role of stress, abuse history and other psychosocial factors in IBS and their outcomes; brain imaging to assess the association between psychological factors and central pain regulation; hereditary and learned-behavior aspects of IBS and recurrent abdominal pain (RAP); the effects of reproductive hormones on IBS; and the tendency of IBS to co-exist with other disorders. Center researchers have also studied the effectiveness of treatment strategies that combine cognitive behavior therapy (CBT),
hypnosis, antidepressants, and/or patient education with medications for IBS; biofeedback combined with medical management for fecal incontinence and constipation; and complimentary and alternative medicine techniques such as Mindfulness Meditation.

Research Resources

- Research Administration Core
  The purposes of the Research Administration Core are to provide (1) a central resource for recruiting research subjects; (2) assistance with the recruitment of Hispanic and other minority research subjects; and (3) a team of research coordinators. The Research Administration Core also assembles and maintains records and forms that are made available to investigators who are dealing with regulatory issues that affect the conduct of research (i.e., IRB and GCRC forms, website where grant applications can be obtained, etc.).

- Research Network Core
  In addition to collaborations with investigators in a variety of disciplines at UNC, the Center has an ever-expanding Research Network of collaborating institutions outside UNC for large-scale, multi-center studies. (See Figure page 17) These strategic alliances have been developed to take advantage of the specialized skills and expertise of investigators at other sites and to increase the pool of research subjects participating in Center studies. The Research Network has benefited from the development of new technologies for web-based data acquisition/sharing and research subject recruitment, as well as a growing library of FGID-related scannable and internet-based questionnaires in different languages. The purposes of the Research Network Core are to (1) provide administrative support from the UNC Center for funded research collaborations; (2) provide data management for multi-center studies; and (3) provide Center investigators with research-ready sites with proven abilities, both nationally and internationally, to facilitate the funding of large-scale, multi-center studies.

- Biometry Core
  The primary purposes of the Biometry Core are to provide (1) consultation and advice on experimental design and statistical analysis; (2) data entry and data management for selected projects; and (3) data analysis for selected projects. Other capabilities of this core are: (4) developing questionnaire booklets for research studies; (5) developing data management and quality assurance procedures and manuals; (6) developing data management programs; (7) coding, entering and cleaning data; (8) developing random generation schemes for clinical trials; (9) overseeing the production of reports for data and safety monitoring boards and for regulatory agencies; and (10) assisting investigators in analyzing the data and developing research reports for publication.

- Data Acquisition & Technology Applications Core (DATA)
  The DATA Core provides researchers with sophisticated data acquisition and data-sharing methodologies, data management, and archiving of research data to facilitate the conduct of large studies (especially multi-site studies) by our UNC research team and our national and international Research Network collaborators. Capabilities of this core include (1) creating and scanning of machine-readable questionnaires, (2) internet surveys, (3) programs and websites for managing multi-site studies, (4) secure server for multi-site studies, (5) PDA-based symptom surveys, and (6) automated telephone data entry.

- Education & Dissemination Core
  The goals of the Education & Dissemination Core are to (1) meet the educational needs of patients and the general public, (2) educate health care providers in the diagnosis and treatment of functional GI and motility disorders, (3) disseminate research findings to professional and lay audiences, and (4) to utilize the Internet for the recruitment of research study subjects and for the conduct of internet-based surveys and other research projects.
Seed Grant Core

The NIH infrastructure grant provides funding for a Seed Grant Program (SGP) to support up to three pilot projects each fiscal year (each for $37,500 in direct costs), with application deadlines in December, April and August. The goals of the SGP are to encourage and develop new investigators by providing (1) funds to collect the pilot data essential to successful NIH applications, and (2) mentoring in grant writing as well as the conduct of a research project. Research seed grants are awarded to new investigators for studies related to functional GI and motility disorders under the following eligibility criteria:

- The Seed Grant Program is open to any investigator at UNC (whether a member of the Center or not) and to any investigator within the Research Network associated with the Center.
- Investigators who have already received NIH support as a principal investigator are not eligible for Seed Grant funds. The only exception to this restriction is PIs who have received only conference or educational grants from NIH; these PIs are not yet considered experienced in securing NIH research grants.
- Proposals that are extensions of already-funded grants are also not eligible for SGP funds.
- All proposals must identify a senior research mentor for the proposed project, and include a letter of support from the mentor agreeing to provide supervision and semiannual reports.

The application process is modeled on the one used by NIH, using the NIH form with a Center cover page and page restrictions. Nicholas Talley, MD, of the Mayo Clinic in Jacksonville, FL, serves as chair of an ad hoc Seed Grant Selection Committee. This committee consists of Dr. Talley along with one or more other investigators selected by him who (1) have the expertise to evaluate the scientific merit of a particular proposal, (2) are not affiliated with the UNC Center, and (3) have no conflict of interest with respect to the applicant. The application review process is also modeled on the one used at NIH, using the following guidelines: (a) significance of the research question and strength of the research plan; (b) feasibility (availability of subjects and other resources); (c) training and other qualifications of the applicant; (d) plans for mentoring; (e) plans for using the grant to prepare for the submission of an NIH project grant; and (f) relevance to functional gastrointestinal or motility disorders. Support is not provided for pharmaceutical or device trials (ineligible).

As of the end of 2006, the following seed grants have been awarded:

- Miranda Van Tilburg, PhD -- Development of a Standardized Hypnotherapy for Chronic Abdominal Pain in Children
- Denesh Chitkara, MD -- Functional abdominal complaints from childhood to adulthood: evaluation of early environmental influences using a population based birth cohort
- Yehuda Ringel, MD -- The association between intestinal microflora and mucosal inflammation and immune activation in patients with IBS -- a pilot study
- Kimberly A. Brownley, PhD -- Endogenous ghrelin and gastric emptying in patients with functional dyspepsia
- Michael Jones, MD -- Stigma in irritable bowel syndrome: development of a condition-specific measure and relationship to quality of life
- Susan A. Gaylord, PhD -- Mindfulness for irritable bowel syndrome
In October 2004, the UNC Center for Functional GI & Motility Disorders was awarded a grant (R24 DK067674) from the National Institutes of Health (NIH) to foster interdisciplinary research on interactions between the mind and body in health and disease, with a specific focus on the causes and treatment of functional gastrointestinal and motility disorders. As part of this NIH grant, the Center hosted the second annual Research Day on June 17, 2006, on the campus of the University of North Carolina at Chapel Hill.

The program for this non-CME symposium was focused on four areas of research: (1) treatment studies, (2) questionnaire development and outcome assessment, (3) psychophysiological mechanism studies, and (4) pediatric GI disorders. The format for the day was presentations on the state-of-the-art in each of these areas by visiting senior scientists, followed by overviews of on-going studies involving UNC faculty and investigators. A summary of all presentations were published as a booklet.

Research Day 2006 was held in conjunction with the Center for Gastrointestinal Biology & Disease (UNC Division of Gastroenterology & Hepatology). We appreciate the educational grants from Sucampo Pharmaceuticals and Takeda Pharmaceuticals as well as AstraZeneca Pharmaceuticals and Novartis Pharmaceuticals that provided additional support for this event. A summary of the presentations is posted on the Center website www.med.unc.edu/ibs.

### Treatment Studies

- **State of the Art:**
  
  Treatment studies  
  Nicholas J. Talley, MD, PhD -- Professor of Medicine, Gastroenterology and Health Sciences Research, Mayo Clinic, Jacksonville, FL.

- **Combined treatment of functional bowel disorders with CBT and antidepressants**
  
  Brenda Toner, PhD, DPsy -- Head, Women's Mental Health and Addiction Research Section, Centre for Addiction & Mental Health, University of Toronto, Ontario, Canada

- **Biofeedback for fecal incontinence**
  
  Steve Heymen, PhD -- Instructor in Medicine, UNC School of Medicine

### Questionnaire Development & Outcome Assessment

- **State of the Art: Patient reported outcomes in evaluating treatments for gastrointestinal disorders -- Issues in Development and Application**
  
  Donald L. Patrick, PhD, MSPH -- Professor & Director, Social and Behavioral Sciences Program Department of Health Services, University of Washington, Seattle WA

- **Comorbidity and somatization scale development**
  
  Olafur S. Palsson, PsyD -- Associate Professor of Medicine, UNC School of Medicine

- **Health related quality of life in functional bowel disorders: Performance features of generic and condition-specific measures**
  
  Douglas A. Drossman, MD -- Center Co-Director, Professor of Medicine & Psychiatry, UNC School of Medicine
Satisfactory relief as an outcome measure in IBS treatment trials
William E. Whitehead, PhD -- Center Co-Director, Professor of Medicine, UNC School of Medicine

Development and validation of the bloating severity questionnaire
Olafur S. Palsson, PsyD -- Associate Professor of Medicine, UNC School of Medicine

Psychophysiological Mechanism Studies

State of the Art: Why mast cells are important in functional gastrointestinal disorders
Jack D. Wood, MD -- Professor of Medicine, Department of Physiology, College of Medicine and Public Health, Ohio State University, Columbus OH

Heterogeneity of IBS: Preliminary results of cluster analysis
William E. Whitehead, PhD -- Center Co-Director, Professor of Medicine, UNC School of Medicine

Association of psychosocial factors and disease markers with health status in celiac disease
Spencer Dorn, MD -- Postdoctoral Fellow, Digestive Diseases Epidemiology, UNC School of Medicine

The exacerbation of IBS symptoms during menses is associated with increased prostaglandin (PGE2) levels
Steve Heymen, PhD -- Instructor in Medicine, UNC School of Medicine

Caesarian delivery upon maternal request: A systematic review of evidence focusing on anal incontinence
Anthony Visco, MD -- Research Director of Urogynecology, Associate Professor of OB/GYN, UNC School of Medicine

Increased colonic sensitivity in IBS is the result of increased perceptual response bias rather than increased perceptual sensitivity
Spencer Dorn, MD -- Postdoctoral Fellow, Digestive Diseases Epidemiology, UNC School of Medicine

Genetics of Irritable Bowel Syndrome
Tope Keku, PhD -- Associate Professor of Medicine, UNC School of Medicine

The effect of the Atkins Diet on diarrhea-predominant IBS: A prospective pilot study
Greg Austin, MD, MPH -- Fellow in Gastroenterology, UNC School of Medicine

Pediatric GI

State of the Art: Pediatric GI
Carlo DiLorenzo, MD -- Chief, Div. of Pediatric Gastroenterology, Children’s Hospital of Columbus Professor of Clinical Pediatrics, The Ohio State University, Columbus OH

Medical presentation of abdominal pain and co-morbid diagnoses from childhood to adulthood in a population based birth cohort
Denesh Chitkara, MD -- Assistant Professor of Pediatrics, UNC School of Medicine

Mechanisms for the intergenerational transmission of functional GI disorders
Rona Levy, PhD -- Professor, School of Social Work, University of Washington, Seattle WA

Parental beliefs about recurrent abdominal pain
Miranda Van Tilburg, PhD -- Assistant Professor of Medicine, UNC School of Medicine
2006 Research Grants, Contracts and Awards

NIH and other Federally-Supported Studies

<table>
<thead>
<tr>
<th>Grant ID</th>
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<td>R24 DK067674</td>
<td>Whitehead and Drossman, Co-PI</td>
<td>7/1/04-6/30/09</td>
<td>$4,450,000</td>
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<td>NIDDKD</td>
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Infrastructure grant titled “Gastrointestinal biopsychosocial research center,” submitted in response to RFA OB-03-004, Mind-Body Interactions and Health: Research in Infrastructure Program.

Aims: The goals of the grant are (1) to establish a network of collaborators within UNC and between the UNC Center and other sites nationally and internationally to carry out research on functional gastrointestinal and motility disorders, (2) to provide support for investigations through core resources (biostatistics, data acquisition technology, subject recruitment, project management), and (3) to recruit and train new investigators in this field.

<table>
<thead>
<tr>
<th>Grant ID</th>
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<td>RO1 DK31369</td>
<td>Whitehead, PI</td>
<td>12/1/02-11/31/07</td>
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<tr>
<td>NIDDKD</td>
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Psychophysiology of IBS

Aims: The aim of the proposed study is to determine whether IBS is uniquely associated with specific comorbid conditions, which would suggest shared pathophysiology, or whether comorbidity is an expression of psychological contributions to the etiology of IBS. Study III, which is currently ongoing, tests the heterogeneity hypothesis, i.e., the hypothesis that IBS is not a single disease entity but instead represents a cluster of distinct etiologies for common bowel symptoms. To test this hypothesis, we plan to recruit 150 IBS patients and 50 healthy controls, to assess all the proposed mechanisms for the etiology of IBS, and to use the statistical method of cluster analysis to determine whether there are distinct subgroups. If the heterogeneity hypothesis is supported by this analysis, the plan is to test a new sample of 150 IBS patients to determine whether the same subgroups can be confirmed by replication.

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<td>K23</td>
<td>Ringel, PI</td>
<td>10/01/06-11/01/11</td>
<td>$632,595</td>
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<td>NIDDKD</td>
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The Role of Intestinal Inflammation in the Pathophysiology or Irritable Bowel Syndrome

Aims: (1) To compare sub-clinical mucosal inflammation between patients with diarrhea predominant IBS (IBS-D) and controls. (2) To compare clinically accessible biomarkers for sub-clinical intestinal inflammation with alterations in mucosal immune function in patients with IBS. (3) To investigate whether alterations in intestinal inflammatory cytokines are associated with alterations in relevant intestinal physiology.

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<td>NCRR</td>
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The Role of Intestinal Inflammation in the Pathophysiology of Functional GI Disorder

Aim: To compare sub-clinical mucosal inflammation between patients with diarrhea-predominant IBS (IBS-D) and controls.
<table>
<thead>
<tr>
<th>Grant ID</th>
<th>PI Name</th>
<th>Start Date</th>
<th>End Date</th>
<th>Agency</th>
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<th>Summary</th>
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<td>RO1 DK57048 (Whitehead, PI)</td>
<td>09/30/99-11/31/08 (extension without funds)</td>
<td>NIH</td>
<td>$816,485</td>
<td>NIDDKD</td>
<td>Biofeedback for Fecal Incontinence and Constipation</td>
<td>Aims: (1) to compare biofeedback to alternative therapies for which patients have a similar expectation of benefit; (2) to identify which patients are most likely to benefit; and (3) to assess the impact of treatment on quality of life. Two parallel randomized controlled trials are being conducted. One compares biofeedback to Kegel exercises for the treatment of fecal incontinence, and the second RCT compares biofeedback for pelvic floor relaxation to a muscle relaxing drug (diazepam) or to placebo tablets.</td>
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<td>U10 HD41267 (Anthony Visco, PI)</td>
<td>9/01/02-6/30/11</td>
<td>NICHD</td>
<td>$1,452,170</td>
<td>NIH</td>
<td>UNC Pelvic Floor Disorders Research Collaborative</td>
<td>This grant funds UNC as a component of a pelvic floor research network which will conduct one or more multicenter studies of the treatment of pelvic floor disorders including fecal and urinary incontinence. Current studies (1) compare different surgical techniques for repair of pelvic organ prolapse, (2) assess the incidence of fecal and urinary incontinence following external anal sphincter disruption during childbirth, (3) assess the prevalence of fecal and urinary incontinence in the NHANES study, and (4) validate a physical examination rating scale for pelvic floor. Projects for which our Center is taking the lead include (5) validation of a telephone survey for assessing fecal incontinence severity and quality of life impact, (6) assessing the impact of usual bowel habits (stool consistency) on the risk of fecal incontinence following obstetric injury, and (7) assessing the GI complications of abdominosacrocopexy surgical repair for pelvic organ prolapse.</td>
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<td>R21 AT3619 (Susan Gaylord, PI)</td>
<td>10/01/06-09/30/09</td>
<td>NICAM</td>
<td>$250,000</td>
<td>NICAM</td>
<td>Mindfulness Treatment of Irritable Bowel Syndrome</td>
<td>Aims: This is a pilot study to test the feasibility and design parameters for a randomized clinical trial to evaluate the efficacy of Mindfulness Based Stress Reduction, in comparison to a patient support group control, for the treatment of irritable bowel syndrome. A secondary aim is to evaluate the mechanism responsible for any treatment effects.</td>
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<td>3R24DK067674-03 (Miranda Van Tilburg, PI)</td>
<td>9/1/06-8/31/08</td>
<td>NIDDK</td>
<td>$202,939</td>
<td>NIDDK</td>
<td>Supplement to Gastrointestinal Biopsychosocial Research Center (R24 DK67674 NIDDK)</td>
<td>Aims: To test the effectiveness of home based Guided Imagery to treat chronic abdominal pain of functional origin.</td>
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Pediatric GI Team: Dr. Miranda Van Tilburg and Dr. Denesh Chitkara
**Prediction of Psychosocial Factors and Disease Markers on Health Status in Celiac Disease**

**Aim:** This study will evaluate the predictive effects of severity of celiac disease relative to psychosocial factors on clinical outcome and quality of life.

**Atkins Foundation Award (Drossman, PI, Austin, Co-PI)**

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**Study of the Effects of a Very Low Carbohydrate Diet on Symptoms of IBS**

**Aims:** This study will evaluate the effects of a very low carbohydrate diet on IBS symptoms. Secondary analysis will include a determination of the mediating effects of postprandial serotonin release on GI symptoms.

**Rome Foundation (Morgan, PI) 07/01/06-12/31/07**

**Multinational Spanish Translation and Validation of the Rome III Diagnostic Questionnaire in Latin America.**

Consortium: UNC, Mexico, Nicaragua, Chile

**Rome Foundation (Morgan, PI) 07/01/03-12/31/06**

**The Population-Based Epidemiology of Functional Gastrointestinal Disorders (FGIDs) in Nicaragua**

**Research Contracts and Clinical Trials with Pharmaceutical Companies**

In 2006, Center investigators had research contracts with pharmaceutical companies for broad investigations of outcome measures, or to study the safety and efficacy of various drugs or medical devices through clinical trials.

**AGA Outcomes Research Award (Chitkara PI) 07/01/06-07/01/07**

**AGA Foundation**

**The Economic Burden of Irritable Bowel Syndrome and Functional Abdominal Pain from Childhood to Adulthood in a Population Based Birth Cohort**

**Aim:** Retrospectively examine the charges for health services for FAP and associated co-morbid somatic and psychological disorders in a population based birth cohort of 5718 individuals who remained in a single community from childhood to early adulthood (up to 19 years). Regression analysis will be used to determine if early presentation for FAP (<5 years) or having a mother with IBS predicts direct medical costs (outpatient, inpatient clinician visits, procedures, and diagnostic tests).

**AGA Miles and Shirley Fiterman Award in Clinical Research (Drossman)**

**American Gastroenterological Association**

**Awarded for distinguished lifetime research in the area of clinical gastroenterology.**

**Columbia University Celiac Disease Center (Dorn, Drossman, PIs) 04/01/06-03/31/07**

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**Atkins Foundation Award (Drossman, PI, Austin, Co-PI)**

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**Rome Foundation (Morgan, PI) 07/01/06-12/31/07**

**Rome Foundation for the Functional Gastrointestinal Disorders**

**Multinational Spanish Translation and Validation of the Rome III Diagnostic Questionnaire in Latin America.**

Consortium: UNC, Mexico, Nicaragua, Chile

**Rome Foundation (Morgan, PI) 07/01/06-12/31/07**

**Rome Foundation for the Functional Gastrointestinal Disorders**

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**Study of the Effects of a Very Low Carbohydrate Diet on Symptoms of IBS**

**Aims:** This study will evaluate the effects of a very low carbohydrate diet on IBS symptoms. Secondary analysis will include a determination of the mediating effects of postprandial serotonin release on GI symptoms.

**Rome Foundation (Morgan, PI) 07/01/06-12/31/07**

**Rome Foundation for the Functional Gastrointestinal Disorders**

**Multinational Spanish Translation and Validation of the Rome III Diagnostic Questionnaire in Latin America.**

Consortium: UNC, Mexico, Nicaragua, Chile

**Rome Foundation (Morgan, PI) 07/01/06-12/31/07**

**Rome Foundation for the Functional Gastrointestinal Disorders**

**The Population-Based Epidemiology of Functional Gastrointestinal Disorders (FGIDs) in Nicaragua**

**Research Contracts and Clinical Trials with Pharmaceutical Companies**

In 2006, Center investigators had research contracts with pharmaceutical companies for broad investigations of outcome measures, or to study the safety and efficacy of various drugs or medical devices through clinical trials.

**CHTF919A-US-32 (Drossman, PI) 10/10/05-03/30/06**

**Novartis Pharmaceuticals**

**Clinical, Physiological and Psychological Differences Among Subgroups of IBS: A Comparison of IBS with Constipation/Mixed, IBS with Diarrhea/Mixed and Alternators**

**CHTF919-US-32 (Drossman, PI) 04/01/06-03/30/07**

**Novartis Pharmaceuticals**

**CONQUEST Study: Impact of chronic constipation**

**CHTF919D2302 (Ringel, PI) 04/01/04-12/31/06**

**Novartis Pharmaceuticals**

**Proposal to Compare Rome II with Rome III Irritable Bowel Syndrome**

**CHTF919EUS54 (Whitehead, PI) 4/1/06-12/31/07**

**Novartis Pharmaceuticals**

**CONQUEST Study: Impact of chronic constipation**

**CHTF919-US-32 (Drossman, PI) 04/01/06-03/30/07**

**Novartis Pharmaceuticals**

**Clinical, Physiological and Psychological Differences Among Subgroups of IBS: A Comparison of IBS with Constipation/Mixed, IBS with Diarrhea/Mixed and Alternators**

**CHTF919D2302 (Ringel, PI) 04/01/04-12/31/06**

**Novartis Pharmaceuticals**

**Proposal to Compare Rome II with Rome III Irritable Bowel Syndrome**
<table>
<thead>
<tr>
<th>Researcher</th>
<th>Title</th>
<th>Start Date</th>
<th>End Date</th>
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<tbody>
<tr>
<td>Novartis Pharmaceuticals</td>
<td>A 6-Week Randomized, Double-Blind, Placebo-Controlled, Multicenter Study to Assess Efficacy and Safety of Oral (Drug) and Placebo in Female Patients with Dyspepsia (extension is HTF919D2302E1)</td>
<td>(Ringel, PI) 07/01/05-06/30/07</td>
<td>GlaxoSmithKline/GSK</td>
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<td></td>
<td>Genetic Surrogate Markers for Irritable Bowel Syndrome Susceptibility, Co-Morbidity and Disease Characterization</td>
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<td>GlaxoSmithKline/GSK</td>
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<tr>
<td>Trine Pharmaceuticals</td>
<td>A Randomized, Double-Blind, Placebo-Controlled Study to Assess the Safety and Efficacy of (Drug) for the Symptomatic Treatment of Diarrhea-Predominant Irritable Bowel Syndrome</td>
<td>TRN-002-20 (Drossman and Dalton, Co-PI) 02/24/05-02/23/07</td>
<td>Trine Pharmaceuticals</td>
</tr>
<tr>
<td>Prometheus Pharmaceuticals</td>
<td>Procurement of serum samples from irritable bowel syndrome (IBS) subjects for use in development of a diagnostic test for inflammatory bowel disease (IBD)</td>
<td>05IBD005 (Drossman and Dalton, Co-PI) 07/01/05-06/30/06</td>
<td>Prometheus Pharmaceuticals</td>
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<tr>
<td>Sucampo Pharmaceuticals</td>
<td>A 12-Week, Multicenter, Double-Blind, Randomized Efficacy and Safety Study of (Drug) in Subjects with Constipation-Predominant Irritable Bowel Syndrome (Phase III)</td>
<td>SPI/0211SIB-0432 (Drossman and Dalton, Co-PI) 08/01/05-07/31/06</td>
<td>Sucampo Pharmaceuticals</td>
</tr>
<tr>
<td>Danisco USA Inc.</td>
<td>Clinical Efficacy of Probiotic Bacteria in Patients with IBS, Functional Diarrhea or Functional Bloating</td>
<td>MCP 103-004 (Drossman and Dalton, Co-PI) 04/01/06-03/31/07</td>
<td>Microbia</td>
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<tr>
<td></td>
<td>A Randomized, Multicenter, Double-Blind, Parallel-Design, Phase 2 Trial of (Drug) Administered for 14 Days at 100 ug, 300 ug, 1000 ug, or placebo to patients with chronic constipation</td>
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<td>Genetic Surrogate Markers for Irritable Bowel Syndrome Susceptibility, Co-Morbidity and Disease Characterization</td>
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<td>Microbia</td>
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<tr>
<td>Theravance</td>
<td>A Randomized, Placebo-Controlled, Double-Blind Study of (Drug) for the Treatment of Chronic Constipation</td>
<td>TD-5108 (Drossman and Dalton, Co-PI) 10/01/06-09/30/07</td>
<td>Theravance</td>
</tr>
<tr>
<td>AstraZeneca LLP</td>
<td>Chronic Cough and Reflux Disease: A Randomized, Double-Blind, Placebo-Controlled Trial</td>
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<tr>
<td>Salix Pharmaceuticals</td>
<td>A phase 2, multicenter, randomized, double-blind, placebo-controlled study to assess the efficacy and safety of three different doses (275, 550 and 1100 mg) of Rifaximin administered BID for either two or four weeks in the treatment of patients with diarrhea-predominant Irritable Bowel Syndrome</td>
<td>(Ringel, PI) 03/15/06-12/31/06</td>
<td>Salix Pharmaceuticals</td>
</tr>
<tr>
<td>Psychological Services: Dr. Stephan Weinland and Dr. Charles Burnett</td>
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A fourth goal of the Center is to provide helpful up-to-date information for patients and the public through seminars and workshops as well as printed materials, videos and the Internet.

The Center’s educational activities for patients and the larger public include symposia, seminars and publications, videos, and the website www.med.unc.edu/ibs. These activities are supported through donations from individuals and educational grants from corporate sponsors.

The Center’s website at www.med.unc.edu/ibs has evolved as a leading on-line resource for information on IBS and other functional GI and motility disorders for patients, health care providers and scientists, and the public at large. Our website averages 20,000 to 40,000 visitors per month. Content is updated on a regular basis, and new technologies and approaches are expanding the website’s utility as a vehicle to recruit subjects for research studies and conduct internet-based surveys.

In addition to the website, patients and the larger public have access to helpful information through the Center’s patient education brochures and videos. Center brochures are available on topics such as Irritable Bowel Syndrome (IBS), Fecal Incontinence, How to Talk with Your Physician, Constipation, The Use of Antidepressants in the Treatment of IBS, and Psychological Services.

Center videos (many on-line at www.med.unc.edu/ibs) are available on topics such as “Living with IBS,” “IBS – Transforming Your Life Through IBS Management” (Winner of Communicator Award), “Biopsychosocial Approach to IBS: Improving the Physician-Patient Relationship” (Winner of 1997 AMA International Film Festival), AGA Clinical Teaching Project, Third Annual Symposium on Functional GI & Motility Disorders, and video clips from the Cutting Edge Series. A new documentary video titled “Doctor, I Have These Symptoms”, produced by Bella Communications, provides information on IBS through the eyes of several patients seen at our Center (2005 Communicator Award).

The Center’s newsletter – Digest -- contains articles and news items on new treatments, research findings, updates on GI conferences, announcements of events and Center activities, and recognition for Center supporters and sponsors. It is available on-line at www.med.unc.edu/ibs and hard copies are distributed through the Center’s extensive mailing list, at various events, and upon request.

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**Patient Symposium 2006**

An all-day "Patient Symposium" was held July 15, 2006, at the William & Ida Friday Center for Continuing Education in Chapel Hill, NC.

The symposium included plenary sessions led by faculty from the UNC School of Medicine on the following topics:

- Functional GI disorders and IBS diagnosis (Douglas Drossman, MD)
- Causes and risk factors for IBS (William Whitehead)
- IBS medications: effective treatments and new options (Douglas Drossman, MD)
- Behavioral and alternative treatments – CBT & other relaxation therapies (Charles Burnett, PhD, DrPH), hypnosis (Olafur Palsson, PsyD), biofeedback (Steve Heymen, MS)
- Stomach problems: functional dyspepsia (Ken Koch, MD; Wake Forest Bowman Grey School of Medicine)
- IBS diet and nutrition (William Heizer, MD)
- Pediatric functional GI disorders (Denesh Chitkara, MD and Miranda Van Tilburg, PhD)
- Fecal incontinence, constipation, bloating (Syed Thiwan, MD and Steve Heymen, MS)
- New leads in Research (William Whitehead, PhD)

It was also a great honor to have Nancy Norton (President & Founder of the International Foundation for Functional Gastrointestinal Disorders/IFFGD in Milwaukee, WI) join us as our guest speaker. She spoke on the topic of “How to talk with your doctor”.

All plenary sessions included Question & Answer opportunities for the symposium participants.

The event was supported through an educational grant from Proctor & Gamble.
Another goal of the Center is to provide multidisciplinary training and education in clinical and research skills, with an emphasis on patient-centered care and advanced research methods.

This goal is implemented through a Visiting Scholars Program (short stays by guest faculty), Visiting Scientist Program (more extended stays by guest faculty), training at the pre-doctoral or postdoctoral level, and regularly scheduled seminars (also see Patient Care). The Center has developed educational materials (videos, brochures) for health professionals, and is involved with events providing continuing medical education (CME) credits. Readers are encouraged to visit the Center’s website to see our professional educational materials in the “Training” area of the website, including a growing list of on-line publications and videos.

### Visiting Scholars Program

The Visiting Scholars Program provides an opportunity for faculty, investigators and clinicians from other institutions to visit the Center for a short stay of a couple of days or several weeks. By hosting visitors from around the US and the world, the Center benefits from a unique opportunity to share and exchange ideas on treatments for functional GI and motility patients, confer on research studies, and build collaboration networks for future projects. For the duration of their stay at the Center, visiting scholars have access to expert psychologists, gastroenterologists and physiologists, providing a wide variety of opportunities to learn vital skills and techniques in the treatment and research of functional GI and motility disorders. Visiting scholars also have the chance to observe patient care, participate in research meetings and teaching conferences (CME), and expand their training experience by meeting with other faculty within the Division of Gastroenterology and Hepatology and elsewhere at UNC. Visiting Scholars in 2006 included:

- Motoyori Kanazawa, MD, PhD – Sendai, Japan (May 3-7)
- Hector Enrique Blanco, MD – Guatemala City, Guatemala (June 19-25)
- Ami Sperber, MD, MPH – Beer-Sheva, Israel (July 23)
- Satish Rao, MD, PhD – Iowa City, Iowa (October 26-27)
- Patty Goode, MD – Birmingham, AL (November 6-10)
- Alayne Markland, MD – Birmingham, AL (November 6-10)

### Visiting Scientists Program

The Center’s Visiting Scientist Program hosts faculty and investigators from other institutions for extended stays of one or two years, during which they participate as visiting faculty in the research projects of Center investigators. The Center accepts visiting scientists at all levels of their career and provides them with the flexibility to tailor their experience at the Center to their own needs and interests. Visiting scientists are normally supported by their own institutions or grant agencies but, under exceptional circumstances, they may be supported by the Center. Visiting scientists are expected to lecture or make presentations and, in this way, to bring new skills and knowledge to the Center’s resident clinicians and investigators. They write academic publications related to functional GI and motility disorders, and are invited to write articles for the Center’s quarterly Digest that are representative of their particular clinical care or academic interests.

### Pre-doctoral Training Program

The Center is able to provide pre-doctoral research and/or clinical training to a limited number of trainees through its Pre-doctoral Training Program. These are usually one-year fellowships and are normally supported by grant agencies external to the Center. The first of these fellows was Catherine Forneris, who subsequently completed her PhD in clinical psychology and is now on the faculty of the UNC Department of Psychiatry. Another pre-doctoral fellow was Neeta Venepalli, a third year medical student when she completed a Doris Duke Fellowship. Her training involved all stages of developing and completing a clinical research study -- literature review and proposal preparation, recruitment and interviewing of research subjects, analysis of the data, and writing and publishing the manuscript. Her topic was families of children with recurrent abdominal pain (RAP). She has now completed her MD degree and accepted an internship and residency training at Northwestern University, Evanston, Illinois.
Postdoctoral Training Program

The Center hosts postdoctoral fellows on an ongoing basis. Postdoctoral fellows typically stay for two or more years and receive mentored research training while participating in research projects with senior investigators in the Center. They may receive stipends from one of the two training grants awarded through the Division of Gastroenterology and Hepatology or from extramural grants.

Currently, Spencer Dorn, MD, is a Post-Doctoral Fellow in Digestive Disease Epidemiology, mentored by Robert Sandler, MD, Douglas Drossman, MD, and William Whitehead, PhD. After his epidemiology fellowship, he will train in clinical gastroenterology.

Seminars

In the Patient Care section of this annual report, we have already described the Clinical Case Conference and the Anorectal Motility Case Conference. In addition, the Evening Seminar on Clinical and Psychosocial Skills developed by Dr. Drossman is a unique program in clinical skills development based on a biopsychosocial patient-centered approach to understanding and treating patients with functional GI disorders (FGIDs). This program evolved from the work of Drs. George Engel and Karl Rogers. Dr. Drossman’s patient interview and educational facilitation style is highly regarded, and professionals in medicine and allied health fields visit the Center to learn these techniques while participating in the care of patients (with the patient’s permission). Dr. Drossman began a monthly evening seminar for health care professionals that has included faculty and residents in Medicine and Psychiatry and, more recently, GI fellows. This seminar features interactive learning methods, including videotaped discussions, role playing, small group learning, and live interviews with patients. The seminar is unique in its participatory style, and the methods have been presented at national meetings and described in professional journals and magazines.
65 journal articles/commentaries/editorials, 18 books/chapters, and 28 abstracts were published by Center faculty and investigators.

**Articles, commentaries, editorials**


42. Palsson OS. Should we incorporate psychological care into the management of IBS? Nature Clinical Practice Gastroenterology and Hepatology 2006, 3(9):474-5. (not peer reviewed)


44. Ringel Y. New Directions in Brain Imaging Research in Functional Gastrointestinal Disorders. In a special issue on “GI Motility – New Directions” Digestive Diseases, 2006; 24(3-4):278-285.


56. Thiwan SIM, Ringel Y. Is Melatonin a Therapeutic Option for IBS Patients with Sleep Disturbances? Evidence-Based Gastroenterology. 2006. (not peer reviewed)


worryse about Recurrent Abdominal Pain in Children. Gastroenterology Nursing, 29(10), 50–56.


64. Whitehead WE, Palsson OS, Levy RL, Feld AD, Von Korff M, Turner M. Reports of "Satisfactory relief" by IBS patients receiving usual medical care are confounded by baseline symptom severity and do not accurately reflect symptom improvement. Am J Gastroenterol 2006;101:1057-1065.

65. Whitehead WE. Life as a PhD in a clinical department. AGA Perspectives, September 2006: 7 & 14. (not peer reviewed)

Books, chapters


Abstracts


Lactose malabsorption, small bowel bacterial overgrowth and celiac disease in IBS patients. Gastroenterology 2006;130(4), Suppl.2: A-506.

22. Thiwan SIM, Palsson OS, Turner MJ, Whitehead WE. Subjective bloating is not correlated with intestinal gas production but is weakly correlated with abdominal distention. Gastroenterology 2006;130(4), Suppl.2: A-506.

23. Van Tilburg MAL, Palsson OS, Chitkara DK, Whitehead WE. Medical consultation for children’s chronic stomachaches is related to a belief that the symptoms have a physical cause but is not related to anxiety about serious missed diagnosis. Gastroenterology 2006;130(4), Suppl.2: A-501.

24. Van Tilburg MAL, Palsson OS, Whitehead WE. Somatization trait and somatization disorder have different impacts on IBS. Gastroenterology 2006;130(4), Suppl.2: A-503.


Faculty, Clinicians, Investigators and Staff

Co-Directors

The Co-Directors are profiled in greater detail earlier in this report.

Douglas A. Drossman, Co-Director
Professor of Medicine and Psychiatry
As Medical Director for the Functional GI & Motility Disorders Clinic, Dr. Drossman works closely with the clinicians described in Patient Care section of this annual report. His research team includes: Shrikant Bangdiwala, PhD; Jane Leserman, PhD; Christine Dalton, PA-C; Danielle Maier, PA-C, MA PAS; J.B. Hu, PhD; Carolyn Morris, MPH; Kim Meyer, CRC; Ann Selph, Susan Scheck, MS; Jane Hankins, MAT; Gary Koch, PhD; Syed Thiwan, MD, and Spencer Dorn, MD.

William E. Whitehead, Co-Director
Professor of Medicine and Adjunct Professor of OB/GYN
Dr. Whitehead's research Team includes: Yolanda Scarlett, MD; Olafur Palsson, PsyD; Miranda Van Tilburg, PhD; Steve Heymen, PhD; Motoyori Kanazawa, MD, PhD (Tohoku University, Sendai, Japan); Syed Thiwan, MD; Spencer Dorn, MD; Marsha Turner, MS Ed; Lenore Keck, RN; Jane Tucker, RN. Collaborators include Yehuda Ringel, MD, Temitope Keku, PhD, and Denesh Chitkara, MD.

Faculty, Clinicians and Investigators

Shrikant I. Bangdiwala, PhD
Research Professor in Biostatistics, Director of Biometry Core
Dr. Bangdiwala has extensive experience in the design, conduct and analysis of multi-center studies, having worked on clinical trials in congestive heart failure, cardiovascular risk factors, functional bowel disease, and cancer prevention. Dr. Bangdiwala also has extensive experience as a member of various data and safety monitoring boards for studies in ophthalmology, HIV/AIDS, and cardiology. He collaborates with investigators at the Center on several studies, including research on brain imaging of IBS patients with and without a history of abuse and a comparative study of cognitive behavioral and anti-depressant treatment. Dr. Bangdiwala’s role in these projects includes helping with research design, developing statistical analytical strategies, overseeing data management and statistical analyses, and paper preparation.

Charles K. Burnett, PhD, DrPH
Clinical Associate Professor of Medicine, Director of Psychological Services
Dr. Burnett has been associated with the Center since 1993 and has a long-standing interest in psychological treatments specifically for patients with functional GI and motility disorders. Patients are referred to him through the Center, the FGID Clinic, and by outside physicians. He specializes in treatment of patients with chronic illnesses, using cognitive behavioral therapy (CBT), pain management techniques, stress management, biofeedback, and hypnosis. Dr. Burnett also precepts psychology interns and mentors visiting professors, and participates in the Center’s training programs through the weekly clinical case conference and evening seminars.

Denesh Chitkara, MD
Assistant Professor of Pediatrics
Dr. Chitkara is a pediatric gastroenterologist and Assistant Professor of Pediatrics at the University of North Carolina at Chapel Hill. He received his MD from Ohio State University College of Medicine and did his fellowship training in pediatric gastroenterology at The Floating Hospital for Children/Tufts School of Medicine and at Children’s Hospital Boston/Harvard Medical School. He then completed a clinical and research fellowship in Clinical Enteric Neuroscience under the mentorship of Michael Camilleri, MD and Nicholas J. Talley, MD, PhD at Mayo Clinic Rochester. Dr. Chitkara was then recruited to join the staff at Children’s Hospital Boston and was an Instructor in Pediatrics at Harvard Medical School. During this time period, he completed physiologic studies in children with disorders of oxidative phosphorylation, functional dyspepsia, constipation, gastro-esophageal reflux disease, and aerophagia. Dr. Chitkara has also initiated epidemiologic studies on gastro-esophageal reflux disease, recurrent abdominal pain, and constipation in children. Dr. Chitkara joined the UNC faculty in October 2005. Through mentorship and collaboration with Dr. William Whitehead and Dr. Miranda van Tilburg at the UNC Center for Functional GI & Motility Disorders, he has begun investigations on psychological, familial and physiologic effects on symptoms in children with functional gastrointestinal disorders. He is also involved in studies examining health care outcomes associated with functional gastrointestinal disorders in children and adults. Dr. Chitkara has also continued his involvement with epidemiologic studies in collaboration with Mayo Clinic Rochester, designed to evaluate childhood factors involved in the persistence of adult functional GI disorders.

Christine B. Dalton, PA-C
Physician Assistant
Ms. Dalton has been a Physician Assistant (PA) in the Functional GI & Motility Disorders Clinic for ten years. She spends most of her time in patient care or in research. In the Clinic, she often sees the patient first and then collaborates with Dr. Drossman in the patient’s ongoing care. She handles most of the telephone calls from patients, including medication management, addressing symptom concerns, and other matters. Her primary clinical interests include the management of treatment-resistant patients and the care of patients who have experienced chronic GI symptoms for many years with little or no relief or understanding of their conditions. Her research interests include new treatment options, secondary symptoms, effective patient education and successful patient-provider communications.

Spencer Dorn, MD
Post-Doctoral Fellow in Digestive Disease Epidemiology
Dr. Dorn is a graduate of the University of Michigan and SUNY at Brooklyn College of Medicine. He trained in internal medicine at Brigham and Women’s Hospital/Harvard Medical School. Dr. Dorn joined the Center in July, 2005 as a post-doctoral research fellow in digestive disease epidemiology. His
Steve Heymen, PhD  
Instructor in Medicine, Director of Biofeedback Services  
Dr. Heymen is a Fellow of the Biofeedback Certification Institute of America and has provided biofeedback therapy for more than 20 years. He is the project manager for an NIH-funded study of the efficacy of behavioral treatments for fecal incontinence and constipation. He recently completed his dissertation for a PhD in Biological Psychology through the UNC Department of Psychology.

Temitope O. Keku, PhD  
Research Associate Professor of Medicine  
Dr. Keku carries out translational research that combines basic science with epidemiology to gain a better understanding of the etiology and pathogenesis of GI diseases. Her research focus is in the area of gene-environment interactions and molecular epidemiology of colorectal cancer. She is also involved in studies evaluating the role of intestinal microbiota in GI diseases, particularly colorectal cancer, IBS and IBD. Dr. Keku collaborates with Drs. Whitehead, Ringel and Morgan on the contributions of genetic polymorphisms to irritable bowel syndrome (IBS). She is a co-investigator on the GI SPORE- Project 1 and the Diet and Health Studies (DHS). Dr. Keku has undergraduate and Masters degrees from the University of Jos, Nigeria. She has an MSPH in Parasitology & Laboratory Practice and a PhD in Epidemiology from the UNC School of Public Health. Dr. Keku’s research team includes: Xiang Jun Shen PhD (Post-Doctoral Research Associate), Paul Wilson, PhD (Research Associate), Janie Peacock, BS (Research Technician), and Katharine Thompson, BS (Research Technician III).

Jane Leserman, PhD  
Professor of Psychiatry and Medicine  
Dr. Leserman is a medical sociologist with an extensive research background in behavioral and psychosomatic medicine, the effects of stress on the immune system, issues related to women’s health, and quantitative research methods. Dr. Leserman’s research has examined the long-term physical and mental health effects of sexual and physical abuse among women with GI disorders and pelvic pain. She collaborates with Dr. Drossman and other Center investigators on several studies, including research on brain imaging among IBS patients with and without an abuse history and a study comparing behavioral and antidepressant treatment. Dr. Leserman’s role in these projects includes helping with research design, psychosocial measurement, planning and performing data analyses, and paper preparation. Dr. Leserman also serves as a research mentor for younger faculty and trainees. Dr. Leserman’s research team includes: Samantha Meltzer-Brody, MD (Collaborator), Denniz Zolnoun, MD (Collaborator), and Katherine Rinaldi (Research Coordinator).

Danielle Maier, PA-C, MA PAS  
Physician Assistant  
Mrs. Maier is a Physician Assistant in the Functional GI & Motility Disorders Clinic. She sees patients on her own as well as with Drs. Ringel and Scarlett. She has completed intensive training in the biopsychosocial care of patients, and assists in interpreting studies in the UNC motility lab. She has completed her Masters degree in Physician Assistant studies, and is currently involved in several research studies with Dr. Yehuda Ringel. She is a PA graduate of the Wake Forest School of Medicine, where she graduated with high honors.

Douglas R. Morgan, MD  
Assistant Professor of Medicine  
Dr. Morgan attended Dartmouth College and received his medical degree from Case Western Reserve University. He completed his postgraduate training in Internal Medicine and Gastroenterology at the University of California, San Francisco. He also earned a Masters in Public Health in Epidemiology at the University of California, Berkeley. Dr. Morgan has been a UNC faculty member for the past four years and is a member of the UNC Center for Esophageal Diseases, with a focus on gastric disorders, including Functional Dyspepsia and H. Pylori. He also directs the Capsule Endoscopy program at UNC. Dr. Morgan is Director of the nascent Center for Latino Digestive Health at UNC, with clinical and research initiatives in Central America and North Carolina. He has extensive experience in Latin America and with the Latino population. He is a former Peace Corps engineer, having designed rural electrification systems in Honduras. In medical school, he served as US Public Health Service COSTEP volunteer at Migrant Farm worker clinics in the Rio Grande Valley. His research interests include the epidemiology of FGIDs in the Latino population, gastric cancer epidemiology, and Latino digestive health. Active functional GI research protocols include a large population-based FGID epidemiology collaboration with the University of Nicaragua, with funding from the Rome Committees. He also directs a gastric cancer epidemiology initiative in Honduras, with a focus on host genetic and dietary factors. Dr. Morgan receives research funding from the NIH through the Mentored Scholars Program, as well as from foundations and industry. He was a recipient of the American College of Gastroenterology’s Governor’s Award for Excellence in Clinical Research in October 2004. His research team includes Paris Heidt (Program Manager).

Olafur S. Palsson, PsyD  
Associate Professor of Medicine  
Dr. Palsson is a Clinical Psychologist who did his postdoctoral training at the UNC Center in 1994-1996, and then established and directed a behavioral medicine program at Eastern Virginia Medical School. He returned to the UNC Center in 2001 and has continued to develop his research interests in functional GI and motility disorders, which include investigation of various psychological and physiological aspects and influences on GI functioning and symptoms, questionnaire development to improve research on functional GI disorders, and hypnosis treatment for IBS. Dr. Palsson was the Guest Editor of the January 2006 special issue on IBS and Hypnosis for the International Journal of Clinical Hypnosis, and course Director for a UNC School of Medicine three-day CME program on “Hypnosis Treatment for Functional Gastrointestinal Disorders” in November of 2004. Dr. Palsson has extensive experience in internet programming and is the Center’s Director of Data.
Technology. He has developed innovative methodologies for collecting and processing clinical data in a confidential and secure manner through the Internet, and has played a lead role in several large internet-mediated studies. He also initiated and moderates the Center's on-line “Chat with the Experts.”

Yehuda Ringel, MD
Assistant Professor of Medicine; Coordinator, Brain Imaging Research Project
Dr. Ringel received his medical degree at the Technion -- The Israel Institute of Technology. He completed his training in Internal Medicine and Gastroenterology at Tel-Aviv Medical Center, and earned a Masters degree in Internal Medicine from Tel-Aviv University, where he served as a faculty member until coming to the United States. He completed a postdoctoral research fellowship at the UNC Center under the mentorship of Drs. Drossman and Whitehead and has been a faculty member at UNC for the past five years. Dr. Ringel is experienced in the theories and methodologies involved in research related to functional GI disorders, including the design and conduct of clinical trials, use of advanced GI physiology and motility research techniques, validating psychosocial research tools, and functional brain imaging. He has expanded the Center's research and educational activities in GI tract sensation (e.g., visceral hypersensitivity) focused on physiological and psychological mechanisms in functional GI disorders. Dr. Drossman and he are leading a brain imaging project, which is looking at the role of the central nervous system in intestinal sensation and functional GI disorders using advanced imaging techniques with positron emission tomography (PET) and functional MRI (fMRI). Dr. Ringel is also investigating the effect of various physiological (intestinal smooth muscle tone/compliance, autonomic nervous system activity) and psychosocial (history of abuse) factors in upper and lower GI tract sensation, and he is involved in the design, evaluation and conduct of clinical trials evaluating new drugs and treatment approaches for functional GI disorders. Over the last two years, Dr. Ringel has developed an independent interdisciplinary translational research project investigating the role of intestinal bacteria, inflammation and genetics in the pathophysiology of IBS. In this project, he is collaborating with other investigators at UNC, including Drs. Balfour Sartor and Young-Hyo Chang, as well as Dr. Todd Klaenhammer from the NCSU Departments of Microbiology, Genetics, and Food Science. Other areas of research interest include: (1) epidemiology of FGIDs, (2) mechanism of GI physiological responses to pain, and (3) design and evaluation of clinical trials. Dr. Ringel mentors medical students, residents and fellows on various research and writing projects. Dr. Ringel’s research work has been recognized through the awards he has received, including: AGA/Solvay Award for Clinical Research in IBS/Motility awarded by the Foundation for Digestive Health and Nutrition; ACG Junior Faculty Development Award; and the Young Investigator Award of the Functional Brain-Gut Research Group (FBG). In 2005, he received a K-12 award for a project entitled "The Role of Intestinal Inflammation in the Pathophysiology of Functional GI Disorders". He has also received a UNC Center seed grant for a project entitled “The association between intestinal microflora and mucosal inflammation and immune activation in patients with IBS–a pilot study.”

Yolanda Scarlett, MD
Assistant Professor of Medicine, Medical Director-GI Motility Service
Dr. Scarlett oversees the operations of UNC’s GI Motility Service. She also trains gastroenterology and urogynecology fellows in diagnostic motility testing, and leads a monthly case conference on anorectal disorders. Her primary area of clinical and research interest is anorectal motility disorders.

Nicholas J. Shaheen, MD, MPH
Associate Professor of Medicine and Epidemiology; Director of the Center for Esophageal Diseases and Swallowing
Dr. Shaheen attended college at Harvard University and earned his medical degree at the University of Chicago, Pritzker School of Medicine, where he fulfilled his internship and residency requirements. He completed his clinical fellowship training at UNC, where he also earned his Masters degree at the School of Public Health. He then completed a National Institutes of Health fellowship in Epidemiology. For the past seven years, he has been a faculty member at UNC. His research interest is in the epidemiology and management of esophageal diseases. He is the author of numerous journal articles and book chapters related to reflux disease, motility disorders, Barrett’s esophagus, and esophageal cancer. He is currently on the editorial board of Gastroenterology and Evidence-Based Gastroenterology, and is a reviewer for numerous journals. Dr. Shaheen receives research funding from the National Institutes of Health as well as multiple private foundations and corporations to pursue clinical and translational research in esophageal diseases. He is a member of several professional societies, including the American Gastroenterological Association, the American Society of Gastrointestinal Endoscopy, the American Medical Society, and the North Carolina Medical Society. He is a Fellow of the American College of Gastroenterology and the American College of Physicians. Dr. Shaheen’s research team includes: Ryan Madanick, MD; Melissa Brennan, RN (Study Coordinator); Paris Heidt (Study Coordinator); Stephanie Bright (Study Coordinator); and Nicole Cheng, PA.

Syed Thiwan, MD
Gastroenterology Fellow
Dr. Thiwan obtained his medical degree from India and came to the US for further training. He practiced Internal Medicine for a non-profit health care clinic near Charlotte, NC, before coming to UNC to specialize in Gastroenterology. After finishing two years of post-doctoral training under Dr. Whitehead, he started his GI Fellowship training in 2005. Dr. Thiwan is a co-investigator in Dr. Whitehead’s study of the psychophysiology of IBS, looking at the possibility of different etiopathologic groupings among IBS patients. Dr. Thiwan has also developed and validated a questionnaire that measures the intensity of bloating, along with Dr. Palsson and Dr. Whitehead. Data from this study and on symptom reporting by patients on Tricyclic antidepressants were presented at DDW 2005, and he plans to present additional data from these projects during DDW 2006. His interests are the pathophysiology and treatment of functional GI disorders, EUS, and atypical GERD.
**Stephan Weinland, PhD**

Instructor of Medicine

Dr. Weinland is an Instructor in the Division of Gastroenterology and Hepatology in the School of Medicine, University of North Carolina at Chapel Hill. He joined the UNC Center for Functional GI & Motility Disorders in October 2006 after completing his post doctoral residency working for the National Health Service in the United Kingdom. His main research focus is on how to effectively involve parents and children in their own care. He has developed a home-based Guided Imagery treatment for FAP that children can use with only minimal guidance from their physician. The treatment is delivered by CDs and DVDs -- eliminating the need for a trained therapist -- which makes this type of treatment more widely available to children. The home-based program has been very successful in reducing abdominal pain in children and has been well accepted by children, parents and clinicians. In addition, her work aims to understand why some parents are better than others at helping their child cope effectively with pain or other gastrointestinal symptoms. She has developed a questionnaire to assess parental thoughts and worries about abdominal pain which are associated with disability. Dr. Weinland is also analyzing the data from a longitudinal study of children to assess the role of abuse and neglect in the development of functional GI symptoms, and she is carrying out pilot studies of the effectiveness and mechanism of action of commonly used alternative treatments for functional GI disorders. Dr. Weinland was the first seed grant recipient of the Center and has subsequently secured additional NIH funding. She has been awarded the 2007 Pediatric Junior Investigator Award of the International Foundation for Functional Gastrointestinal Disorders (IFFGD).

**Miranda Van Tilburg, PhD**

Assistant Professor of Medicine

Dr. van Tilburg is an assistant professor of medicine in the Division of Gastroenterology and Hepatology. She received her Master's degree in Economic Psychology and her PhD in Health Psychology at Tilburg University, The Netherlands. In 2001, she completed a three-year postdoctoral fellowship in Endocrinology and Medical Psychology at Duke University Medical Center. In 2002, Dr. van Tilburg joined the UNC Center for Functional GI & Motility Disorders as a research assistant and in 2004 as an assistant professor on a part time basis. After securing an NIH supplement to promote re-entry into the biomedical sciences she resumed full time work in November 2006. She has a special interest in pediatric functional GI disorders, especially Functional Abdominal Pain (FAP). Compared to adults, children's functional GI disorders have received little attention and Dr. van Tilburg hopes to expand the Center's research activities in this area. She works closely with Dr. Denesh Chitkara in the UNC Department of Pediatrics and collaborates with pediatric gastroenterologists at Duke University Medical Center and Goryeb Children's Hospital in New Jersey. Her main research focus is on how to effectively involve parents and children in their own care. She has developed a home-based Guided Imagery treatment for FAP that children can use with only minimal guidance from their physician. The treatment is delivered by CDs and DVDs — eliminating the need for a trained therapist — which makes this type of treatment more widely available to children. The home-based program has been very successful in reducing abdominal pain in children and has been well accepted by children, parents and clinicians. In addition, her work aims to understand why some parents are better than others at helping their child cope effectively with pain or other gastrointestinal symptoms. She has developed a questionnaire to assess parental thoughts and worries about abdominal pain which are associated with disability. Dr. van Tilburg is also analyzing the data from a longitudinal study of children to assess the role of abuse and neglect in the development of functional GI symptoms, and she is carrying out pilot studies of the effectiveness and mechanism of action of commonly used alternative treatments for functional GI disorders. Dr. van Tilburg was the first seed grant recipient of the Center and has subsequently secured additional NIH funding. She has been awarded the 2007 Pediatric Junior Investigator Award of the International Foundation for Functional Gastrointestinal Disorders (IFFGD).

**Sheila Crawford, RN**

Manager for the Center and for Dr. Drossman's Functional Bowel Disorders research group.

Sheila Crawford, RN - Ms. Crawford is the charge nurse for UNC Hospitals GI Motility Lab. She is responsible for performing diagnostic motility tests for pediatrics and adults, as well as biofeedback for pediatric patients. She also provides training in the lab for GI and surgery fellows. Her part-time colleagues include Scott Winners, RN, Robin Jenkins, RN, and Kate Eron (technician).

**Lynn Eckert, PA**

Ms. Eckert is a Physician Assistant working with Dr. Drossman as well as seeing patients on her own in the Functional GI & Motility Disorders Clinic. She evaluates patients in the clinic, performs a history and physical examination, formulates a differential diagnosis, and creates a diagnostic and treatment plan appropriate for the patient. Ms. Eckert has
worked in all areas of gastroenterology and received her PA training at Duke University School of Medicine. She has a BA in Clinical Nutrition from the University of North Carolina at Greensboro and has some experience and interest in research.

Jane Hankins, MAT – Jane Hankins is the study coordinator for Dr. Drossman’s clinical trials group working on the Atkins and the ElectroGastrogram (EGG) studies. She also assists Kim Meyer with clinical trials.

John Herr, BFA – Mr. Herr was Web Applications Developer and Multimedia Producer (Media Coordinator) in 2006, which entails the creation of web applications and multimedia products for the Center. His responsibilities included programming (Perl, MySQL, and PHP), systems administration (RHEL), print design (annual report, DIGEST newsletter), and other computing, graphic design, and audio/visual services. He has taken a new opportunity at the Frank Porter Graham Institute for Child Development.

Yuming J.B. Hu, MA, PhD – Dr. Hu is Assistant Director of the Biometry Core and is involved with data management and analysis of Dr. Drossman’s NIH treatment trial of functional bowel disorders (FBD). His data management responsibilities also includes the UNC pilot study of functional MRI of FBD, the Center’s master database of FBD patients, the IBS patient education (PEQ) study with Boston University, the Celica study with Columbia University, and the new 5-year combined drug and CBT treatment trial of FBD at the University of Toronto.

Sarah Juhl, BA – Ms. Juhl is Administrative Assistant to Drs. Whitehead, Ringel and Morgan. She has a BA in Public Policy from the University of North Carolina at Chapel Hill.

Lenore Keck, RN – Ms. Keck is a Research Nurse with Dr. Whitehead’s group. She participates in all stages of clinical research studies, including subject recruitment and screening, administering psychological and physiological tests, and data management.

Jiwan Kim, BS – Ms. Kim is a Lab Technician working on Dr. Ringel’s research projects. She has a BS in Biology from UNC at Chapel Hill and she is currently enrolled as a full-time student working on her MS in Biology.

Kim Meyer, CCRC – Ms. Meyer is Dr. Drossman’s Project Director for clinical trials. Her primary research interests include the use of pharmaceuticals to treat constipation-predominant IBS, diarrhea-predominant IBS, and chronic constipation.

Linda Miller, AD Computer Information Systems – Ms. Miller is the IBS/Functional Bowel Clinic Scheduling Coordinator. She has an AD in Computer Information Systems, a diploma in Software Applications, and has completed the Medical Coding Certification Program (ICD-9, CPT-4) at Durham Tech. She will be attending NC Central University in fall 2006 to complete the Health Education Program.

Carolyn Morris, MPH – Ms. Morris is the Biostatistician for for Dr. Drossman’s research group and the Biometry Core. She has been primarily involved with performing statistical analyses on data from the seven-year multi-center NIH study of treatment in FBD, but she also assists with analyses of data sets for other Center studies.

Kirsten Nyrop, MACT – Ms. Nyrop is the Center Coordinator. Her responsibilities include editor/writer for the Center’s website and publications, fundraising, marketing/press relations, and organizational development. She is also Administrator of the Center’s NIH Mind-Body Infrastructure Grant. Ms. Nyrop is enrolled part-time in the PhD program at the UNC School of Social Work, and her research interest is medical care of the elderly.

Moneika Owens, BA – Ms. Owens has joined the Center as Dr. Drossman’s research assistant for clinical trials. She is a recent graduate of UNC (BA in Sociology) and has been a work study student at the Center for several years. She plans to apply for medical school in the near future.

Jennifer Peterson, MA – Ms. Peterson is the Media Coordinator for the Center. She graduated from the University of Northern Iowa with a bachelor’s degree in Public Relations and a master’s degree in Communications and Training Technology.

Lynn Rogers, MA – Ms. Rogers is a Research Assistant for Dr. Ringel on the Genetics in IBS Study. Ms. Rogers previously worked as a Research Associate in the OB/GYN department for several years.

Susan Schneck, MS – Ms. Schneck was Research Administrator and Administrative Assistant to Dr. Drossman in 2006. She was also an assistant to Dr. Burnett. She has moved to Milwaukee and now works for the International Foundation for Functional GI Disorders (IFFGD).

Ann Selph – Ms. Selph is research administrator to Dr. Drossman. She has 25 years of UNC experience in various capacities that include grants management, accounting, and administrative support. She has completed her associate in arts degree from Central Carolina Community College and continues to take classes through Continuing Studies at UNC Chapel Hill.

Jade Tucker, RN – Ms. Tucker is a Research Nurse with Dr. Whitehead’s group. For the Center’s biofeedback study, she performs anorectal motility testing and administers questionnaires to the study participants. Her other responsibilities include barostat procedures, lab procedures, recruiting/screening as well as scheduling participants for the studies. She works closely with the research pharmacy if studies require medication and monitors the participant’s response to the medication. And, she works closely with the Principal Investigators of each study and keeps them abreast of any concerns.

Marsha Turner, MS – Ms. Turner is the Research Coordinator for Dr. Whitehead’s research program. She is involved with the planning and preparation of new projects in the program, including NIH grant submissions and industry-sponsored outcomes research. She assists with all aspects of current studies and is responsible for correspondence with the Biomedical IRB and General Clinical Research Center, both at UNC. Ms. Turner also coordinates activities within the research network of the Gastrointestinal Biopsychosocial Research Center, a network of national and international collaborating institutions.

Sarah Yeskel, BS – Ms. Yeskel is a Study Coordinator for Dr. Ringel. The research she works on includes functional dyspepsia, IBS, probiotic bacteria, and intestinal microflora. She is a recent graduate of Dickinson College in Carlisle, PA, where she received her bachelor’s degree in Biology. Ms. Yeskel has research experience in ecological and biomedical research, specifically oncology, small mammal ecology, and forest ecology. Ms. Yeskel will be attending PA school at Emory University in fall 2007.
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