



DIGEST



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Our mission is to advance the biopsychosocial understanding and care of patients with functional GI & motility disorders through research, training and education.

TRIBUTE TO DOUGLAS A. DROSSMAN, MD

Written by William E. Whitehead, PhD
Director, UNC Center for Functional GI & Motility Disorders

I would challenge you to think of anyone who has had a greater impact on the field of gastroenterology in our lifetimes than Doug. That is not to say IBS and the biopsychosocial model have dominated the NIDDK's agenda or the GI journals; they haven't. Inflammatory bowel disease and colon cancer are the disease models that have attracted science funding, and immunology, bacteriology, and genetics are the disciplines from which new insights into pathophysiology seem to be emerging. However, when you think of which ideas have had the most profound impact on GI practice and patient care, it is Doug's key contributions – the Rome criteria, application of the biopsychosocial perspective to functional GI disorders, and the idea that sexual abuse contributes to IBS. These ideas and Doug's gift for "selling" them have changed how clinical care is taught and how it is delivered, and greatly affected how the most common gastrointestinal disorders are viewed by the public and professionals.

Doug's first major scientific contribution was his discovery of the role of sexual and physical abuse in gastrointestinal disorders. This started with a clinical observation growing out of his care of a young girl with abdominal pain. Her symptoms waxed and waned over a period of years but the key observation was her intense emotional reaction to a discussion about contraception. This led to the revelation that she had been sexually abused, and after sharing that secret, she began to get better. Most physicians would have been thankful for having stumbled on a way to help their patient and might have referred her to psychiatry, but not Doug; having been trained by the great psychosomaticist, George Engel, he was fascinated with the possibility that such guilty secrets might be the key to functional GI complaints for other patients, so he applied for a grant, did a series of studies to understand the phenomenon, and started writing about it. The take-away points here are, first, that many of Doug's insights have arisen from insights gained in his patient care experiences, and second, that his unique ability to promote an initially unpopular idea has repeatedly changed the field.

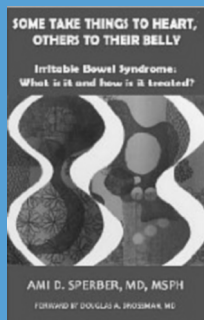
The biopsychosocial model is another key concept that has profoundly affected how we think about gastrointestinal disorders in general and functional GI disorders

in particular. The concept is that a disease can't be studied from a reductionist model as primarily a consequence of a biological process or alternatively, as primarily a psychological disorder, but that biological, psychological, and social or cognitive factors all interact with each other in a messy mix. The scientific method had always been to isolate hypothesized causes and effects and study them one at a time. The biopsychosocial model implied that the most productive approach is a multivariate analysis in which all domains are considered simultaneously and the interactions are what are important. The legacy of the biopsychosocial approach to GI disorders includes the current model of brain-gut dysregulation, the concept of neurogenesis or growth and atrophy of the parts of the brain we use or neglect, and Doug's advocacy of adjunctive treatments and drugs.

The Rome criteria are also an important part of Doug's legacy. In the mid-80's Doug was invited to participate in a symposium in Rome on the development of a consensus on diagnostic criteria for IBS. He realized that the consensus of experts could be a powerful tool for advancing the field because it not only capitalized on the expertise and experience of key opinion leaders but also got them behind the criteria that were developed. This process also turned out to meet the needs of two powerful constituencies: drug companies and the FDA. The Rome criteria made it possible to agree on rational inclusion criteria and outcome measures, which was key to progress in drug discovery and regulatory approval.



continued on page 17



The International Foundation for Functional Gastrointestinal Disorders (IFFGD) has recently published a book entitled “Some Take Things To Heart, Others To Their Belly - Irritable Bowel Syndrome: What is it and how is it treated?” The book, which was written by Dr. Ami Sperber with a foreword by Dr. Douglas Drossman, is available for purchase as an e-book from Amazon and can be read on all electronic devices with the appropriate free application.

If you, a friend, or a family member is suffering from IBS, this book is recommended. Irritable bowel syndrome, or IBS, is the most common of the functional disorders of the digestive tract. The condition is complex, chronic, and unpredictable. It is characterized by multiple, often painful, symptoms. The cause of the symptoms is not found on

routine testing like an x-ray, or blood test. In other words nothing appears wrong in the tests. But physical examinations and routine tests all assess structure – not function – and IBS involves a problem with the way nerves and muscles function. This has led to a great deal of misunderstanding about IBS, and to needless suffering.

In this book Ami Sperber, MD provides a fresh and clear guide to help people understand the condition and the diagnostic process. Individuals with IBS will find useful ways to self-manage and gain a greater sense of confidence. The approach is empowering, helping people improve chances for treatment success.

Dr. Sperber communicates complex medical information usefully and with clarity. Some of the more novel and useful elements of this book include sections that empower patients: they discuss how to prepare for the first medical visit.

The book contains clear and detailed explanations of treatment approaches. These range from diet to complementary and alternative medicine to medications and to combinations of therapies.

Each chapter begins with quotes and personal anecdotes to help others recognize they are not alone in their journey of self-discovery and personal care, and ends with summaries of vital information. The summary sections of each chapter are usefully presented as “Things you wanted to know” and “Questions you didn’t think of asking or were afraid to ask.”

The book is available at: <http://www.amazon.com/Things-Heart-Others-Their-ebook/dp/B00668RUSK>

Over the past decade, the UNC Center for Functional GI and Motility Disorders has enjoyed significant grant support from a number of private foundations and corporations. These grants have ranged from sponsorships of specific events (symposia or CME courses) to unrestricted grants in support of fellowships and the Center’s education and training effort. Support for the Digest Newsletter is provided by Takeda Pharmaceuticals North America, Inc.



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For more information about the Center, please visit our website at www.med.unc.edu/ibs



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DIGEST

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REACHING OUT
EXPANDING KNOWLEDGE
OFFERING A RAY OF HOPE

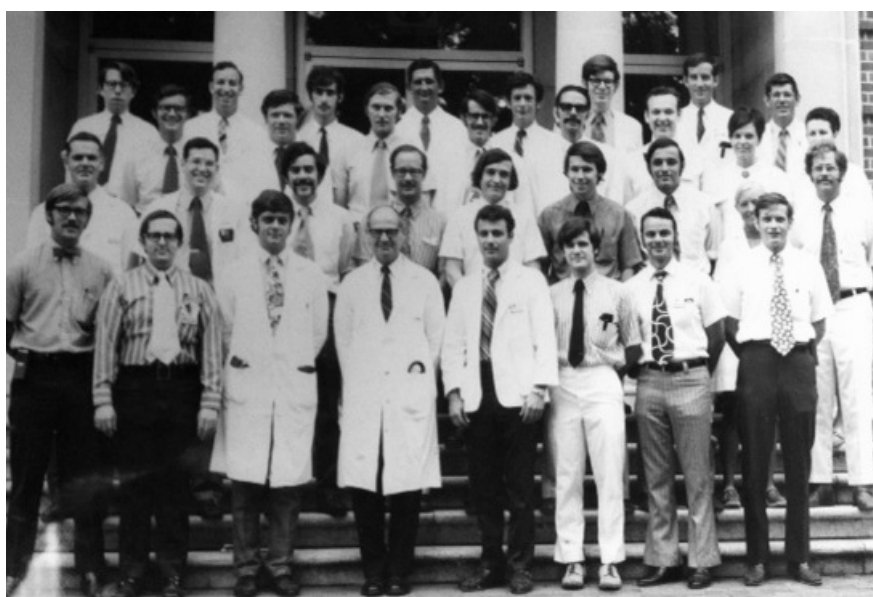


A TRIBUTE TO DR. DOUGLAS A. DROSSMAN: 35 YEARS OF SERVICE TO THE UNIVERSITY OF NORTH CAROLINA & THE CENTER FOR FUNCTIONAL GI & MOTILITY DISORDERS

Following graduation from Albert Einstein College of Medicine in 1970, Douglas Arnold Drossman moved to Chapel Hill to attend Residency at the University of North Carolina at Chapel Hill studying Internal Medicine. After two years he returned to New York to do a third year of residency at New York University, Bellevue Medical Center. After successfully completing Residency, Dr. Drossman spent two years in the United States Air Force Medical Corps as a Major; Chief of Internal Medicine, Bergstrom Air Force Base Austin, Texas. In 1975, he returned to school as a Fellow in Psychosomatic Medicine at the University of Rochester under the supervision of George Engel MD, Doug's mentor. After the Psychosomatic Medicine Fellowship, Dr Drossman returned to Chapel Hill in 1976 as Fellow in Gastroenterology at the University of North Carolina at Chapel Hill. After completing the Fellowship program, Dr. Drossman was invited to stay as faculty at UNC and remained there for 35 years. The statements on the following pages are from Dr. Drossman's friends, colleagues, collaborators and staff.



Dr. Drossman graduates from the Albert Einstein College of Medicine (1970)



First year of residency at UNC (1970-1971)

Graduated from
Albert Einstein
College of Medicine

Medical Residency North
Carolina Memorial Hospital -
UNC (70-72)

Medical Residency at New
York University, Bellevue
Medical Center (72-73)

Major, United States Air
Force Medical Corps;
Chief of Internal Medicine,
Bergstrom Air Force Base
Austin, Texas

1970

1970-1973

1973-1975



Dr. Drossman pictured in his US Air Force uniform with wife, Debbie (1973-1975)



Dr. George Engel, Dr. Drossman's mentor (1975-1976)

You have done more than anyone else to provide a framework for the care of patients with functional bowel disease. It is an amazing accomplishment.

*David Brenner, MD
Former Chief of GI at UNC*

I have had the privilege of knowing Doug as a professional peer but, most importantly, as a very close friend from almost the very first day that I arrived at UNC now almost 35 years ago. I truly hope that you will maintain a presence in this great institution – an institution whose renown has been greatly enhanced by your success on the national and international stage. We owe you a large debt of gratitude for the many things you have done for the Department of Medicine and for our School of Medicine.

*Andrew Greganti, MD
Vice Chair, UNC Department of Medicine*

Few academicians in medicine have had such an impact as Doug. His ability to teach and demonstrate patient interview skills and the physician-patient relationship are legendary and have educated physicians, residents and students all over the world. His studies of the bio-psycho-social impact and its role in functional gastrointestinal diseases represent landmark publications. The creation of the Rome Foundation and criteria has revolutionized the categorization, diagnosis and treatment of functional GI diseases. These are but a few of his accomplishments. Doug tells me that he considers me one of his mentors. I hope that is so, because I have been proud, and I might say, quick, to claim this role also so that I could also bask in his glory. However, I have reminded him that when he started the afterhours, problem patient conferences some 30 years ago (and I understand that they still go on today), I was one of the inaugural attendees. Doug taught me, his Division Director, how to interview and manage patients. I still employ what he taught me. So I salute him today, not as a mentor, but as a mentee.

*Don Powell, MD
Former Chief of GI at UNC*

Fellowships:

Psychosomatic Medicine at
University of Rochester

Gastroenterology at UNC

Clinical Instructor,
UNC School of
Nursing – Nurse
Practitioner
Program

Instructor, UNC
Department of
Medicine

First paper on
Functional GI
Disorders

1975-1978

1976

1977



Over the course of his career, Dr. Drossman has produced 25 teaching videos

I would venture to say that Doug Drossman has probably had a greater impact on the broad field of gastroenterology than any single member of our discipline. Although Doug will be formally retiring from UNC, I sincerely hope that we have not seen the end to his contributions to the field and to patients.

*Robert Sandler, MD, MPH
Chief, Division of GI & Hepatology at UNC*



Drs Douglas Drossman, Robert Sandler and Balfour Sartor



Drs Douglas Drossman and Ami Sperber

Doug, shortly after we first met at UNC in 1990 you became my mentor, and over time research collaborator, co-author, and most important, you and Debbie have become dear personal friends to Rachel and myself. I know that you will continue to excel and make valuable contributions in your new endeavors and wish you the best, both professionally and personally in all you do.

*Ami Sperber, MD
Emeritus Professor of Medicine
Ben-Gurion University of the Negev, Israel*

Assistant Professor of
Medicine and Psychiatry,
Division of Gastroenterology,
UNC

Fellow, American College of
Physicians

Created first
educational video,
“The Diagnostic
Medical Interview”

Associate Professor
of Medicine and
Psychiatry at UNC

1st NIH Federal Grant

1978

1979

1983

About 5 years ago, the Chairman of the Department of Medicine at The Ohio State University convened the first meeting of a newly formed search committee for a Chief of the Division of Gastroenterology. Doug Drossman's name was brought up along with several others. Carlo Di Lorenzo, the Chief of Pediatric GI at Nationwide Children's Hospital of Columbus, OH, spoke and said: "I would walk all the way to North Carolina if we could manage to get Doug Drossman to Ohio State". I believe it was July '97. I was vacationing on the beach of the small Italian island of Ventotene in the Mediterranean. Someone came down from the little village above announcing that there was a phone call from the USA for a Prof. Jackie Wood. It was Doug Drossman. He had tracked me down to ask if I would chair the basic science committee for Rome II; I did with David Alpers as co-chair. I got to know Doug on Rome II and later on Rome III and came to admire his organizational abilities and his dedication to treating and understanding functional GI disorders and among many other qualities, his relaxed sense of humor in working groups. I remember we were in the Bahamas and John Kellow and I were reporting our work on motility slides for the Rome III set. I attempted to explain the migrating motor complex. Doug was chairing the meeting. At the end he decided to present awards. Mine was a teaching award trophy consisting of an apple from the snack tray placed on top of a wine glass. I will never forget the hilarious parody when he and, as I recall, Rona Levy lampooned Nick Talley at the Rome Reception a couple of years ago at DDW in Chicago. These anecdotes, although I have others, serve to illustrate the esteem I and others have for Doug Drossman. I wish him the ultimate in his future ventures.

*Jackie "Jack" Wood, PhD
Professor of Physiology, The Ohio State University*



Debbie Drossman, Dr. Drossman and Dr. Susan Levenstein in Rome, Italy

At the opening reception of my first American Psychosomatic Society meeting in 1990, where I knew nobody and was trembling with shyness, Doug Drossman took me under his wing. I was a practicing internist with ideas of inventing for myself how to study the influences of stress on organic gastrointestinal disease, and Doug instantly became both a role model and a lifeline for my research. Over the years he was always ready to hear me out on what variable to choose or who to call where or how to handle a conflict between colleagues, and inevitably had something thoughtful, calming, and useful to say; Doug has a special gift for giving you advice while increasing your sense of autonomy. My research sort-of-career would have been unimaginable otherwise. I will never stop being grateful to him for drawing me into the APS and other organizations, for his invitations to write and speak and collaborate, for his friendship. And for introducing me to blackjack.

*Susan Levenstein, MD
Aventino Medical Group
Rome, Italy*

Working for Doug has truly been an honor. Knowing that I am working for someone who genuinely cares about his patients and the field of FGIDs makes my life more fulfilled. I am forever grateful to have Doug as a teacher, mentor and friend.

*Ceciel Rooker
Rome Foundation*

Charter Fellow American
Academy on Physician and
Patient

Cercle André Lambling
Award, France

Founded the
Functional Brain-Gut
Research Group of
AGA

Professor of Medicine and
Psychiatry at UNC

Published the first
classification system and
diagnostic criteria for the
FGIDs

1988

1989

1990



Nancy Norton and Dr. Drossman
advocating on Capitol Hill

Doug, It was 1992 when our paths first crossed at DDW in San Francisco. Your concern for the patient population that IFFGD represented and willingness to believe in what we hoped to accomplish has remained for nearly twenty years. We have come a long way together. We have been through ups and downs and continue to persist in our efforts to make life better for patients. Your commitment has been immeasurable. Your contributions to the field have changed the lives of patients throughout the world. We are grateful for the day we met. We wish only the best to you, Debbie and your family as you continue with your life work.

Nancy and Bill Norton

The International Foundation for Functional Gastrointestinal Disorders (IFFGD)

Douglas Drossman is not only a worldwide expert in FBD, he has been instrumental in developing and doing the studies (of medications, symptoms and/or psychological issues) that have given us the information and understanding that has brought us to where we are today. He has been an integral part of the Rome Foundation, which consists of experts from around the world, working to identify similarities and differences in different functional disorders. This has led to the Rome Criteria, which are specific criteria for each functional disorder, allowing physicians to confidently diagnose and treat patients. He also is a great writer of long papers published in medical journals that are often applicable immediately to patient care. He also has written scores of short, understandable handouts for patients and lay people to read and better understand functional disorders. He has been involved in the International Foundation for Functional GI Disorders (IFFGD) since its beginning, 15 years ago. The IFFGD is a resource for patients and their families. They also work to raise awareness of these disorders to the public, legislators and clinicians. He also has worked closely with the Functional Brain Gut Research Group (FBG) which supports research and education in brain-gut interactions. Last but not least, he believes in the 'art of medicine.' This involves the interaction with the patient; it is not what you do but how you do it. This is related to good interview skills, understanding the patients perception of what is wrong and their expectations from the doctor. This results in a trusting relationship, good communication and shared decision making.



Dr. Drossman and his PA,
Christine Dalton

Christine Dalton, PA-C

UNC Center for Functional GI & Motility Disorders

"Best Doctors in
America"

Chair of
Multinational
Working
Team for
FGIDs; Rome
Foundation

Formed and co-
directed the UNC
Center for Functional
GI & Motility
Disorders with
William E. Whitehead,
PhD

1992-2012

1993

1993-2011

I often wondered what in my interview with Dr. Douglas Drossman made me decide to take an extra year of training after completing my GI fellowship, instead of accepting one of several job offers I had. Although I could not put the reason for my decision in words at the time, I sensed a tremendous opportunity, a chance to learn and experience something extraordinary and hard to find. I did not know what exactly that would be, but I knew I was interviewed by a master. One year extended into two, but the gifts of Dr. Drossman's mentorship and the influence he had on my professional and personal development are life long. I can make a long list of things I observed, lessons I learned and skills I developed but the gift of a true mentor goes beyond the coaching. True mentorship is about process not content. It is performance, not agenda oriented; it encourages reflection and self learning rather than specific skill building. Our weekly meetings had no set agenda (something I had to get use to). I soon realized that they are a gift from Doug to me – unbiased support and help in developing of my own ideas and abilities. He helped me transform my own research ideas into projects and manuscripts. I was learning not every day but every minute while observing Doug's true dedication to patient care, superb time management and delegation skills, his ability to teach and inspire GI fellows and medical students, his endless curiosity and passion for research and his remarkable dedication to mentoring. Looking back, I now realize that learning advanced communication skills is undoubtedly the most valuable gift I received from Dr. Drossman. It changed the way I listen and talk to my patients forever and I believe it has made me a better physician and a person. Over my two years at the Center, Doug spent many hours observing me interviewing patients and providing feedback. He would patiently listen to conversations I recorded with patients and suggest an alternative approach. I gradually built confidence in taking care of patients with complex and challenging chronic functional GI conditions. Though success is mainly a personal effort, behind most successful people there is a mentor- a special person who invests time and energy in developing the skills and growth of another person. I am forever grateful for having an exceptional mentor - Dr. Douglas Drossman. As I am now trying to mentor others, I often think of Doug. I am beginning to discover that being a mentor is almost as great of gift as having one. Thank you Doug!



Drs Alben Halpert and Douglas Drossman at Digestive Disease Week

*Alben Halpert, MD
Boston University*

His personable and engaging teaching style, expertise, and generosity of time and mentorship contributed to making Dr. Drossman's visit to Pittsburgh extremely useful. His offer for ongoing mentorship in clinical, research, and educational missions is priceless.

*Eva Szigethy, MD
Children's Hospital of Pittsburgh*

Working with Doug has been an amazing eye-opening experience, and one quickly realizes why he is one of the gurus of FGID. It has changed the way how I approach my patients and shaped my subspecialty practice. I am privileged to have journeyed with him as a mentor, a collaborator and a friend.

*Reuben Wong, MD
National University Hospital, Singapore*

GI Section Editor,
The Merck Manual

Board of Trustees,
IFFGD and Chair of
IFFGD International
Symposium on
Functional GI
Disorders

President of American
Psychosomatic Society

1994-2009

1995-present

1996-1997

I developed my interest in Functional GI disorders while a junior faculty member at the VA in Martinez California. In trying to get a handle on where the field was going, I started reading the latest stuff and began to come across the name Drossman time and time again. So, I called Doug in September 1989. He was gracious, very supportive and suggested we meet at ACG the next month. That conversation was the beginning of a great friendship. We discovered many common friends and interests and we clearly "got" what the Biopsychosocial Model was and how Medicine had a way to go to fully exploit its usefulness in patient care. Fast forward 20 plus years and I have the benefit of vast amounts of solid advice, endless encouragement and scientific mentoring thanks to Doug. His extraordinary ability to organize complex organizations such as the Rome Committees, the Functional Brain Research group, and countless other undertakings have changed the face of medical care and have brought science to a previously barren area of gastroenterology. Our patients, our colleagues and our students all owe him a debt of gratitude. I do feel in many ways that I owe him my wonderful career.

Kevin Olden, MD

GI Physician and Vice Chairman of Medicine in the Internal Medicine Department at St. Joseph's Hospital and Medical Center, Phoenix, Arizona

I have enjoyed getting to know Dr. Drossman while providing computer support over the past four years. I have witnessed his tireless dedication to his patients, colleagues, and family. His reputation as a world-class doctor is part of the reason UNC is highly regarded in academia. His use of technology is the most complex of any person I have ever supported.

Eric Chapman, Support Analyst

Dept of Medicine Information Services



Dr. Drossman is well known for the lectures he gives internationally. To date, he has given over 650 presentations/lectures and an additional 47 named lectures or keynote presentations.

I'm sure most tributes will sing praise to Dr. Drossman's intellect and accomplishments. I would like to add, that no matter how often I've been told: "You work with the great Dr. Drossman", he always made sure to remain just 'Doug' to us. No pedestal, but someone who is approachable, available and supportive. His ability to celebrate the small and big things in life, is what makes him not only a great scholar, clinician and educator; but foremost a great person.

Miranda Van Tilburg, PhD

Assistant Professor of Medicine

Doug's devotion to understanding patients beyond their physical symptoms has been inspiring. I am appreciative that I have had him as a mentor who has impressed upon me the importance of patience and compassion in dealing with patients, and I hope to continue to apply his teachings in my career.

Christina Wrennall

Research Assistant

Janssen Award for Clinical
Research in Digestive Diseases

Chair Digestive Health
Initiative on Functional GI
Disorders - AGA (1999-2001)

Functional Brain-
Gut Research Group
Research Scientist
Award

Co-Chair and Chair of the
Motility and Nerve-Gut
Interactions Section of the
AGA Council

1999

2001

2001-2005



Doug is an exceptionally talented physician. We all know he is the master at communicating with patients and understanding their deeper needs. But few realize how deeply he understands “real” medicine or how skilled he is at performing endoscopy. (I like to joke with him that he knows a lot about medicine for a psychiatrist, but the truth is he knows a lot about medicine regardless of specialty). Doug is also a visionary who saw the importance of psychosocial factors in GI illness well before others did. And through his creativity, motivation, work ethic, and refusal to take no for an answer he translated his vision into major contributions to the field and to society. I feel quite fortunate to have Doug in my life. He has contributed to my own development as a physician, and I look forward to continuing to work with him during the next stage of his (and my) career.

*Spencer Dorn, MD, MPH
Assistant Professor of Medicine*



Dr. Drossman spent 8 years playing bass in a band, The Chalets (1960-68)

Can you imagine where the Functional GI field would be today if Dr Drossman had chosen his earlier path as a musician? On the other hand, can you imagine his impact on the world of music today if he had?

*Marsha Turner
Research Coordinator*

Doug's impact on medicine won't be measured monetarily, but rather in patients helped and physicians trained. His worldwide work in the field echoes that of his mentor George Engel and provides a clear path for working with patients with difficult problems from a patient centered perspective. Doug has re-taught many physicians something that is often trained out of them in medical school – the art of being human. His patients and the practice of medicine will continue to benefit greatly from his work.

*Stephan Weinland, PhD
Psychologist, Womack Army Medical Center, Ft. Bragg*

It has been a pleasure working with Dr. Drossman. His high expectations and ceaseless work ethic are only matched by the true passion he has for functional GI disorders and the unparalleled friendship and mentorship he has given me during my time at the Center. Thank you always, Doug.

*Sarah Barrett
Center Coordinator*

In 1994 the American Gastroenterological Association invited Dr. Drossman to create a series of slides for a clinical teaching project on IBS and I was asked to illustrate. It was immediately clear that this was not going to be a typical job. The subject did not lend itself to the usual anatomical and physiological material. Instead, visual metaphors needed to be developed to communicate different aspects of “functional” disease. Fortunately, it also became quickly apparent that Doug was an astute visual thinker and our working relationship became an enjoyable collaboration. Now, many years and thousands of images and slides later, Doug is still an inexhaustible reservoir of ideas and new images.

Jerry Schoendorf, Medical Illustrator

Associate Editor of
Gastroenterology

“America's
Top Doctors”

ACG Clinical
Scholar Award

2001-2006

2001-2012

2002-2004

He is simply the best!

*Marcus Muehlbauer, MD, PhD
Fellow, UNC GI*

I admire the significant contribution Dr. Drossman has made worldwide to the improvement in health status and quality of life for individuals with FGIDs. In particular, I am thankful for his involvement in fellowship education by serving on committees, precepting in the clinical realm, and providing instruction in the management of functional patients via our monthly FGID conference. For a first-year fellow, this caseload can be quite daunting. Through Dr. Drossman's expertise, our fellows learn ways to treat problematic cases. On a personal note, 25 years ago I forged ties with Dr. Drossman's two sons. I am proud of their accomplishments, and am honored to have been part of their development. I still have the pictures they drew me, and the Pink Floyd tapes they made me. I also have a picture of me dancing with his wonderfully talented wife, Debbie, with her winning smile. We are quite fortunate to have had a professional of such international prominence among us.

*Steve Kennedy
UNC GI Fellowship Program Administrator*

I consider myself extremely fortunate to have spent a part of my tenure as a GI fellow under your training. The skills I have acquired under your tutelage are essential in managing complicated patients (not only with functional GI disorders) effectively. Perhaps, most important I have learned more about myself as a physician. I will miss our weekly interactions and discussions on a wide variety of topics. For the fellows, you were an exceptional teacher and true friend. Good luck with your future endeavors. As long as there is a GI fellowship program at UNC, your work and the "Drossman" name will live on!

*Shehzad Sheikh, MD, PhD
Fellow, UNC GI*

I am forever grateful for the opportunity to work for Dr. Doug Drossman. He was beyond an employer; he was my teacher and mentor. He imparted to me much of his invaluable wisdom about GI medicine, a biopsychosocial approach to patient care, and life in general. My future in medicine is enriched in large part because of his influence in my life.

*Hollie Edwards
Former Research Assistant for Dr. Drossman*



Every month, Dr. Drossman leads a fellows conference on communication skills. Dr. Drossman has been leading this conference since he was a fellow himself!

As a GI fellow, it is truly a privilege to have had the opportunity to train with Dr. Drossman given his depth of knowledge, unique expertise, his eminence in the world of functional GI disorders, and his powerful insight. From working with him in clinic and in the inpatient setting, I've grown more comfortable with managing patients struggling with functional problems, using both communication tools and pharmacologic remedies. I have always appreciated Dr. Drossman's approachability, his good-naturedness, and his enthusiasm for working with fellows. He will be dearly missed at UNC.

*Seth Crockett, MD
Fellow, UNC GI*

American
Psychosomatic
Society President's
Award for
Scholarly
Achievement

AGA Distinguished
Educator Award for Lifetime
Achievement in Education

President, Rome Foundation
(2004-present)

NIH Gastrointestinal
Biopsychosocial
Research Center
Award at UNC with
William Whitehead,
Ph.D

2003

2004

2004-2009

When I first started working with Dr. Drossman more than twenty years ago, he was intrigued by the large number of patients disclosing a history of sexual and physical abuse. Because Doug has always been interested in building rapport with his patients and treating the whole person not just the disease, it was not surprising that they felt comfortable disclosing their traumatic experiences. His astute clinical observations led to many ground-breaking findings relative to high prevalence and long-term negative health impact of sexual and physical abuse in IBS. When these findings were first reported, his colleagues did not believe that so many of their patients had histories of abuse and that abuse was associated with more health disorders, chronic pain and lifetime surgeries. As a leader in the field of gastroenterology, Doug has helped others recognize that the only way we can help the “disease” is to first understand and help the patient. I am indebted to Doug for so many reasons; he has influenced and inspired my thinking about chronic pain, acted as a mentor to help me develop into an independent researcher, respected my expertise as a non-clinician researcher, and has been a long-term friend and colleague.

Jane Leserman, PhD
Professor, UNC Dept of Medicine and Psychiatry

Besides being a world-wide expert in FBD, I think of Doug as an inquisitive traveler - I always enjoyed his photo quizzes for their historical, religious, cultural and humorous points!

Shirkant Bangdiwala, PhD
Biostatistician, Biometry Core



Doug meets weekly with his Biometry Core to discuss the status of his ongoing research (Left to right) JB Hu, Jane Leserman, Carolyn Morris, Dr. Drossman, Jennifer Franklin, Spencer Dorn, Christina Wrennall.

Ever energetic, truly a workaholic, and certainly still young with a sharp mind, cheerful sense of humor, and childlike grins from ear to ear, Doug's retiring? How can GI research retain fire without fuel from Dr. Drossman? Where are we to get exotic goodies Doug brought from the world to our monthly gathering? We'll miss you big Doug.

JB Hu, MA, PhD
Research Associate and Data Manager, Biometry Core

I have thoroughly enjoyed working for and knowing Doug. Ever creative and interested, he looks at things from different perspectives, questions, conducts research, learns, teaches, produces, has fun along the way, and it shows. He inspires me to do the same by modeling this. I very much respect Doug for his accomplishments, but also by the way he integrates information new and old. He is logical, creative, understanding, fun and has a great sense of humor. He has taught me many valuable things. I will really miss the time I spend with Doug.

Carolyn Morris, MPH
Biostatistician, Biometry Core

Member of the Institute of Medicine Committee on Gulf War and Health – Vol. 6, also Vol. 8 (2009) and Vol. 10 (2011)

AGA Fellow

AGA/Miles and Shirley Fiterman Foundation Joseph B. Kirsner Award in Clinical Research in Gastroenterology 2005 – Master, American College of Gastroenterology

2005

2006



Dr. Drossman receiving his honorary degree from Romania (2010)

Doug has had an enormously positive influence on me in several ways. He has been a wonderful mentor who has always had my best interest in mind. Seeing patients with him in his clinic gave me a completely different perspective on taking care of patients. He taught me how to establish a positive, interactive relationship with patients, actively listen, empower patients, and to value patience. He also taught me that active listening can be very therapeutic for patients. Doug has guided me in working effectively in leadership positions on the Rome Board and Functional Brain-Gut Group. He always makes himself available and is happy to help others. Doug has been a wonderful role model for me. He is a leader and icon in the field of functional gastrointestinal disorders. I feel extremely fortunate to call Doug my mentor, colleague and good friend.

Lin Chang, MD

Center for Neurovisceral Sciences and Women's Health

Center for Neurobiology of Stress

David Geffen School of Medicine at UCLA

It has been a distinct pleasure to have worked with Doug and his colleagues these many years. His enthusiasm for, and his advocacy of, the biopsychosocial model of chronic GI disorders has been invaluable to our profession and has profoundly influenced my thinking and the approach that I bring to the care of my patients. While technology continues to disproportionately influence the practice of gastroenterology, Doug continuously reminds us that there is a distinction between disease and illness and that "the secret in caring for the patient is caring for the patient".

Arnold Wald, MD

Professor of Medicine, Division of Gastroenterology & Hepatology, University of Wisconsin School of Medicine and Public Health, Madison, Wisconsin

During the summer of 2010 I had the pleasure of joining Dr Drossman in his clinic for a month. For me it was truly a "masters class" and an experience I would always cherish. Naturally before I came to NC I was aware of Dr Drossman's work in the field of functional GI disorders but being able to participate in a "live performance" (and it is indeed a performance) was a profound experience for me both personally and professionally. The way he is implementing the "Biopsychosocial model theory" into the most complicated cases in the GI practice is truly the "art of medicine". There is not a single day since that I am not using a fraction of what I have learned from him. I know that watching him at work made me a better care giver for my patients and for that I am very grateful. I would like to take this opportunity to wish him all the best in his future plans and encourage him to stay restless, productive and innovative as he has always been.

Roy Dekel, MD

Assistant Professor of Medicine

Ichilov Medical Center, Tel Aviv, Israel

"Top Gastroenterologist"
Men's Health Magazine, April

AGA Mentors Research
Scholar Award

Published article,
"On Mentoring" in the
American Journal of
Gastroenterology

"Top Gastroenterologist"
Women's Health Magazine,
April 2008

"Patient's Choice Award" (2008-
2010)

2007

2007

2008

NOW ENTERING "RETIREMENT", DR. DROSSMAN PLANS TO CONTINUE HIS PASSION FOR HIS WORK BUT WILL ALSO HAVE MORE OPPORTUNITY TO ENJOY TRAVELING AND SPENDING TIME WITH HIS WIFE AND FAMILY.



Dr. Drossman loves to travel. He and Debbie have visited more than 50 countries.



Dr. Drossman's furry companion, Ralph



Cheers to a happy retirement!



Dr. Drossman's five grandchildren

"Doctor Honoris Causa" National honorary degree from Romania

Top Doctor, US News and World Report

Retirement

UNC Chapel Hill Faculty after 35 years of service

2010

2011

2011

RETIREMENT RECEPTIONS HONORING DR. DROSSMAN

The UNC Department of Medicine, the UNC Division of GI & Hepatology and the UNC Center for Functional GI & Motility Disorders hosted retirement receptions for Dr. Drossman.



Drs William Whitehead, Andrew Greganti, Douglas Drossman, Robert Sandler and Marschall Runge



Dr. Drossman accepts a retirement award from Dr. Whitehead for his contributions and leadership to the UNC Center for Functional GI & Motility Disorders



Over 75 of Dr. Drossman's colleagues and friends attended his retirement reception hosted by the UNC Department of Medicine



(Left to right) Drs Jan Busby-Whithead and William Whitehead, Dr. Drossman, Daniel Drossman, Bob Scully, Susan Greganti and Dr. Andrew Greganti



Dr. Drossman pictured with some of the current GI Fellows (Left to right) Drs Shehzad Sheikh, Seth Crockett, Ademola Aderoju, Douglas Drossman, Laurie-Anne Swaby, Eric Orman and Kunwardeep Sohail



Members of the Biometry Core honored Dr. Drossman with a comical skit complete with wigs (Left to right) Jane Leserman, Carolyn Morris, Shirkant Bangdiwala and JB Hu

TRIBUTE TO DOUGLAS A. DROSSMAN, MD

continued from front page

There are other important scientific developments which I could tell you about. They include his pivotal trial of cognitive behavior therapy and antidepressants for the treatment of functional bowel disorders and his recent work on narcotic bowel syndrome. However, I will only mention these important contributions and move on to tell you about another part of his legacy, which is founding organizations.

In the 1980's GI research was dominated by motility. This was the era of Sid Phillips, Juan Malagelada, and David Wingate, and there was almost no place where research on functional GI disorders could be presented. Functional GI abstracts were rarely accepted for presentation at Digestive Disease Week (DDW) because the abstract review committees

were dominated by motility researchers. Doug saw a need for an organization to represent the views of people interested in functional GI disorders and in the contribution of psychosocial factors to their etiology. He and I met in Baltimore to draw up a set of bylaws for the Functional Brain-Gut Research Group (FBG), which was to be a special

interest group at DDW. Doug was the president of this group for 3 terms (6 years) and was a very effective advocate. He managed to persuade the Motility Section of the AGA Council to set aside abstract descriptors specifically for functional GI, to guarantee that members of the FBG would serve on the abstract selection committee, and to set aside one of the DDW symposia for functional GI each year. This had an enormous impact: Our representation on the program grew until we often had more abstracts than the motility section, and our symposia were among the best attended at the meeting. Membership in the FBG grew until it was perceived as a threat by the traditional motility researchers and the American Motility Society. Recently, the FBG was integrated again into the American Neurogastroenterology and Motility Society but with a balanced leadership plan and representation of the interests of clinical researchers.



The second professional organization Doug founded was the Rome Foundation. This was initially a steering committee of researchers involved in the development of the diagnostic criteria, but it has grown into an organization that has taken on a much broader agenda. Board membership is international and is highly sought after. Some of the tasks taken on by the foundation are the translation of the Rome Diagnostic Questionnaire into multiple languages to facilitate multinational research projects, development of treatment algorithms for clinicians, systematic reviews on topics such as the role of stool microbiota and diet in functional GI disorders, and the development of outcome measures and guidelines for the design of treatment trials. Doug also encouraged the foundation to develop an International Liaison Committee, and

this now counts some of the most influential gastroenterologists from countries not represented on the Rome board. This group is organizing international surveys of its own.

Finally, Doug was pivotal in establishing the UNC Center for Functional Gastrointestinal and Motility Disorders. He and I established this Center in 1994 and have been its co-directors from the beginning.

Together we obtained a \$2.4 million grant from the NIH to support the infrastructure of the Center. Doug's leadership has been key to the development of highly innovative clinical treatment programs as well as a unique clinical research program on psychosocial aspects of functional GI disorders. He has trained a number of fellows who are emerging as leaders in the functional GI field nationally; this includes Spencer Dorn, Yehuda Ringel, Reuben Wong and Albena Halpert. His Wednesday night symposia have become a mainstay of the training of our GI fellows. There has been a continuous stream of visitors from all over the world who have come here to learn clinical and research skills from Doug. In fact, the Functional GI Center is what UNC is best known for nationally and internationally. The Center will continue as a visible symbol of Doug's legacy to the Division of Gastroenterology and Hepatology at UNC.



IBS: THE ROLE OF DIET AND PROBIOTICS

Spencer Dorn, MD, MPH

*Assistant Professor of Medicine, Division of Gastroenterology & Hepatology
University of North Carolina at Chapel Hill*

If you are curious about the relationship between diet and IBS, you are not alone! Diet is the number one topic that patients with IBS want to know about. Here we will review how diet can affect IBS and discuss how dietary changes can help improve symptoms. Before we discuss this, we must make several important points. First, both the act of eating and the specific foods consumed may be *one of many* factors that influence IBS. Second, because it is very challenging to scientifically study diet, a lot remains unknown about how foods affect IBS. And third, general recommendations about diet are possible, but diet should be tailored to the individual.

HOW DOES DIET AFFECT IBS?

There are many potential ways that diet can lead to IBS symptoms. Some of the proposed mechanisms include:

1. **Exaggerated gastrointestinal response to food:** For instance, ingesting food (particularly when large amounts are ingested quickly) may affect GI tract motility, resulting in cramping and/or diarrhea.
2. **Abnormal gas handling:** If the GI tract does not fully absorb certain food items, they are broken down by bacteria (fermented) and this can lead to gaseousness and bloating after meals.
3. **Psychological factors, such as food aversion:** Often those who feel eating triggers their gastrointestinal symptoms try to avoid certain foods or cut back on eating. Over time this may become a learned behavior that leads them to avoid eating.
4. **Food allergy:** The body's immune system (i.e., defense system) can overreact to a certain ingested protein or antigen. However, studies suggest that only a very small percentage of adults with IBS have a true food allergy.
5. **Food Intolerance:** If you are intolerant to a certain food, when you ingest it your body will adversely react and symptoms will develop. Unlike food allergy, this reaction is not related to the body's immune system. We do not know how often food intolerance contributes to IBS, though it appears to be more common than food allergy (especially among those with IBS with diarrhea). Unfortunately, it can be difficult to identify particular foods to which you may be intolerant. One approach is to go on an "elimination diet." Among those with IBS and food intolerance, the most common culprits include: wheat, milk, corn, eggs, beef, pork, lamb, and soy.
6. **Lactose malabsorption:** When sugars are not absorbed, they remain in the GI tract and can cause IBS-like symptoms, such as abdominal cramps, bloating, and diarrhea. Lactose is the main sugar found in dairy products. Studies have shown that lactose malabsorption is no more common in those with IBS than in others without IBS. However, it is possible that those with IBS are more sensitive to the effects of lactose malabsorption.
7. **Fructose malabsorption:** Fructose is found in many foods, including fruits, honey, table sugar, many vegetables, wheat, barley, and rye. Like lactose, fructose malabsorption is no more common in those with IBS, but it is possible that IBS patients are more sensitive to the effects of not absorbing fructose.
8. **FODMAPs (Fermentable Oligosaccharides, Disaccharides, Monosaccharides, and Polyols)** are a group of poorly-absorbed sugars. These sugars tend to remain in the GI tract, where they are digested by bacteria through a process called fermentation. Consequently, these byproducts can cause gas, bloating, and diarrhea. In one well-designed study, a FODMAP-free diet significantly improved IBS symptoms. The challenge is that this diet is very restrictive, and requires one to eliminate all dairy products and fructose, artificial sweeteners, "stone fruits" (apples, pears, apricots, peaches, plums, cherries), foods with fructans (including wheat, onion, leek, asparagus, artichoke, garlic, chicory, burdock barley, rye, banana, and lettuce), and foods with galactans (including legumes such as beans, lentils, cabbage, chickpeas, and brussels sprouts).
9. **FIBER** is the indigestible portion of plant foods. There are two main types of fiber: insoluble and soluble. Insoluble fiber is minimally changed as it passes through the GI tract. It is found in the skin of fruits and vegetables, as well as in seeds, nuts, and whole grains, and in supplements such as corn fiber and wheat bran. Soluble fiber dissolves in water to form a viscous gel. It is found in barley, flax, oats,

and certain fruits and vegetables, as well as in supplements such as psyllium (Metamucil), Guar gum (Benefiber), Calcium polycarbophil (Fibercon), methylcellulose (CitraCell). For many years, doctors have recommended fiber to treat IBS, largely without much scientific evidence to support this recommendation. Recently, a group of scientists examined all the studies on fiber for treating IBS. They found that soluble fiber helps IBS most. Furthermore, synthetic soluble fibers (e.g., Calcium polycarbophil (Fibercon), methylcellulose (CitraCell)) are the best tolerated of the soluble fibers.

DIETARY RECOMMENDATIONS FOR IBS:

Eat smaller, more frequent meals. This can be easier on the GI system than eating one or two large (e.g., Thanksgiving-sized) meals each day. Some patients with IBS find it best if they “graze” throughout the day. However, unless you are intentionally trying to lose weight, it is important to maintain the same amount of calories.

Pay attention to what you eat and how certain foods make you feel. A food diary may be helpful to keep track of symptoms. Those who are very motivated may consider an elimination diet and/or FODMAP restricted diet under their doctor’s supervision.

Increasing fiber can sometimes help IBS, especially when there is constipation. Soluble fiber is preferred over insoluble fiber. For those who do not get enough dietary fiber, supplements such as calcium polycarbophil (Fibercon) or methylcellulose (CitraCell) can be helpful.

Remember that food reactions occur within a few hours of eating. Often patients will try to achieve an understanding of their symptoms by attributing them to foods. This may not be correct at times, and can be a coincidence. In particular, food handling and digestion occur over a few hours. Therefore, the food you ate yesterday is not likely to produce symptoms today.

WHAT ABOUT PROBIOTICS?

Probiotics are live microorganisms (usually bacteria) that when ingested positively impact health. There are literally hundreds of different probiotics – no two probiotics are the same. Certain fermented foods such as yogurt and sauerkraut that are rich in probiotics have been used for centuries. More recently, probiotic supplements have been developed and sold in health food stores and pharmacies. Importantly, unlike pharmaceutical drugs, probiotics are not regulated by any governmental agency. Therefore, companies that make probiotics can claim that their probiotics do great things even if they do not. Many different types of probiotics have been studied for treating IBS. Several *Lactobacillus* species (including *Lactobacillus* GG, *plantarum*, *acidophilus*, and *casei*), the probiotic cocktail VSL#3, and *Bifidobacterium animalis* have been shown to help individual IBS symptoms, such as bloating. Another probiotic strain called *Bifidobacterium infantis* was shown to reduce pain and improve overall IBS symptoms.

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Seventh Annual RESEARCH DAY

Biopsychosocial Research at UNC-Chapel Hill

Saturday, January 28, 2012 | Siena Hotel, Chapel Hill, NC



The latest clinical updates. Your old colleagues. The new experts. Mark your calendar.

FEATURED TOPICS

- Physiological Mechanisms for IBS
- Pelvic Floor Disorders
- Treatment Studies
- Cross-Cultural Studies

FEATURED PRESENTERS



Ami Sperber, MD
Emeritus Professor of Medicine
Ben-Gurion Univ of the Negev,
Israel



Khalil N. Bitar, PhD
Director of GI Program
Wake Forest University



Satish Rao, MD PhD
Chief, Section of GI & Hepatology
Georgia Health Science Univ

There is **no admittance fee**, but registration is **required**. Registration includes: all sessions, lunch, refreshment breaks, and printed materials. This is a non-CME event for faculty, investigators, students and anyone with a professional interest in FGID research. The event is supported through educational grants from various sponsors, for whom we are grateful for support for the Center's ongoing clinical, educational and training activities.

REGISTER ONLINE AT WWW.MED.UNC.EDU/IBS

Free Reception followed by Dinner

7:00 PM on Friday, January 27th
@ the Siena Hotel, Chapel Hill

Registration and Presentations begin

8:00 AM on Saturday, January 28th
@ the Siena Hotel, Chapel Hill

PLEASE CONTACT SARAH BARRETT FOR MORE INFORMATION
SLBARRET@MED.UNC.EDU • 919-966-9270



RESEARCH DAY 2012

SATURDAY, JANUARY 28TH

8:00 AM	Registration and Breakfast Siena Hotel 1505 East Franklin Street, Chapel Hill, NC 27514
9:00 AM	Welcome
	Physiological Mechanisms for IBS Moderator: William E. Whitehead, PhD
9:15 AM	Miranda van Tilburg, PhD - Possible mitochondrial DNA abnormalities in IBS Assistant Professor of Medicine, Division of Gastroenterology & Hepatology, University of North Carolina at Chapel Hill
9:35 AM	William E. Whitehead, PhD - Genetic risk factors for IBS Professor of Medicine, Division of Gastroenterology & Hepatology, University of North Carolina at Chapel Hill
9:55 AM	Olafur Palsson, PsyD - Empirically defining symptom episodes in IBS Associate Professor of Medicine, Division of Gastroenterology & Hepatology, University of North Carolina at Chapel Hill
10:15 AM	Motoyori Kanazawa, MD, PhD - Differences in pain sensitivity between colon and rectum Associate Professor, Department of Behavioral Medicine, Tohoku University Graduate School of Medicine, Sendai, Japan
10:35 AM	Ami Sperber, MD - Sleep studies in IBS Emeritus Professor of Medicine, Faculty of Health Sciences, Ben-Gurion University of the Negev, Beer-Sheva, Israel
	Break
	Pelvic Floor Disorders Moderator: William E. Whitehead, PhD
11:05 AM	Khalil N. Bitar, PhD, AGAF - GI neuromuscular disorders: Regenerative medicine approach Professor, Director of GI Program, Wake Forest Institute for Regenerative Medicine; Professor of Internal Medicine, Gastroenterology; Professor of Biomedical Engineering & Sciences, Wake Forest
11:35 AM	Satish Rao, MD, PhD - Digital rectal examination: Video demonstration, pitfalls and clinical utility Professor of Medicine; Director, Digestive Disease Center and Neurogastroenterology & GI Motility; Medical College of Georgia
11:55 AM	William E. Whitehead, PhD - Utility of history and physical exam for diagnosis of dyssynergia Professor of Medicine, Division of Gastroenterology & Hepatology, University of North Carolina at Chapel Hill
12:15 PM	Barbara Robinson, MD - Influence of stool consistency, urgency, and obstetric history on fecal incontinence in women with IBS Fellow in Urogynecology, Department of Obstetrics and Gynecology, University of North Carolina at Chapel Hill
	Lunch
	Treatment Studies Moderator: Douglas A. Drossman, MD
1:35 PM	Douglas A. Drossman, MD - Narcotic bowel treatment Adjunct Professor of Medicine & Psychiatry Division of Gastroenterology & Hepatology, University of North Carolina at Chapel Hill
1:55 PM	Rona Levy, PhD - CBT treatment of FAP in children Professor, School of Social Work; Adjunct Professor of Psychology, Department of Psychology; Adjunct Professor of Medicine, Division of Gastroenterology, University of Washington
2:15 PM	Spencer Dorn, MD, MPH - Development of a scale to measure patient satisfaction with care Assistant Professor of Medicine, Division of Gastroenterology & Hepatology, University of North Carolina at Chapel Hill
2:35 PM	Susan Gaylord, PhD - Mindfulness meditation for IBS: Research update Director of the Program on Integrative Medicine, Department of Physical Medicine & Rehabilitation, University of North Carolina at Chapel Hill
2:55 PM	Ryan Madanick, MD - Home hypnotherapy for refractory functional chest pain Assistant Professor of Medicine, Division of Gastroenterology & Hepatology, University of North Carolina at Chapel Hill
3:15 PM	Spencer Dorn, MD, MPH - Savella in treatment of IBS Assistant Professor of Medicine, Division of Gastroenterology & Hepatology, University of North Carolina at Chapel Hill
	Break
	Cross-Cultural Studies Moderator: Ami Sperber, MD
3:40 PM	Douglas A. Drossman, MD - Rome IV Adjunct Professor of Medicine & Psychiatry, Division of Gastroenterology & Hepatology, University of North Carolina at Chapel Hill
4:10 PM	Ami Sperber, MD - State of the Art Lecture - Multinational studies of FGIDs Emeritus Professor of Medicine, Faculty of Health Sciences, Ben-Gurion University of the Negev, Beer-Sheva, Israel
4:40 PM	William E. Whitehead, PhD - Multinational study of IBS and functional dyspepsia in six Asian countries Professor of Medicine, Division of Gastroenterology & Hepatology, University of North Carolina at Chapel Hill
5:00 PM	Motoyori Kanazawa, MD, PhD - Cross-cultural comparison of IBS in Japan and the US Associate Professor, Department of Behavioral Medicine, Tohoku University Graduate School of Medicine, Sendai, Miyagi, Japan
5:20 PM	Closing Remarks



PARTICIPATE IN RESEARCH AND CLINICAL TRIALS

<p>GENETIC AND ENVIRONMENTAL FACTORS THAT CAUSE OR INFLUENCE IBS</p> <p>Contact: Lenore Keck, RN (919) 966-8329 http://ibsstudy.com</p>	<p>This study involves measuring the relationship between genes, the environment, and various psychological and health factors in men and women with IBS. Individuals who participate will make 2 visits to the Clinical and Translational Research Center at UNC Hospital. Subjects who complete the study will receive \$250. Some travel expenses may be provided.</p>
<p>TIOGA</p> <p>Contact: Jennifer Layton (919) 966-2259</p>	<p>Patients who are eligible for this study should have an IBS-D diagnosis with a minimum of 4 BMs a day. These patients should also have had a recent flex sig or colonoscopy.</p> <p>This is a double blind, placebo controlled study with asimadoline, which is a kappa opioid agonist, which relieves visceral hypersensitivity. This is a twelve week study with six visits. Patients will receive study drug and study-related medical care at no cost. Participants will be compensated up to \$400 for their participation.</p>
<p>Healthy Controls Needed for Research Study</p> <p>Contact: Lenore Keck, RN (919) 966-8329 http://ibsstudy.com</p>	<p>We are conducting a research study investigating a broad range of factors that may cause or influence IBS. We are looking for healthy subjects without IBS or any other gastrointestinal (stomach or bowel) symptoms to participate. One 3-4 hour visit required. \$75 reimbursement for participation.</p>
<p>LEXICON</p> <p>Contact: Jennifer Layton (919) 966-2259</p>	<p>Patients who are eligible for this study should have an IBS-D diagnosis with a minimum of 4 BMs a day. These patients should also have had a recent flex sig or colonoscopy.</p> <p>This is a double blind, placebo controlled study with asimadoline, which is a kappa opioid agonist, which relieves visceral hypersensitivity. This is a twelve week study with six visits. Patients will receive study drug and study-related medical care at no cost. Participants will be compensated up to \$400 for their participation.</p>
<p>F³ STUDY - FINDING FOODS FEARFUL: <i>A study of children and adolescents with a fear of trying new foods</i></p> <p>Contact: Miranda Van Tilburg, PhD (919) 843-0688</p>	<p>If you think your child has a fear of trying new foods and/or has such a limited food variety that it gets in the way, join our online registry of parents who have a child who struggles with food neophobia. Your responses will help us learn more about this behavioral pattern so we can develop new treatments, help parents feel less blamed, and learn more about the development of taste preferences in general.</p>

PARTICIPATE IN RESEARCH AND CLINICAL TRIALS

<p>Savella Contact: Jennifer Layton (919) 966-2259</p>	<p>Are you a woman between the ages of 18 and 79 with a diagnosis of irritable bowel syndrome with persistent pain? If so, you may be eligible to participate in an off-label drug study with the UNC Center for Functional GI and Motility Disorders.</p>
<p>Synergy Contact: Jennifer Layton (919) 966-2259</p>	<p>A 12 week study to assess the safety and efficacy of plecanatide in patients with chronic idiopathic constipation Are you between the ages of 18 and 75 with a diagnosis of chronic constipation? If so you may be eligible to participate in this investigational drug study with the UNC Center for Functional GI and Motility Disorders.</p>
<p>MANAGING CHILD ABDOMINAL PAIN STUDY Contact: Miranda Van Tilburg, PhD (919) 843-0688</p>	<p>Volunteers needed to take part in a research study that looks at ways to help parents manage their child's stomachaches. If you enroll in this study, you will be asked to complete three sessions with a research clinician. You and your child will also complete five surveys over a period of a year. No medicines will be used in this study.</p> <p>Requirements: You may be eligible if your child is between the ages of 7 and 12, AND experienced at least three stomachaches in the past three months which affected his/her activities.</p> <p>Compensation: You will receive up to \$260 in total, your child will receive up to \$25 in gift cards.</p>



TRIBUTE TO STEPHAN WEINLAND, PhD

Written by Douglas A. Drossman, MD

Co-Director Emeritus, UNC Center for Functional GI & Motility Disorders

It is a great honor and privilege to comment on Steve Weinland, and his productive association at the UNC Center for Functional GI and Motility Disorders. Steve joined our program about 5 years ago after moving back to the USA from England. Being trained as a clinical psychologist and with a history of research in pain management he seemed to be a good match for our clinical and research program; as I learned he had much more to offer. He was eager to learn about functional GI disorders, and the biopsychosocial model and he used his knowledge effectively. Steve “got it” quickly – learning about a complex array of patient illnesses and quickly integrating biopsychosocial information that he obtained into a rationale, coherent and effective plan. Steve could effortlessly blend a variety of treatment methods (CBT, stress management, relaxation, mindfulness, DBT, hypnosis, and the like) and target them to the precise needs of his patients and they loved him for it.

Our patients were his patients. Unlike many mental health providers these days Steve was a true liaison psychologist and a highly effective educator. He participated in all our clinical conferences, followed the patients on the inpatient service, interacted with and taught the fellows, supervised a large number of psychology interns and visitors, and gave relevant and informative educational presentations. His insights helped shape our clinical team’s decisions by providing to us the needed view of the patient’s world, and using that he introduced novel and relevant concepts to reach a better understanding. As a non-physician his medical questions were cogent and presented in a participatory and respectful way: “I know she has IBD but her behaviors relative to the pain are hard to understand; could she also have a Narcotic bowel”? He will be missed by all of us privileged to work with him on our patients.

Steve will also leave a legacy to the Center as a clinical researcher. He brought new skills to us including methods of data collection – Ecological Momentary Assessment. This led to publications, presentations and possibly a new understanding of how the symptoms are experienced by patients. Steve is also a team player. He participated effectively with the biometry group where we planned projects and discussed data and he was also an effective manager of our research assistants, holding weekly meetings and brainstorming sessions. The result was that Steve helped create and manage several research grants and published a dozen articles and editorials and numerous abstracts during his tenure here.

We can’t ignore Steve’s influence on us as individuals. Friendly, courteous, professional, concerned, and even nurturing are a few of the words that describe his interactions with patients and peers alike. He could actuate others into helping themselves. We all recall his meaningful aphorisms: “First, take care of yourself”, or “never say ‘should’”. Steve is also a dedicated family man who could demonstrate to others how to balance his priorities at home with work, and he is highly respected for that. Finally Steve was a good listener who gained the respect from many as someone who they could confide in (including me).

To end with a personal note, I found Steve to be available and supportive. He tolerated well my excesses and was always eager to help. We began with me as a teacher and mentor and ended as colleagues and friends. Steve, it goes without saying that my experience here at UNC is so much more enhanced by you being here. So thank you and best wishes for happy, healthy and productive career as you leave UNC.



UPDATE FROM IFFGD

Elisabeth Vink
Program Assistant, IFFGD

“Serving those who serve.” It’s a phrase that you might have heard around Veterans’ Day, but it truly is something that we can keep in mind the whole year through. Our armed service members have served our nation, now it’s our turn to help serve them. To attain this goal, the International Foundation for Functional Gastrointestinal Disorders (IFFGD) and our grassroots arm, the Digestive Health Alliance (DHA), are taking action to encourage research into the medical and health needs of veterans who have served in the Gulf War regions of Afghanistan and Iraq.

At a briefing we cosponsored in Washington, DC in October 2011, DHA advocate Brian Bird, U.S. Army (ret.), addressed U.S. House and Senate legislative staff members, VA officials, and representatives from numerous veterans’ advocacy organizations to share his experience of returning from service in Iraq with painful and disabling digestive symptoms. He related his months of multiple and futile hospital and doctor visits before finally receiving a diagnosis and starting treatment. Like many returning veterans, Brian suffers with a functional gastrointestinal (GI) disorder, in his case cyclic vomiting syndrome.

Functional GI disorders disproportionately impact veterans and active duty military personnel. Deployed soldiers face a heightened chance of developing a functional GI disorder due to their exposure to certain risk factors, such as infections of the GI tract and severe stress. This link is well documented in medical literature, including 2 pivotal National Academy of Sciences reports on health effects of serving in the Gulf War; Douglas Drossman, M.D. from UNC was one of the Committee Members who authored these reports.

Along with Brian, William Norton from IFFGD and Brennan Spiegel, M.D. from UCLA briefed attendees on how service in the Gulf War region impacts the health of our returning soldiers, the current state of care and research, and what can be done to help improve the lives of these service men and women.

While on Capitol Hill, these advocates also spoke about the landmark legislation introduced earlier this congress in the House of Representatives. The Functional Gastrointestinal and Motility Disorders

Research Enhancement Act of 2011 (H.R. 2239) aims at improving the lives of all who suffer with functional GI and motility disorders. Once passed H.R. 2239 will grant the National Institutes of Health (NIH) new authority to initiate innovative research projects, establish a Centers of Excellence Program in this area, coordinate research activities with the Department of Defense and the Veterans Administration when appropriate, and call on the Food and Drug Administration (FDA) to improve review, approval, and oversight of treatments for these conditions. Introduced with bipartisan support, H.R. 2239 continues to gain support from members of both parties who are hearing from their constituents. We encourage you to contact your own House Members so that H.R. 2239 can become law.

To learn more about H.R. 2239 and the actions that you can take to support this important legislation, please visit www.iffgd.org/action/hr2239.

UPCOMING CHAT ROOM SCHEDULE



February 7, 2012	<i>Mindfulness for IBS</i>	Susan Gaylord, PhD
March 6, 2012	<i>Pelvic Floor Disorders</i>	Arnold Wald, MD
April 3, 2012	<i>Partner Burden</i>	Reuben Wong, MD

NEXTGEN: HEALTH - ONLINE CONFERENCE

On March 29-30, 2012, at the famous Tribeca Theater in NYC, NextGen:Health will bring together top innovators, practitioners and executives from all aspects of healthcare to share innovative ideas on increasing patient wellbeing, improving experiences of the doctors, staff, patients, and families, and enabling better research, data-sharing, and business practices. The talks are short, engaging and entertaining and in a dynamic Broadway Theater setting! The topics are game-changing BIG ideas. No boring lectures! No bulletpoints! No pitching!

Dr. Drossman joins other top innovators from the Mayo Clinic, Harvard, MIT, Columbia, Michigan, Dartmouth, NYU, UNC, and more in a revolutionary conference. Dr. Drossman will be speaking about improving the patient interview, to get the root issues and treat the patient as a full person. He will also be leading an Intensive Workshop on Day 2 - March 30th. Look forward to a rich, fun, and eye-opening multimedia-driven experience.

JOIN US AT THIS INVITATION-ONLY EVENT!

As a friend of the center, you can sign up for the invitation-only conference at <http://nextgenhealth.com> apply using the code "drossman12".



OPPORTUNITY TO SUPPORT

Center Tax ID#: 56-6057-494

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I would like to make a donation to the Center. Enclosed is my donation in the amount of:

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Please send me more information on the following:

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☐ Irritable Bowel Syndrome (IBS)
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☐ Check here if your contribution is designated for the Alan Wayne Ducoff Memorial Fund

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Contributions from individual donors and grants from foundations and corporations are essential to enhancing and expanding the Center's comprehensive and multi-disciplinary approach to clinical care, research, training and education in functional GI and motility disorders.

Memorial Research Fund

The Alan Wayne Ducoff Memorial Fund provides an opportunity for families and friends to remember and honor their loved ones by making a designated contribution to the Center's research program. To make a donation to the Alan Wayne Ducoff Memorial Fund, please check off the appropriate box on the donation form.

For more information about supporting the Center, please contact Sarah Barrett at slbarret@med.unc.edu.



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