

**Are you
one of the
millions
of people
suffering from
digestive
problems?**



**LOVE
YOUR
GUT**

See inside for information on
symptoms, conditions, expert advice
and our Digestive Health Assessment

www.loveyourgut.com

Information Pack 



Find out how to
keep your gut
healthy and where
to turn to for help



The Gut

The gut, also known as the gastrointestinal tract or the digestive system, starts at the mouth and runs through the body ending with the anus. The digestive system or gut is responsible for processing all the food we eat, so that essential nutrients, vitamins and minerals can be absorbed, providing vital fuel for our body. Any food that cannot be digested, waste substances and bacteria are all passed out as stools (faeces).

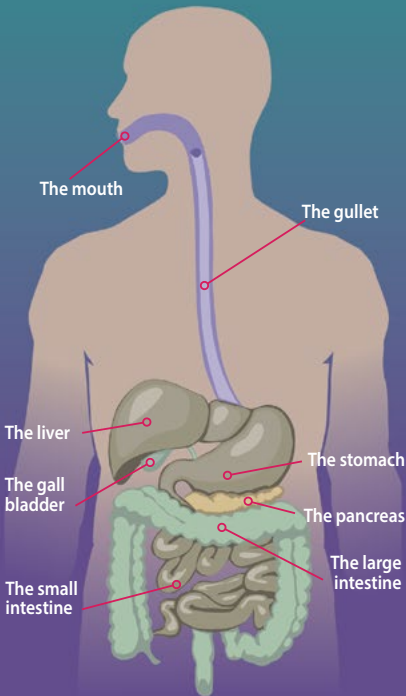
The process of digestion begins from the moment food enters our mouths; chewing mechanically breaks down the food into smaller parts and saliva, which contains enzymes, starts to chemically digest the food.

Swallowing passes the food from our mouth to the oesophagus, with the help of our tongue which helps to push food to the back of the mouth. The oesophagus releases mucus to lubricate the passage of the food and muscles push the food down towards the stomach.

Once in the stomach, the food is mixed with gastric juice consisting of enzymes, hormones and acids that have been released from glands in the stomach lining. Peristalsis begins, which is the contracting and relaxing of muscles in the stomach and intestines, to continue to move food, now known as chyme, from the stomach into the small intestine, and subsequently through the small and large intestine.

In the small intestine, bile acid and pancreatic enzymes are released and they have a role in continuing the digestion process. The small intestine is where most of the important nutrients needed by the body are absorbed. Following on from the small intestine is the large intestine, which is wider. In the large intestine, bacteria help with the final stages of digestion and water is absorbed from the chyme. Once the chyme has been in the large intestine for anywhere between 5-70 hours most of the water has been removed and the remnants have become semi-solid – now known as stools (faeces) that will move towards the rectum ready for the bowels to be opened.

Most of the time, the gut works remarkably well, considering the variety of foods that we put into it. However, if we are stressed or if we eat too much of any component of our diet, then it may 'complain' and we may develop gut symptoms. And just occasionally, these symptoms can be the sign of a medical disease involving the gut. So, understanding how the digestive system works and how to look after it is important.



Using Your Senses

You can use all five senses to understand how well your gut is working. By listening, looking, smelling, tasting and feeling you may be able to recognise warning signs sooner than you think:



Sound – Not eaten for a while? Those rumbles could be your gut looking forward to the next meal by contracting and moving its contents on. Rumbling in the tummy ('borborygmi') is also about emotion and can be a giveaway when you are feeling stressed.

Sight – Stools (faeces) at the sloppy, loose, pale end of the spectrum often indicate that food is passing through the bowel very quickly and is incompletely absorbed, whereas hard, pellet-like, dark stools (faeces) can indicate hold-up and intestinal spasm. Abdominal distension may well be caused by a combination of factors including eating a diet containing a lot of poorly-absorbed fermentable sugars (FODMAPS – certain fruit and veg etc) that may cause spasm/hold up.



Smell – We all have smelly wind – it relates to what you've eaten and the composition of the bacterial microbiota in your gut. Diets rich in protein (sulphur containing amino acids) tend to result in wind with an odour similar to rotten eggs. However if you notice a change you may need to check it out.

Taste – Sufferers of acid reflux may experience a sour taste in the mouth caused by regurgitated stomach acid. A metallic taste in the mouth may occur in women at the start of pregnancy, people with bleeding gums, patients taking antibiotics, or those with a zinc or vitamin B12 deficiency. Loosely fitting crowns, gingivitis and constipation can also all cause a bad taste in the mouth.



Feeling – Crampy abdominal pains are often caused by eating too much of a particular type of food. Excess fat, coffee or even fruit can cause cramping particularly in patients with sensitive bowels or irritable bowel syndrome (IBS). In some rare cases, severe persistent cramping might indicate a partial obstruction of the intestine, caused by Crohn's disease, or obstruction of the bile duct by a gallstone.

Assessing your gut health

It's important to take an active role in monitoring and assessing your gut health, and here are some simple ways to do that:

Good Gut Health

Looking after your gut is easier than you might think. Take a look at the top tips from our experts on this pages –and visit www.loveyourgut.com for more information.



Melanie Flower
(Nutritional Therapist)



and **Dr Louise Wilson**
(Registered Dietitian)

offer their top tips on eating for digestive health:



Diets and Mealtimes

Eat a varied diet rich in fibre

Fibre plays an important role in digestive health and eating a variety of fruit, vegetables, wholegrains and legumes will help you achieve the daily average intake of 30g per day for adults. Top tip when increasing fibre intake is to do it gradually and make sure you drink enough as fibre needs fluid to work.

Limit red and processed meat

Red meat forms part of a healthy, balanced diet as it is a good source of nutrients, but we don't need to eat it every day and we should aim to eat no more than three portions a week (around 350-500g cooked weight per week). Cutting down on red meat intake can help protect against bowel cancer.

Know your body

Avoid or limit food and drinks that you know upset your digestion. Caffeine, spicy foods and alcohol are known to stimulate the bowel, but everyone is different and using a food and symptom diary might help you to identify foods to avoid or limit if you suffer.

Have a regular meal pattern

A regular eating pattern helps to create a more predictable bowel habit, and factors such as shift work, travel and eating on the go can often interrupt bowel habits.

Be prepared

Taking time to plan your weekly menu allows you to make healthier choices and introduce a variety of ingredients and meals to the table. Writing a shopping list before entering the supermarkets, and sticking to it, also helps to prevent you from being tempted by less healthy options.

Cook your meals

The smell of food sends nervous signals from the brain to the gut, causing digestive enzymes to be produced. Cook meals from scratch and the smell of food will prepare the digestive system for what's to come.

Chew your food well

Chewing mixes food with saliva, which starts to break down starches. If food is poorly chewed, stomach enzymes and acid in the stomach have to work harder to break it down, which can cause bloating and heartburn.

Know your limit

Continuing to eat past the point when you are comfortably full can overload your digestive system with extra food that it will struggle to process. This can cause indigestion, bloating and wind.

Exercise

Varying your exercise provides different health benefits

Combine anaerobic exercise such as weight-bearing exercises with aerobic activities like housework or walking. Flexibility exercises such as yoga and Pilates are great for core strength and keeping you supple.

Modify your everyday routine in order to incorporate more exercise

Walk to the shops or friends' houses instead of driving, and use stairs instead of escalators. Challenge yourself when doing the housework: can you vacuum more quickly, or polish more vigorously?

Walking every day can really boost your fitness routine

But are you getting around enough? Experts recommend taking 10,000 steps a day to avoid leading a sedentary lifestyle, so invest in a pedometer, which will measure the number of steps you take and challenge yourself to increase your steps every day.

Thirty minutes of exercise, five times a week can seem a little daunting

But thirty minutes only equates to 3% of your day - now is that so hard to fit in? It doesn't need to be the same time or activity every day, but do try and fit the time in.

Lifestyle

In stressful situations

The adrenalin pumping around the body and the compensatory effects of cortisol can alter the transit of food through the gut, causing either constipation or diarrhoea. Make an effort to consciously de-stress by taking time out to relax.

Lead a balanced life

If you can regulate your life, then you will regulate your bowels as well. Take time off - listen to music, take a long bath, read a book, meet friends or go for a stroll.

Plan ahead

Don't let the hectic nature of modern life overwhelm you. Buy a diary and plan your work so that it fits with your home life and social activities. Staying in control can help you to feel calmer about everything.



PERSONAL TRAINER
Sophie Christy
offers tips and
motivation for
easy exercise



GASTROENTEROLOGIST
and PSYCHOTHERAPIST
Dr Nick Read
shares tips on
coping with stress

Improving your gut
health is easier
than you think.

Start today!

Digestive Health Assessment

Towards the back of this booklet you will find the **Love Your Gut Digestive Health Assessment**. By answering some simple questions, you can check your digestive health and see whether it would be wise to seek help from your GP. This assessment tool has been created by leading gut health experts to help identify digestive complaints as it can be easy to miss signs of possible gut problems.

You can take your completed assessment along with you to your GP appointment to help you explain the symptoms you have and what your concerns are. The Digestive Health Assessment can also be downloaded here:

www.loveyourgut.com/the-digestive-health-assessment

Food and Symptom Diary

If you suffer from digestive problems that you think may be triggered by eating certain foods, then keeping a food and symptom diary can be useful to help you and your GP/ dietitian narrow down possible triggers.

The **Love Your Gut Food & Symptom Diary** has been created as a way to determine which foods may trigger symptoms, by accurately recording the times and duration of all symptoms, illness or stress, as well as everything you eat and drink. This includes all prescribed medicines and supplements, all sweets, treats and even licking out the mixing bowl when cooking a cake!

Once completed, take it along with you to your GP appointment as they can analyse it and possibly narrow down the potential cause of any symptoms. Download your copy here: www.loveyourgut.com/resources/food-and-symptoms-diary-2018.pdf

Get Comfortable Talking About Your Symptoms

It can be embarrassing and daunting to start a conversation with your GP or nurse about your symptoms - whether it be poo, wind, or cramps - but it will not be the first time they have heard what you want to say so try not to worry.

If you think you will have trouble explaining your symptoms at your appointment here are some useful tips:

- Write notes before you go to your appointment so you can show that to your GP/nurse – this will also help you remember everything you need to share with them.
- Use tools such as the **Love Your Gut Digestive Health Assessment** or **Food & Symptom Diary** to complete before your appointment and take with you.
- If you have someone you are comfortable to share your symptoms with before your appointment, talk to them about it - they will help you to realise that there is nothing to be embarrassed about.
- Take a family member or friend with you if they know the symptoms you are struggling with and can help you explain them to your GP/nurse – you may wish for them to be there to help explain your symptoms initially but you can then ask them to leave the appointment at any time.
- Share all your symptoms and concerns – they will all be important.

Conditions

Did you know that there are more than 25 different conditions all relating to the gut? Some may not last long, such as an episode of diarrhoea or constipation, or they may be symptomatic of an underlying condition. However, some conditions are long-lasting, life-changing and require proper medical advice and support to help best manage the condition.

Here we explore four of the more prevalent and life-changing gut conditions, and share the common symptoms, diagnosis and treatments to give guidance to anyone unsure of what their symptoms may be indicating, and confidence to talk to their GP if they have any concerns.

Irritable Bowel Syndrome (IBS)

Irritable Bowel Syndrome (IBS) affects up to 20% of the UK population and is a long-standing illness consisting of frequent abdominal discomfort and bowel symptoms which cannot be explained by any other disease. Symptoms can be complex and conflicting, and can include one or a combination of constipation, diarrhoea, abdominal cramps and pain, bloating and changes in bowel movement. Other common symptoms that may be associated with IBS can be: tiredness, nausea, heartburn and indigestion, backache, needing to pass urine frequently, headaches, muscle pain, anxiety and depression.

Making a diagnosis

It may be possible for GPs to diagnose someone showing signs of IBS based on their symptoms. However, in some cases further investigations might be needed. Initially, the GP will explore how long someone has experienced symptoms, looking at family history, lifestyle, physical exercise regimes, dietary habits and stress.

Once someone has been diagnosed with IBS, they may be referred to a dietitian for specialist dietary interventions, and/or they may be signposted to sources of information such as The IBS Network website for free information and advice on the condition and for ongoing support. By understanding all aspects of their illness, including specific triggers – whether stress, diet or lifestyle related, the ‘patient’ can take control and start the process of self-managing their own condition, along with support from their healthcare professionals.

People with IBS often seek a ‘miracle’ treatment that both cures the condition and is free from side-effects. Unfortunately, this does not exist.

Self-managing IBS

People with IBS usually find that eating can trigger their symptoms, but it’s often difficult to identify what component, if any, of the meal may be responsible. In many cases, it may be the act of eating, the context of the meal, what it represents or just eating in a rush that is upsetting the gut. For others, certain food and drink may exacerbate their symptoms. Making the right dietary changes can often help IBS symptoms – and these can be quite simple. Encouraging the use of a food and symptom diary will help show any patterns where symptoms may be worse.

Lifestyle

Many people with IBS discover that their bowels seem to function like an 'emotional barometer', indicating how they feel about what is going on in their lives. Emotional tension always makes IBS worse. Anxiety, frustration, despair can all tie the guts in knots. Being aware of this is an important starting point.

Providing advice on managing stress and anxiety whether through adapting work / life balance, counselling and psychotherapy services, or complementary therapies can be useful for some.

Key points

IBS is a complex, long-standing illness which is often difficult to diagnose. Through a better understanding of the potential triggers, whether linked to diet, lifestyle, stress or other factors, and knowing treatments, therapies and changes to make – GPs and other healthcare professionals can support people with IBS by encouraging self-management. GPs can signpost those diagnosed to the national charity, The IBS Network (www.theibsnetwork.org), which offers comprehensive advice on self-management and can help those people with IBS to live well.

Inflammatory Bowel Disease (IBD)

The term **Inflammatory Bowel Disease** (IBD) refers to a group of conditions that affect the gut. Crohn's Disease and Ulcerative Colitis are by far the most common ones, affecting more than 300,000 people in the UK. Both are life-long conditions and usually start in young adulthood, though they can also affect children and adolescents. The causes of either condition are not known. It is thought to be multifactorial including the body's immune system reacting abnormally to bacteria on the surface of the gut. A genetic predisposition to the conditions is likely, and progress has been made identifying which genes are involved in increasing risk, especially in Crohn's Disease. Research has shown that Crohn's disease is more common in smokers.

Crohn's Disease can develop in any part of the gut, from the mouth to anus, but usually appears at the end of the small intestine and at the beginning of the large bowel (colon). Ulcerative Colitis only affects the large bowel, including the rectum. The lining of the affected gut is inflamed and ulcers can develop. Depending on the condition and its severity, symptoms include diarrhoea, sometimes bloody, and abdominal pain. People can feel excessively tired and unwell, lose weight and develop anaemia. Complications, such as blockages in the gut or abscesses, can also occur. The impact of the conditions on people's lives varies but can be substantial in some cases.

Both conditions are usually diagnosed by taking a history of the symptoms, doing blood and stool (faeces) tests, and undergoing a colonoscopy (an internal examination of the bowel using a flexible tube with a video camera at the end).

There are several drug treatment options for Crohn's Disease and Ulcerative Colitis, aimed at reducing the inflammation in the gut. If drug treatment is not successful, or if complications of the conditions such as blockages are too severe, surgery might be required to remove a segment of the gut.

There is currently no evidence that any particular food causes Crohn's Disease or Ulcerative Colitis. It is important to follow a balanced and nutritious diet, favouring freshly cooked food over processed foods. However, during flare ups, a reduction of fibre might help. In some cases specialised liquid formula diets ('elemental' or 'polymeric' diets) are also used as treatment in Crohn's Disease, especially when it affects the small intestine.

For further information see:

www.gutscharity.org.uk/advice-and-information/conditions
www.crohnsandcolitis.org.uk

Bowel Cancer

Bowel cancer is the 2nd biggest killer of cancers in the UK, but still the general public are unsure on the symptoms and bowel cancer is one of the most treatable when you have an early diagnosis. 9 in 10 people will survive for 5 years or more when it's caught at stage one. This is among the very best of any cancer statistic.

So, the importance of being bowel cancer aware is invaluable. There are three main symptoms* to be wary of, and if you are experiencing any of the following, for 3 weeks or more, you need to refer to your GP:

- B** Bleeding from your bottom, always check after using the toilet
- C** Change in normal bowel habits, that lasts for more than 3 weeks
- A** Abdominal pain, acute tiredness and/or a lump in your tummy

Is there anything I can do, to reduce my risk of bowel cancer?

While we are not advocating that healthy living will keep you cancer free, more research is indicating that there is a link between healthy living and risk reduction, and the following factors are key:

- Regular exercise
- Eating a balanced diet that's rich in fibre, fresh fruit and vegetable and low in fats – red meats, processed foods etc.
- Monitoring the intake of alcohol

Whilst there has been an increase in the number of younger people with bowel cancer, bowel cancer is mostly associated with adults aged 60-74. In the UK, if you are aged 60-74, you will be sent a self-test kit every two years. If you haven't received this you can call the freephone number: **+44 (0)800 707 6060**. In Ireland, a free home screening test is offered to all adults aged 60-69.

To request this you can call the freephone number: **+353 (0)1800 45 45 55**

***The symptoms are similar to those of IBS and other bowel conditions, and if you do experience any of the symptoms for 3 weeks, it is important not to panic, but to seek advice from a medical expert.**

For further information see:

www.bowelcancerresearch.org

Coeliac Disease

Coeliac disease is not a food allergy or intolerance; it is an autoimmune disease, where the immune system mistakes part or parts of the body as foreign in response to a trigger. In coeliac disease the immune system reacts to gluten – a protein found in wheat, barley and rye – by damaging the lining of the small intestine. This damage to the gut lining is characterised by the flattening of millions of tiny tube-shaped structures called villi, resulting in the body being unable to absorb nutrients from food.

Symptoms of coeliac disease range from mild to severe, and can include bloating, diarrhoea, constipation, flatulence, nausea, tiredness, mouth ulcers, sudden or unexpected weight loss (in some cases), and anaemia. Occasionally, coeliac disease presents as an itchy skin rash, known as dermatitis herpetiformis, with or without presence of damage to the gut lining.

Coeliac disease is common and affects about 1 in 100 people in the UK, although it has been estimated that only around 24% of those who have the condition have actually been diagnosed. It can develop at any age and often runs in families, with the chance of having coeliac disease increasing to 1 in 10 if you have a mother, father, brother or sister with the condition. The incidence of dermatitis herpetiformis is much less common (1 in 3,300 people).

The first step in the diagnosis of coeliac disease is to take a blood test - before this blood test is taken, it is important that the diet has continued to include gluten for at least six weeks in order for a specific antibody to be present and detectable in the case of coeliac disease. If the blood test is positive, a biopsy (small sample for the gut lining) is taken and examined under a microscope.

Once a diagnosis of coeliac disease has been confirmed, the only effective treatment is to follow a gluten free diet, and advice would be provided by a specialist dietitian. Within a few weeks on a strict gluten-free diet, symptoms usually go. However, this gluten-free diet is for life as eating even small amounts of gluten again can trigger symptoms and complications.

Individuals with coeliac disease may find useful information, resources and support (including local support groups) through: Coeliac UK: www.coeliac.org.uk and the Coeliac Society of Ireland: www.coeliac.ie

In my experience

A couple of case studies of patients who have had surgery for gut related problems and how they coped:

Diane

In 1960 I was diagnosed with ulcerative colitis, I got pregnant shortly afterwards and was assured that my body during pregnancy would help my colitis, it didn't. I had colitis for 40 years before I was diagnosed with bowel cancer. I was admitted to St Mark's Hospital in Harrow in July 1999.

After discussing everything with my surgeon, I decided that I was going to have an ileostomy. There was always a chance that the ulcerative colitis would come back again and involve further surgery and not wanting further operations I decided that the whole large bowel would be removed.

I had my 'op' and recovered really well. I have been rather lucky and have had minimal problems. I have been told that a lot of it was due to my attitude. OK, I had known for years what was ahead of me which is probably much better than having the 'op' as an emergency procedure. I just got on with my life. I put changing and emptying the bag as no different than changing a nappy. Within 4 months I was playing tennis, I went swimming, I walked, I started yoga, I went to America and to New Zealand. There is no reason why you can't fly. You get organised. You change your bag as late as possible (I have even changed it at the airport); it is easier to empty your bag on a plane than change it! Always carry your medical needs with you, enough for a few days just in case your luggage gets mislaid. Mine has!

I do what I want, when I want. A hot air balloon flight is next!

Robert

I received my colostomy in July 1948, just as the NHS was put in to action. In those days there was nothing in the way of appliances for children, only big black rubber bags, which today some stoma patients still wear. I learnt to irrigate when I was 4 years old and had my first bag when I was 8. Since then everything has evolved, surgery has moved from very invasive to keyhole, appliances have moved from black rubber bags to light, skin colour, drainable and flushable bags. Aftercare has come forward massively from 1960's when Stoma Care Nurses came into fruition and they have helped stoma patients to come to terms with living with a stoma.

Suggested diets have also moved forward from when I was a child with a stoma. You were told a bland diet i.e. boiled fish, no citrus foods, no tomatoes, nothing spicy, in fact nothing adventurous. Today we are encouraged to try all the things we ate before we had a stoma - yes, there may be times we have to re-introduce some of the foods we ate before little by little as our bodies have been invaded and some of us have lost a few centimetres of intestines due to the illness. Providing we eat a well-balanced diet, drink plenty of fluids, exercise and listen to our bodies we should have a great life.

Remember a stoma is not the worst thing that can happen to you, think of it as an extension of life where you have time to fulfil those ambitions in life that you put on hold when you were ill and all you wanted to do was nothing. Now you can! I promise you a stoma does not prevent you from doing anything, yes you may have to adapt a little and yes it will at times let you know it's there, usually just as you are about to go out the door. Enjoy your life and eat what you fancy.



GP perspective



How GPs can help improve gut health for everyone – *Dr Kevin Barrett*

Patients suffering with gastrointestinal and liver conditions make up a significant part of the workload in general practice. 10-20% of the population suffer from symptoms of irritable bowel syndrome (IBS), and the incidence of liver disease is rising. It can take time to sift through the symptoms of conditions that have significant overlap with those of IBS such as inflammatory bowel disease, colorectal cancer, ovarian cancer, endometriosis and coeliac disease, and patients often return on multiple occasions before a firm diagnosis is reached. Primary care clinicians need to remain alert for red-flag symptoms, a change in the normal pattern of symptoms, and use their intuition to identify those patients who “just don’t look right”.

There is an increasing range of diagnostic tests available that can help differentiate between these conditions in primary care and help provide a positive diagnosis without having to refer every patient to secondary care for invasive investigations.

The role of primary care is to provide ongoing help and support to patients. Once a diagnosis has been reached then primary care is in a unique position to assess the impact that the disease is having on their physical and mental health, as well as have some insight into the effect that it may be having on their family, education or employment. Signposting patients to psychological support, patient networks, and voluntary organisations can help reduce the burden of disease. There is increasing evidence of the strength of the gut-brain axis – most of the serotonin in the brain is produced in the gastrointestinal tract. The positive impact that diet, exercise, prebiotics and probiotics can have on mental wellbeing is now well established.

Primary care needs to use all the holistic tools available to improve the lives of our patients and empower them to take control of their health.

Research perspective

Behind the scenes at hospitals and universities throughout the country, incredible research is happening every day. This is the way we will defeat bowel disease once and for all.

Understanding how diseases develop in our guts, and how they grow and spread is the only way to stop them. The Holy Grail of cancer care remains the search for truly personalised treatment strategies - targeting individual tumours with the right therapies.

All tumours are unique, with different genetic signatures and biological makeups. If we can crack what it is that stops treatment working in some cases we can fast track patients to surgery. More excitingly – we could develop drugs that target these individual traits.

Early detection is another key topic. For example in 2012 the Bowel Disease Research Foundation (www.bdrf.org.uk) funded a project to make the earliest signs of cancer show up fluorescent under white light during colonoscopy – and this is now a major national trial which could save many lives. Bowel cancer is much more treatable when spotted early – and the surgical interventions less invasive.

Beyond bowel cancer there are a myriad of other conditions that can strike in our bowel. Some of the most serious ones are inflammatory bowel diseases (IBD) like Crohn's and colitis, through to diverticular disease, continence problems and IBS. We know so little about these – why do they start? What are the best treatments? How can we cure them? These questions remain unanswered – and that's where research becomes really crucial.



Research



The LOVE YOUR GUT Digestive Health Assessment

The **Digestive Health Assessment** has been created by leading gut health experts to help identify digestive complaints. It can be easy to miss signs of possible gut problems. By answering these simple questions you can check your digestive health and see whether it would be wise to seek help.

Section A

There has been a persistent change in my bowel habit, which cannot be explained by stress, changing my diet, medications or going away.

Yes



No



I have seen blood on my stools (*motions, faeces*) recently.



I have experienced persistent abdominal pain, which is not related to changing my diet or stress.



I have lost weight (*more than 2kg or 4 pounds*) recently for no obvious reason.



I have lost my appetite and/or feel sick frequently for no obvious reason.



I have had a persistent gut upset associated with symptoms of fever, shivering, sweating and feeling unwell.



If you have answered Yes to one or more of the questions in Section A, you may have a gastrointestinal condition that requires medical treatment. We would strongly advise that you speak with your doctor as soon as possible.

Section B

I either open my bowels several times a day or don't go at all.

Yes



No



My stools can vary from being soft and watery to hard pellets.



I often feel the urge to go but can't.



Stress often upsets my stomach.



There are so many different foods that upset me; I don't know what to eat.



As well as abdominal and bowel symptoms, I can feel so tired and get indigestion, muscle pains and lots of other symptoms.



My stomach is so bad, it makes me frustrated and depressed.



The bloating is so bad, I can look as though I am several months pregnant.



If you have answered Yes to any of these questions and do not have the more severe symptoms in Section A, the chances are that you have IBS.

For help, please visit www.theibsnetwork.org and consult The IBS Self Care Plan. If your symptoms do not improve, talk to your GP or practice nurse.

Section C

I rarely eat breakfast.

I do not eat 5 portions of fruit and vegetables a day and rarely have cereals for breakfast.

I take very little exercise.

I sit in front of the television for more than 2 hours every day.

I have put on too much weight.

I rarely go a day without an alcoholic drink.

I smoke cigarettes regularly.

I have very poor quality sleep.

I suffer from stress.

Yes

No



A height/weight chart is available at:

www.nhs.uk/livewell/loseweight/pages/height-weight-chart.aspx

If you have answered Yes to one or more of the questions in Section C, you may want to consider some of the lifestyle changes suggested in this pack.

You may also like to take a look at our website www.loveyourgut.com or more information on maintaining good digestive health.

The Digestive Health Assessment is intended as a guide only for use by people over 16 years of age. It is not intended to replace help and advice from a healthcare professional. Always consult your doctor if you have any concerns, even if they are not listed in this Assessment. Links to other sites within this pack are not intended to imply that the sites necessarily endorse the Love Your Gut campaign.

Try one of our great recipes today,
visit www.loveyourgut.com

Blueberry, banana and cardamom pancakes

You would not guess it but these pancakes do not contain a grain of flour, yet they hold together really well. They are incredibly easy and quick to make if you have a stick blender or a liquidiser.

Makes 8 pancakes

Ingredients

2 medium sized bananas

3 eggs

½ tsp ground cardamom seeds

150g fresh or frozen blueberries

½ tbsp vegetable oil

maple or golden syrup to drizzle

Method

Peel the bananas and place them in a tall jug or liquidiser. Add the eggs and ground cardamom and liquidise thoroughly. Stir in 100g of blueberries.

Heat a large non-stick frying pan and wipe some vegetable oil around the pan. Pour 2 tablespoons of batter into the pan for each pancake. You should be able to fit four to a pan. Cook the pancakes for 3 minutes or until just set. Flip over and cook for a further two minutes.

Serve the pancakes with extra blueberries, a drizzle of syrup and a scattering of desiccated coconut.





Guts UK Charity (formerly Core) is a national charity that funds research into digestive diseases of the gut, liver and pancreas, raises awareness of digestive health and provides expert information for people affected by digestive conditions. www.gutscharity.org.uk



The **Bowel Disease Research Foundation (BDRF)** funds high quality, practical research which improves treatment and survival rates for bowel disease patients across the UK. Founded by some of the country's leading colorectal surgeons, in recent years we have committed over £2 million to support research into all forms of bowel disease – principally bowel cancer and IBD, as well as conditions like faecal incontinence. A full list of the work we support is available at www.bdrf.org.uk



The **Primary Care Society for Gastroenterology (PCSG)** is the voice of Primary Care Gastroenterology. We have a (mainly) GP membership and offer advice and guidance on gastrointestinal matters, as well as lobbying and influencing. We hold scientific meetings and have a bi-annual journal 'The Digest'. To find out more visit www.pcsg.org.uk



Bowel & Cancer Research is a registered charity. We fund the best science in bowel cancer and other bowel diseases anywhere in the UK and invest in the next generation of experts with support for PhD students. We involve patients, their loved ones and carers in ours and our partners' research and work to challenge taboos and break down stigma. See www.bowelcancerresearch.org



St Mark's Hospital Foundation – funds research, education & dissemination of clinical excellence at St Mark's Hospital, a world-leading bowel disease specialist. Founded over 180 years ago, St Mark's is a national referral centre for complex bowel disease cases seeing over 50,000 patients annually from across the UK. St Mark's vision is of a future free from the fear of Bowel Disease. See www.stmarkshospitalfoundation.org.uk



The **IBS Network** – is the national charity supporting people living with Irritable Bowel Syndrome. Our mission is to provide information, advice and support and to work alongside healthcare professionals to facilitate self-care. See www.theibsnetwork.org



Irish Nutrition & Dietetic Institute (INDI) was founded in 1958 and is the professional organisation for dietitians in Ireland, representing over 700 members who work in many areas of healthcare. www.indi.ie



Irish Society for Colitis and Crohn's Disease (ISCC) - is a patient support group for people who are living with Ulcerative Colitis and Crohn's disease (collectively known as Inflammatory Bowel Disease or IBD), also their families and friends. www.iscc.ie



Irish Practice Nurses Association (IPNA) - is a professional membership association of Practice Nurses. The main objective of the association is the advancement of education in general practice in Ireland. www.irishpracticenurses.ie



Introducing our Partners



www.loveyourgut.com
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Love Your Gut and Love Your Gut Week are initiatives of Yakult UK and Ireland in association with our UK partners: Guts UK, Bowel & Cancer Research, St Mark's Hospital Foundation, The IBS Network, Bowel Disease Research Foundation and the Primary Care Society for Gastroenterology; and Irish partners the Irish Nutrition & Dietetic Institute, Irish Society for Colitis and Crohn's Disease and the Irish Practice Nurses Association.

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