

By: Senator(s) Hyde-Smith

To: Rules

SENATE CONCURRENT RESOLUTION NO. 590

1 A CONCURRENT RESOLUTION DECLARING MAY 2006 AS "DIGESTIVE  
2 MOTILITY AWARENESS MONTH" IN MISSISSIPPI.

3 WHEREAS, digestive diseases, in general, rank first among  
4 illnesses for total economic burden making up about 15% of all  
5 direct health care costs, therefore being the country's most  
6 important health care issue; and

7 WHEREAS, 20% to 30% of the general North American population  
8 experience bothersome upper or lower digestive tract motility  
9 disturbances on a chronic basis; and

10 WHEREAS, this family of digestive motility diseases/disorders  
11 which are caused by a poorly understood neuro-muscular dysfunction  
12 of the gut that may produce in any region of the digestive tract  
13 chronic motor and sensory disturbances characterized by weakened,  
14 spastic or failed propulsion (motility) of food through the  
15 digestive system; and

16 WHEREAS, compared to all other illnesses, these digestive  
17 motility disorders/diseases cause the highest rate of workplace  
18 absenteeism; and

19 WHEREAS, this family of digestive motility disturbances,  
20 loosely referred to as "dyspepsia" when affecting the upper  
21 digestive tract and commonly found in association with delayed  
22 gastric-emptying amounts to more than 2 million physician  
23 outpatient visits annually and almost 40% of all referrals to a  
24 gastroenterologist; and

25 WHEREAS, at least 10% of Americans are affected on a daily  
26 basis by heartburn, which for half of this group is caused by a  
27 motor disturbance of the stomach that results in delayed gastric

28 emptying whose symptoms of bloating, a feeling of fullness with  
29 abdominal discomfort, and nausea are not addressed by  
30 acid-suppressing drugs alone; and

31 WHEREAS, millions of Americans are affected with  
32 motility-like symptoms of: fullness, nausea, vomiting, abdominal  
33 bloating and abdominal discomfort; and

34 WHEREAS, gastroparesis represents the most severe degree of  
35 these symptoms, and with so few medical treatment options  
36 available, this digestive disease disables individuals in the  
37 prime of their lives; and

38 WHEREAS, the largest group to develop gastroparesis are women  
39 who have this digestive disease due to an unknown cause; and

40 WHEREAS, the second largest group to suffer from  
41 gastroparesis are Type I diabetics, 10% of whom, as with other  
42 gastroparetic suffer, experience repeated hospital emergency room  
43 visits and hospital admissions for nausea, vomiting and abdominal  
44 pain; and

45 WHEREAS, not one drug currently on the North American market  
46 was designed specifically for the enormously large group of  
47 patients who suffer from these complex motor disturbances of the  
48 stomach; and

49 WHEREAS, 15% of middle school-aged children are affected on a  
50 weekly basis by abdominal pain caused by mid-gut motility/sensory  
51 disturbances, which, for many, may persist into adulthood; and

52 WHEREAS, chronic intestinal pseudo-obstruction, a more severe  
53 form of mid-gut motility disturbance causing severe abdominal pain  
54 associated with severe constipation, nausea, vomiting and profound  
55 malnourishment, primarily affects young females and, often  
56 initially misdiagnosed as an eating disorder, may take up to ten  
57 years before being accurately diagnosed; and

58 WHEREAS, 1.5 million Americans are affected by chronic  
59 constipation caused by motility disturbances of the lower  
60 digestive tract, which, for many, starts in childhood and persists

61 into adulthood, and which, for a smaller number, mainly women,  
62 progresses to complete colon failure (colonic inertia); and

63 WHEREAS, patients, who may appear well but are nevertheless  
64 suffering, must struggle against lack of support from the medical  
65 community, employers, teachers, family and friends, who do not  
66 understand the debilitating nature of their digestive symptoms;  
67 and

68 WHEREAS, patients must live in despair with the unpredictable  
69 nature of symptom flare-ups, rapidly exhausted treatment options  
70 and the lack of hope for a major research breakthrough in the near  
71 future; and

72 WHEREAS, despite the high prevalence, economic burden to  
73 society, and psychological and physical costs to individuals, no  
74 nationally accepted, evidence-based guidelines exist for the  
75 evaluation and treatment of digestive motility diseases/disorders;  
76 and

77 WHEREAS, lack of awareness surrounding digestive motility  
78 diseases/disorders is the largest challenge to moving forward with  
79 desperately needed research; and

80 WHEREAS, national and international organizations, such as  
81 the Gastroparesis and Dysmotilities Association, the Gastroparesis  
82 and Dysmotilities Association USA, and the Association for  
83 Gastrointestinal Motility Disorders, are committed to educating  
84 the health care community and the general public regarding the  
85 serious nature of digestive motility diseases/disorders and to  
86 provide accurate information on treatment, early detection and  
87 symptom management:

88 NOW, THEREFORE, BE IT RESOLVED BY THE SENATE OF THE STATE OF  
89 MISSISSIPPI, THE HOUSE OF REPRESENTATIVES CONCURRING THEREIN, That  
90 we do hereby declare the month of May 2006 as "Digestive Motility  
91 Awareness Month" in Mississippi, and urge all citizens of our  
92 state to learn more and participate in awareness initiatives for  
93 digestive diseases during this month.

94 BE IT FURTHER RESOLVED, That this resolution be forwarded to  
95 the State Board of Health for appropriate distribution in the  
96 health care community of our state and be made available to the  
97 Capitol Press Corps.