

By: Senator(s) Hyde-Smith, Burton, Butler,
Dearing, Frazier, Gollott, Jackson (11th),
Jackson (32nd), Jordan, Little, White

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.