

# A Gut Feeling

**Gastritis diagnosis surprises young Pittsburgh teacher**

BY MARK HORNING AND DR. MARK CEDAR

**Lynda Torcasio looks like a model of good health.** Just 25 years old, the trim and fit health and physical education teacher works out, eats well and even works a second job, managing a Pittsburgh restaurant twice a week.

Last spring, Torcasio's body put the brakes on her speedy life. Torcasio was roiled by nausea and vomiting every day for a stretch of two consecutive weeks.

"I was sick all day," Torcasio recalls. "I'm not sure if it was due to stress, but I was taking stuff for heartburn. In the back of my mind I thought it couldn't just be heartburn or else it would have subsided."

The discomfort dragged on, so Torcasio scheduled an appointment with the physicians at Pittsburgh Gastroenterology Associates, who performed an upper endoscopy. Often called an EGD, it is the procedure recommended for the initial evaluation of patients with heartburn, or what is known as acid reflux or GERD.

In an EGD, patients like Torcasio are first sedated to prevent discomfort during endoscopy. The gastroenterologist then inserts a thin, lighted tube with a camera inside to visualize the esophagus, stomach and small intestine. Torcasio's EGD produced a diagnosis that confirmed her suspicion: She suffered from gastritis, which is an inflammation of the stomach lining.

A common misconception is that emotional stress causes gastritis and peptic ulcers. Gastritis has many

possible causes, but it's most commonly brought on by bacterial or viral infections. Bacteria called *H. pylori* are most commonly implicated in gastritis and ulcers. *H. pylori* affects about half the world's population, and is found in people of all ages.

Gastritis may also be brought on by excessive alcohol use, or by taking medications such as aspirin and non-steroidal anti-inflammatories, including ibuprofen, Motrin and Advil. Even intermittently using coated low doses of these medications can lead to gastritis and even gastric ulcers.

Use of the EGD is the most accurate way to diagnose gastritis and peptic ulcers. Tiny biopsies of the stomach lining are taken during the EGD and analyzed under the microscope to rule out infections or malignancy. Treatment usually consists of eliminating the cause—avoiding alcohol, tobacco or ibuprofen—and starting a course of medications known as proton pump inhibitors, including Prilosec and Nexium. If *H. pylori* infection is discovered, a brief course of antibiotics is also added to the PPI.

To fight gastritis, doctors prescribed Torcasio a PPI medication, Prevacid, for eight weeks. She also changed her lifestyle habits, starting with her diet. Out were the junk foods. In were fruits, vegetables, salads and proteins.

"I changed my diet completely," Torcasio says. "When you teach and



work two jobs, you always grab something quickly. I've cut down on my portion sizes and now take fresh fruits and vegetables with me a lot more."

Torcasio also put herself on a regular exercise schedule. As often as four days a week, Torcasio works out for 30 minutes on a treadmill, and then lifts light weights to stay toned. "If I was going to become healthier, I figured I would go the whole nine yards," Torcasio says.

It is quite common for patients who improve their diets to also embrace a regular exercise routine. Thirty minutes of vigorous exercise five days per week is now suggested to reduce your risk of heart and liver disease.

The new diet and workout regime have left Torcasio feeling better than ever. She shed 10 pounds in a year. And Torcasio spreads the word of healthy eating more persuasively and persistently to her female students at Peabody High School in Pittsburgh.

"I feel I am always pushing my students now to stay active and eat fresh foods," the teacher says. "I also am a lunch monitor in our school and constantly nudging my students to take a pass on the tater tots and grab a couple of apples."