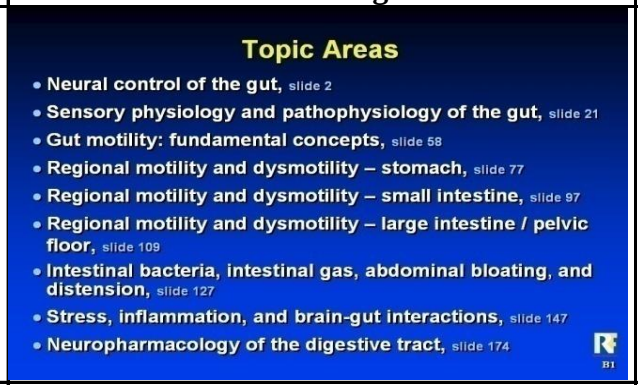
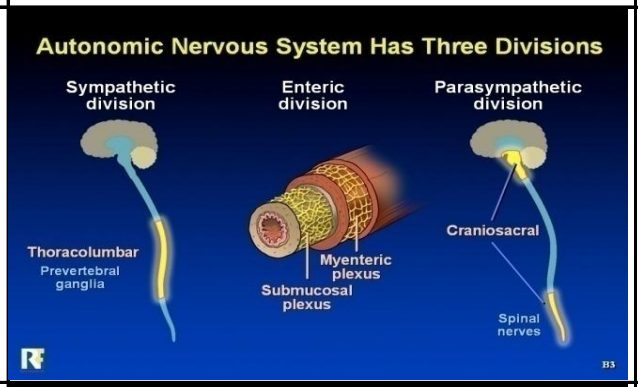
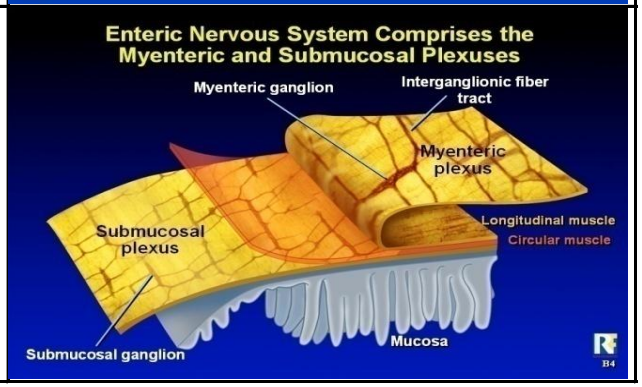
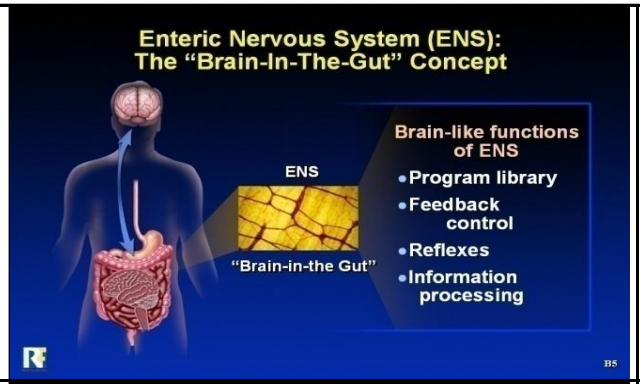
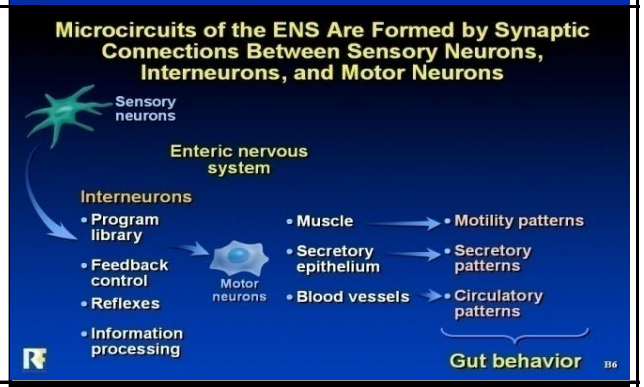
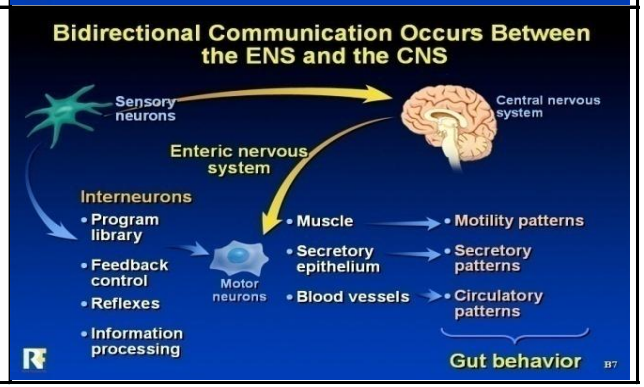
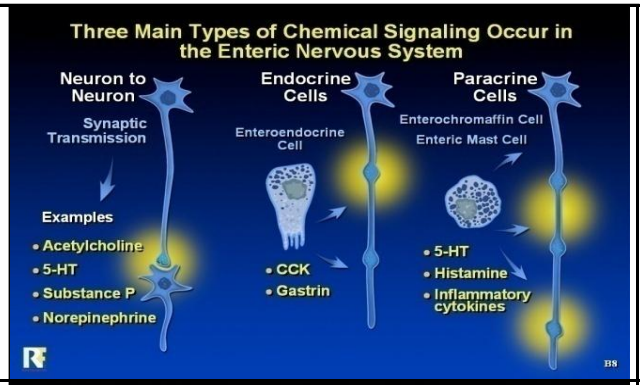
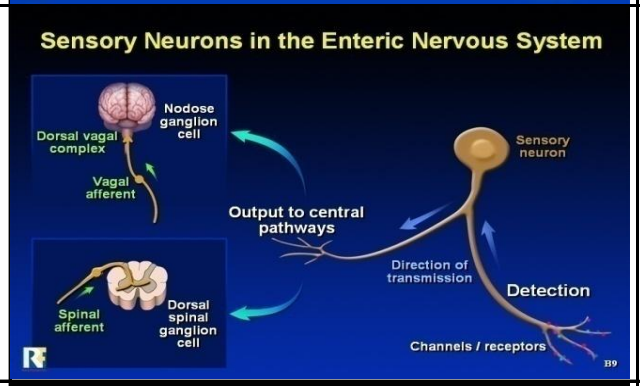
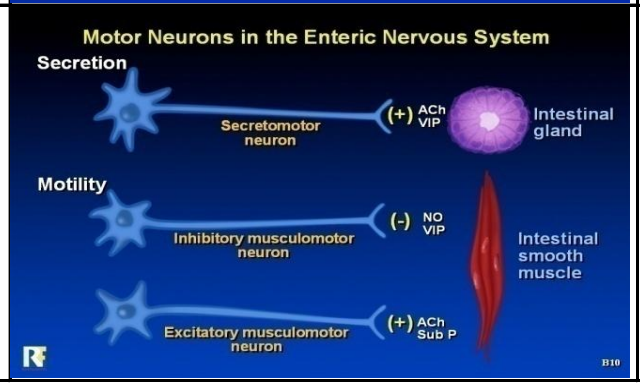
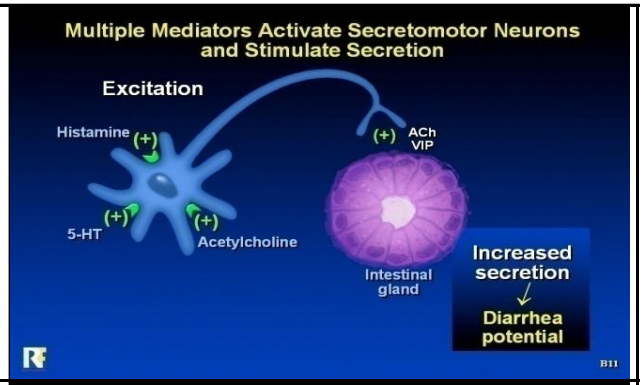
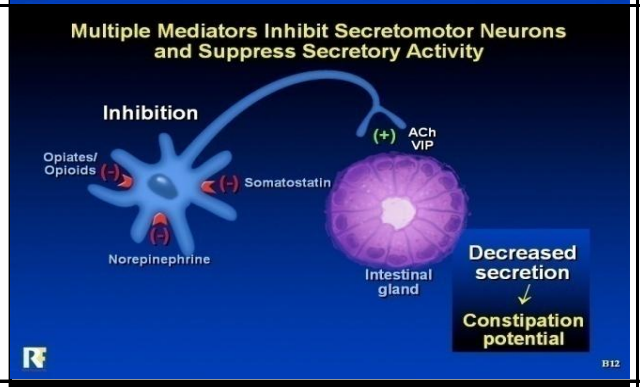
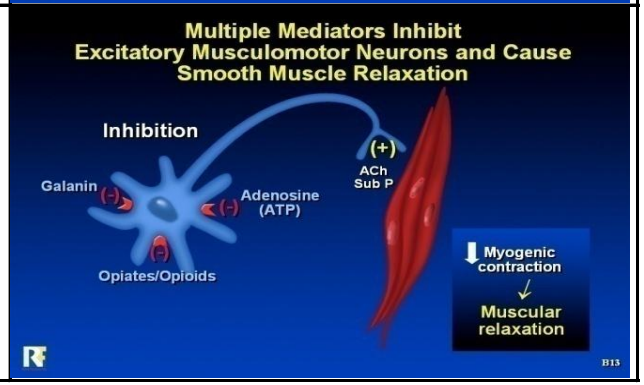
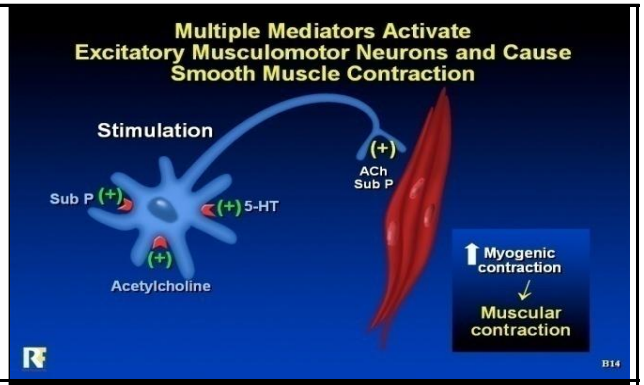
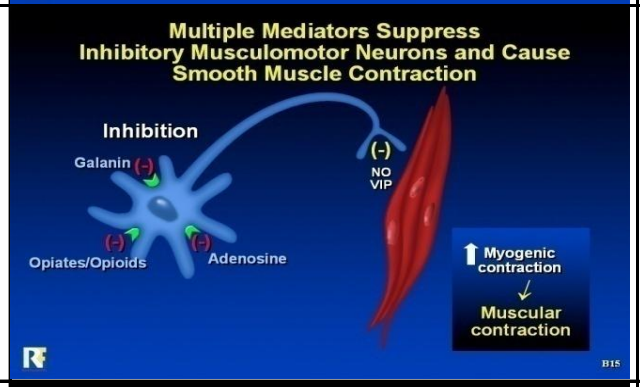
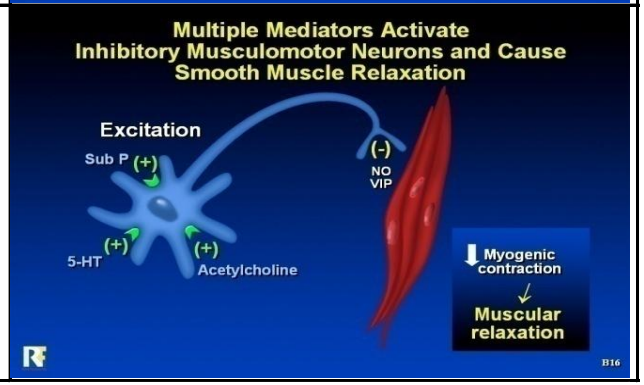
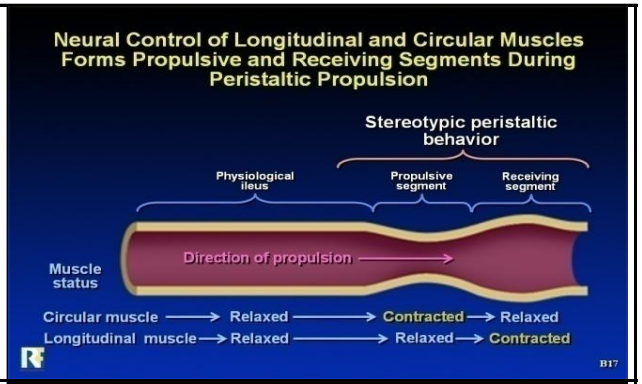
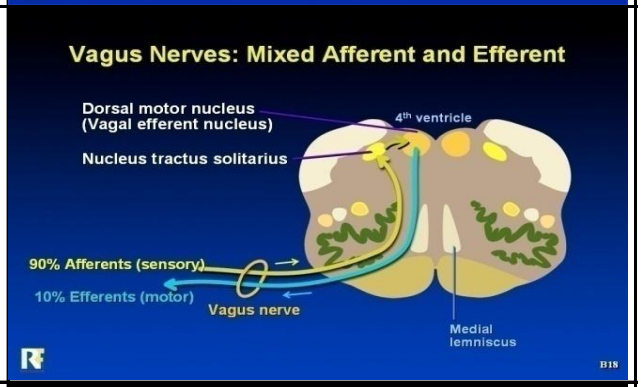
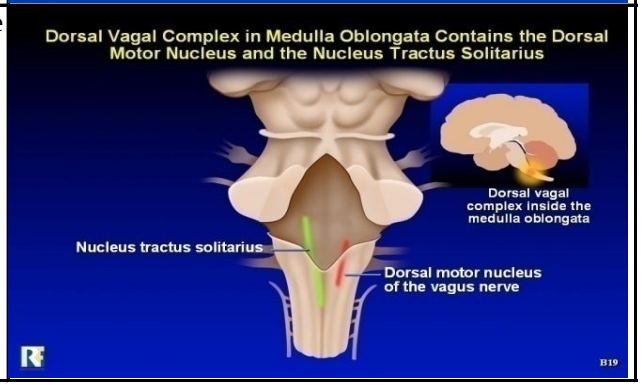
Slide Number	Slide Title	Slide Image
B1	Topic Areas	
B2	Section Title: Neural Control of the Gut	
B3	Autonomic Nervous System Has Three Divisions	
B4	Enteric Nervous System Comprises the Myenteric and Submucosal Plexuses	

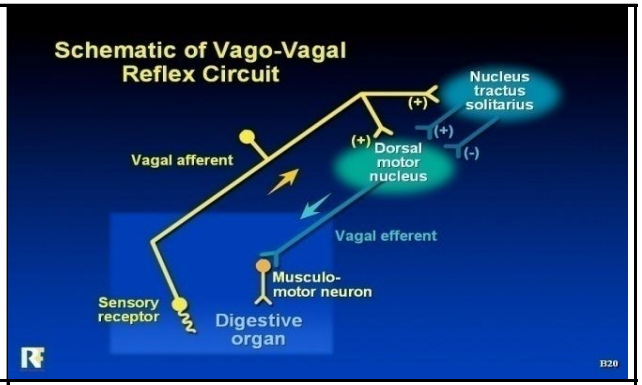
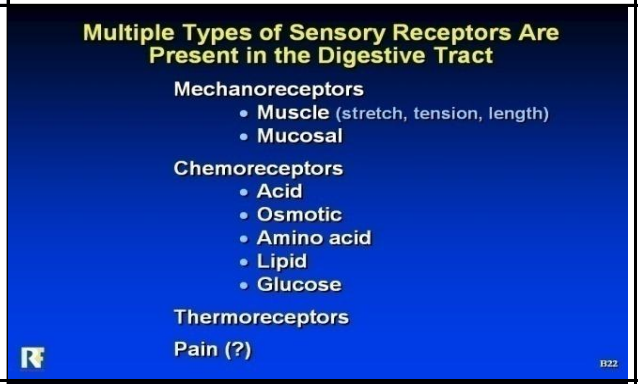
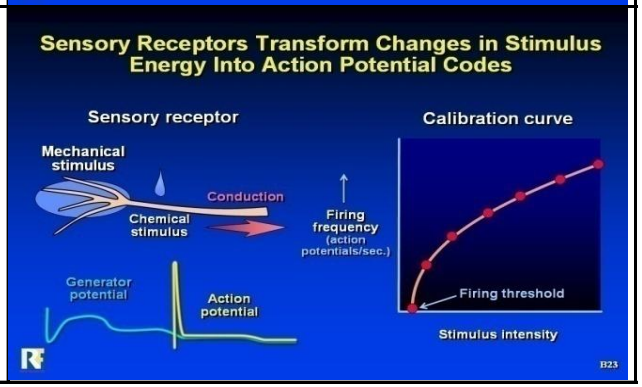
B5	Enteric Nervous System (ENS): The "Brain-In-The-Gut" Concept	
B6	Microcircuits of the ENS Are Formed by Synaptic Connections Between Sensory Neurons, Motor Neurons, and Interneurons	
B7	Bidirectional Communication Occurs Between the ENS and the CNS	

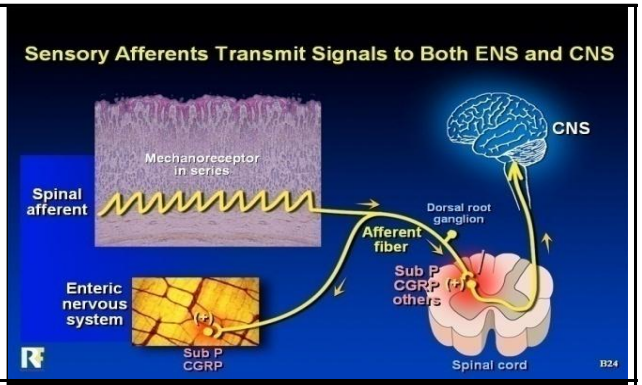
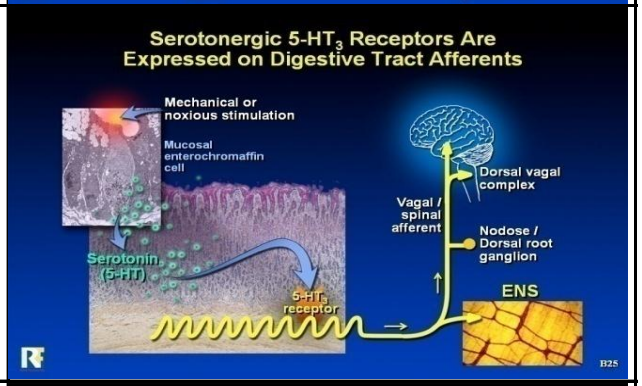
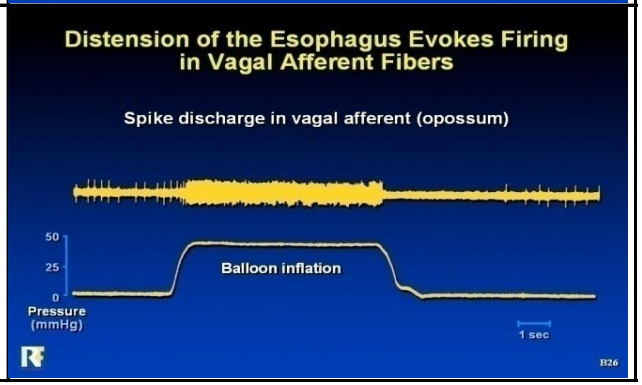
B8	Three Main Types of Chemical Signaling Occur in the Enteric Nervous System	
B9	Sensory Neurons in the Enteric Nervous System	
B10	Motor Neurons in the Enteric Nervous System	

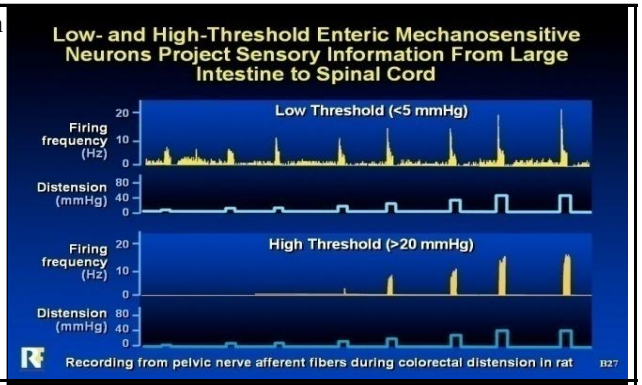
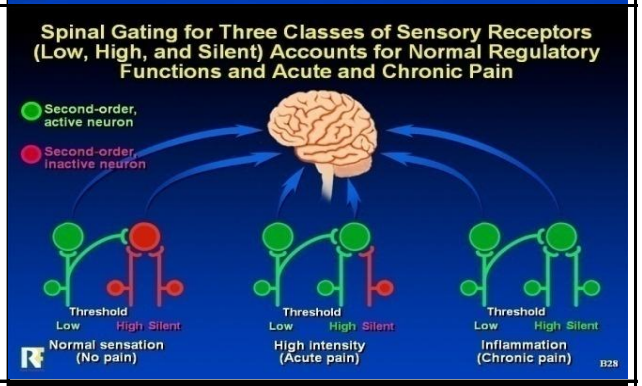
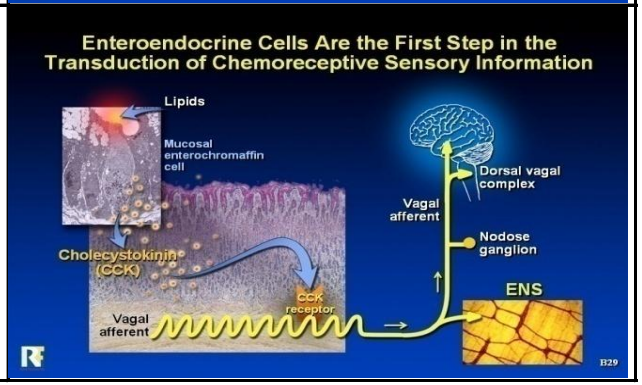
B11	Multiple Mediators Activate Secretomotor Neurons And Stimulate Secretion	
B12	Multiple Mediators Inhibit Secretomotor Neurons And Suppress Secretory Activity	
B13	Multiple Mediators Inhibit Excitatory Musculomotor Neurons and Cause Smooth Muscle Relaxation	

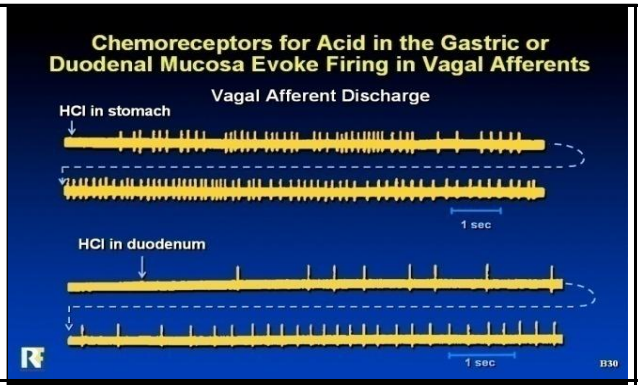
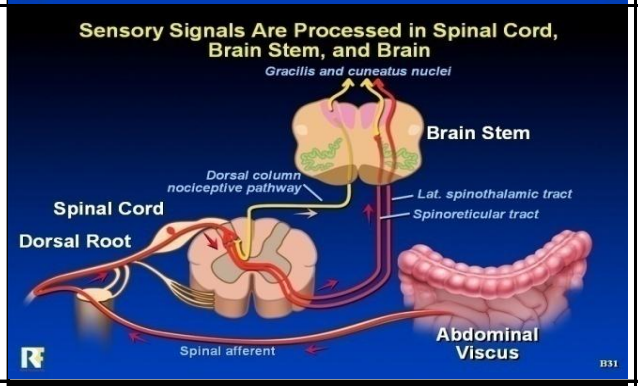
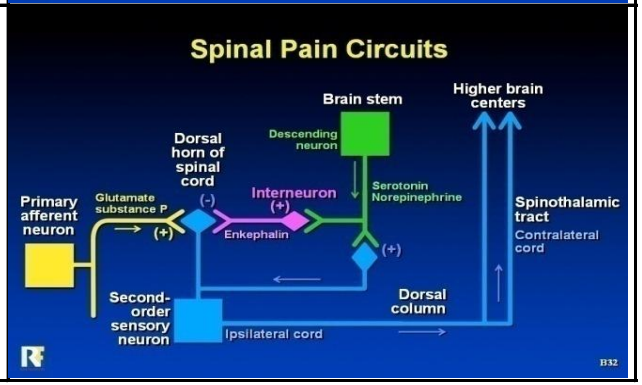
B14	Multiple Mediators Activate Excitatory Musculomotor Neurons and Cause Smooth Muscle Contraction	
B15	Multiple Mediators Suppress Inhibitory Musculomotor Neurons and Cause Smooth Muscle Contraction	
B16	Multiple Mediators Activate Inhibitory Musculomotor Neurons and Cause Smooth Muscle Relaxation	

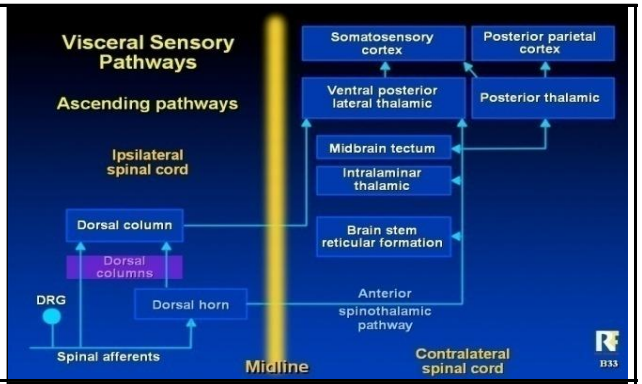
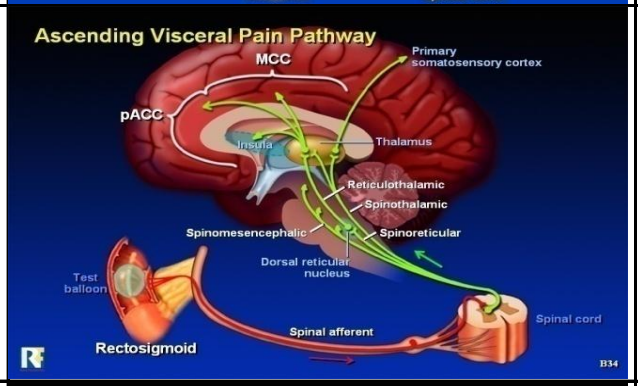
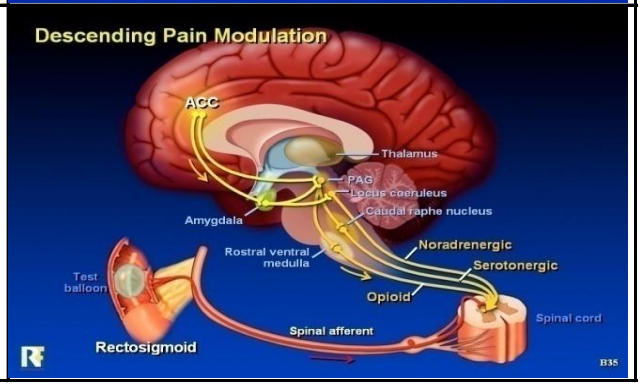
B17	Neural Control of Longitudinal and Circular Muscles Forms Propulsive and Receiving Segments During Peristaltic Propulsion	
B18	Vagus Nerves: Mixed Afferent and Efferent	
B19	Dorsal Vagal Complex in Medulla Oblongata Contains the Dorsal Motor Nucleus and the Nucleus Tractus Solitarius	

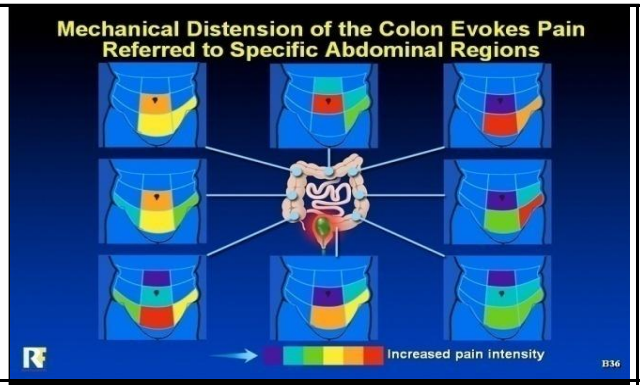
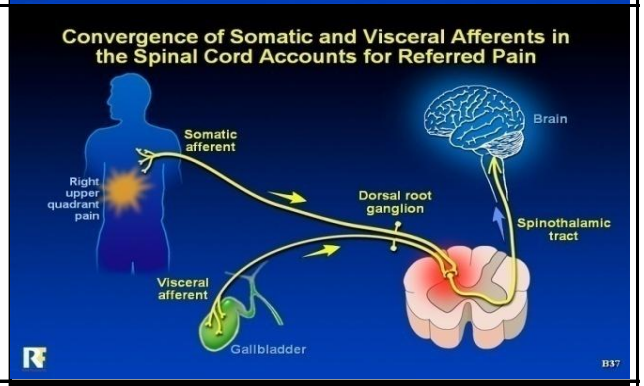
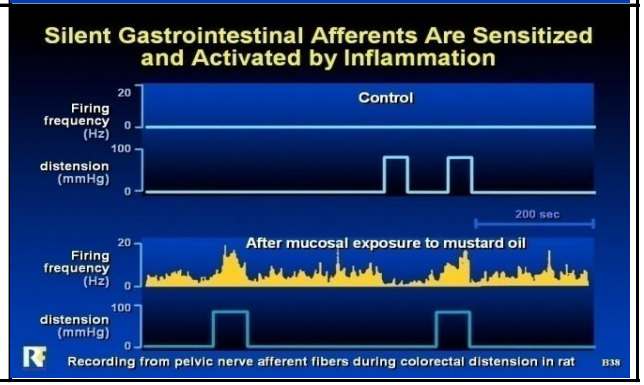
B20	Schematic of Vago-Vagal Reflex Circuit	
B21	Section Title: Sensory Physiology and Pathophysiology of the Gut	
B22	Multiple Types of Sensory Receptors Are Present in the Digestive Tract	
B23	Sensory Receptors Transform Changes in Stimulus Energy into Action Potential Codes	

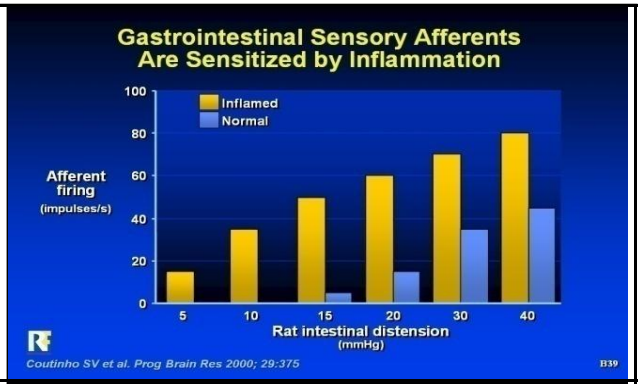
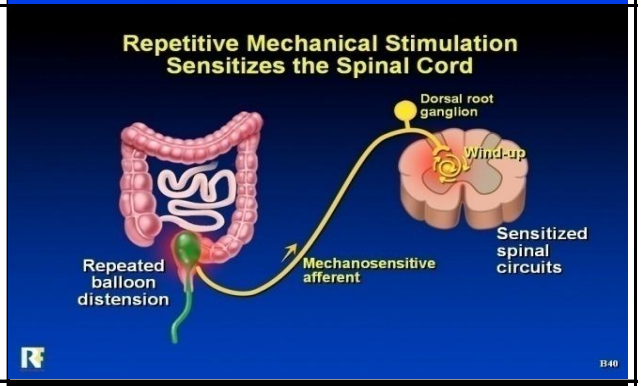
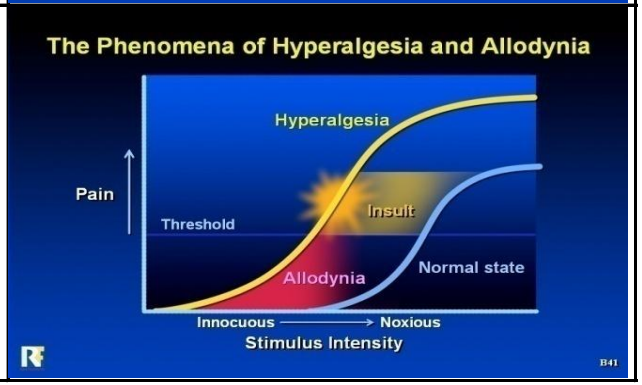
B24	Sensory Afferents Transmit Signals to Both ENS and CNS	
B25	Serotonergic 5-HT3 Receptors Are Expressed on Digestive Tract Afferents	
B26	Distension of the Esophagus Evokes Firing In Vagal Afferent Fibers	

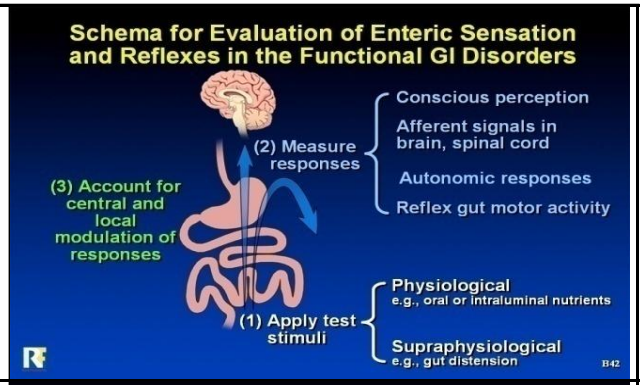
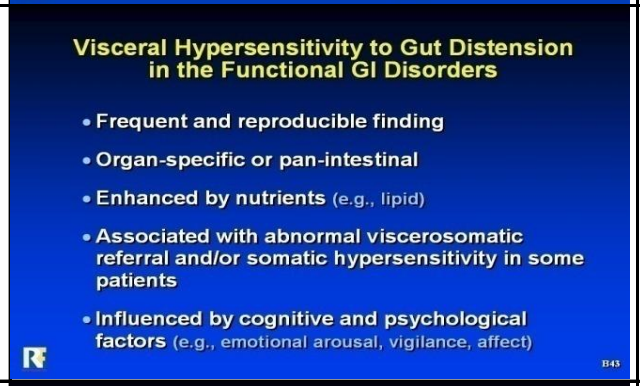
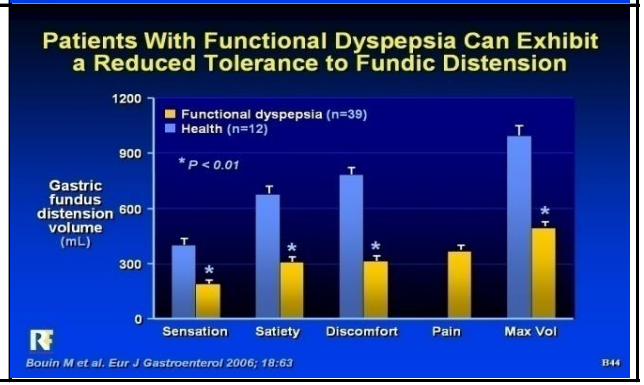
B27	Low and High Threshold Enteric Mechanosensitive Neurons Project Sensory Information from Large Intestine to Spinal Cord	
B28	Spinal Gating for Three Classes of Sensory Receptors (Low, High and Silent) Accounts for Normal Regulatory Functions, and Acute and Chronic Pain	
B29	Enteroendocrine Cells Are the First Step in the Transduction of Chemoreceptive Sensory Information	

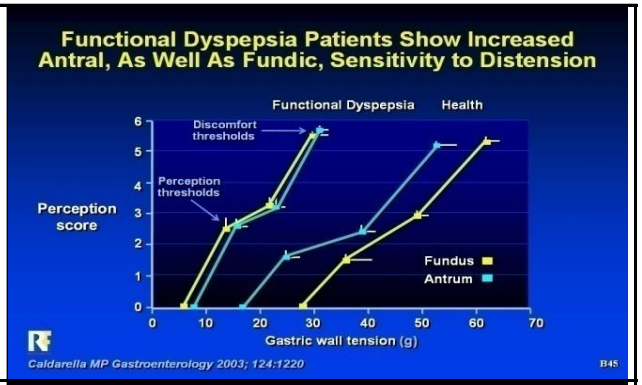
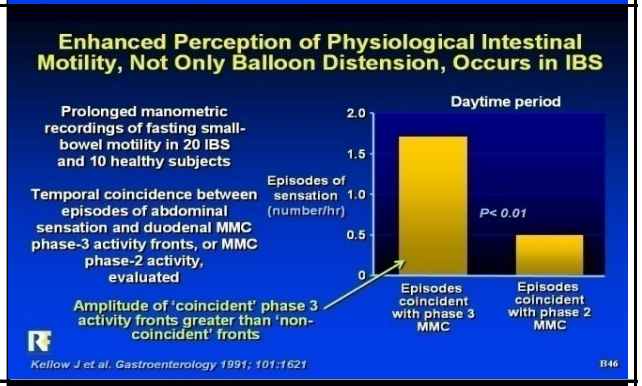
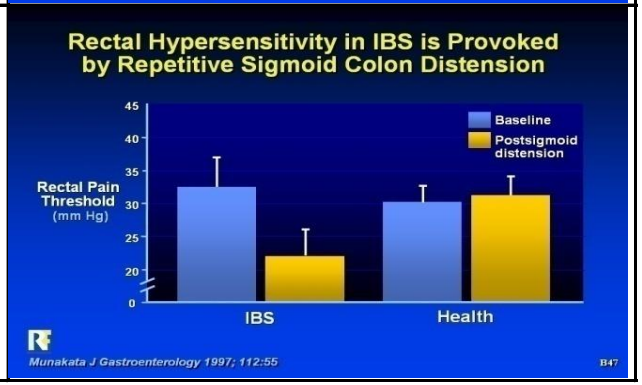
B30	Chemoreceptors for Acid in the Gastric or Duodenal Mucosa Evoke Firing in Vagal Afferents	
B31	Sensory Signals Are Processed in Spinal Cord, Brain Stem, and Brain	
B32	Spinal Pain Circuits	

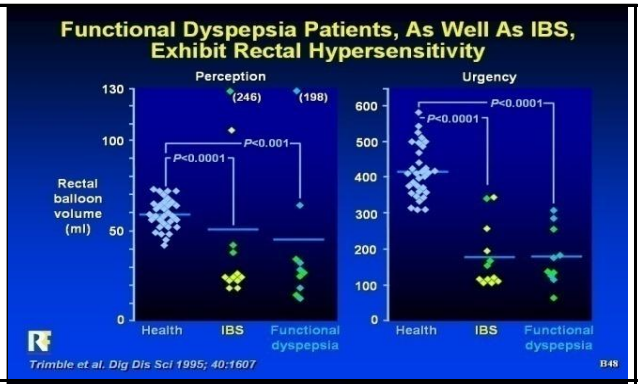
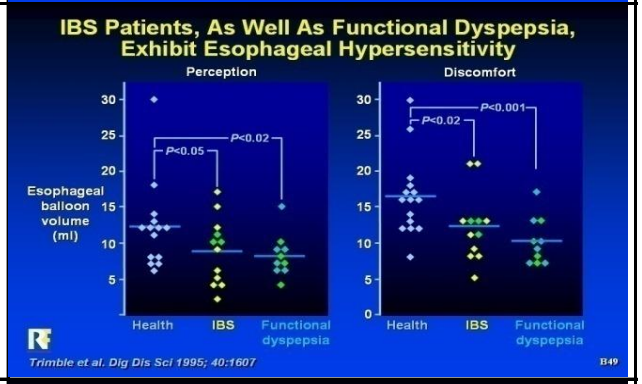
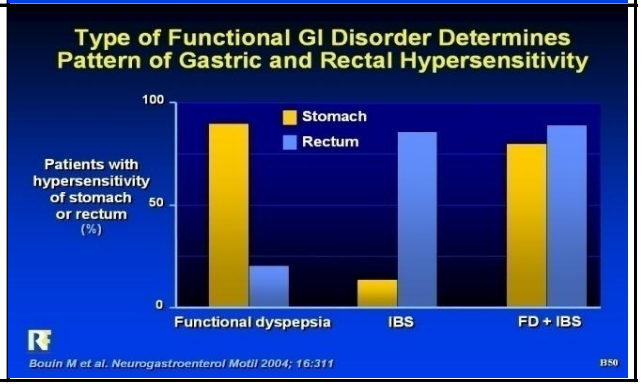
B33	Visceral Sensory Pathways: Ascending Pathways	
B34	Ascending Visceral Pain Pathway	
B35	Descending Pain Modulation	

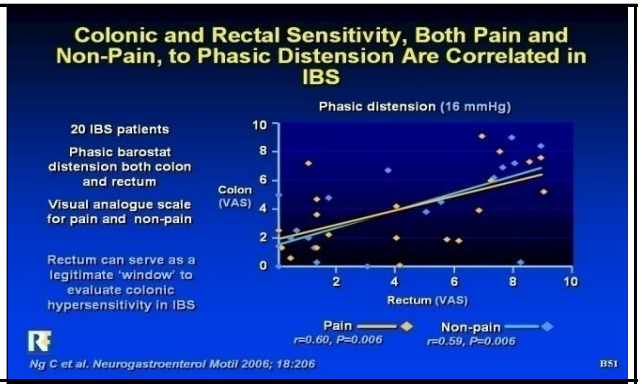
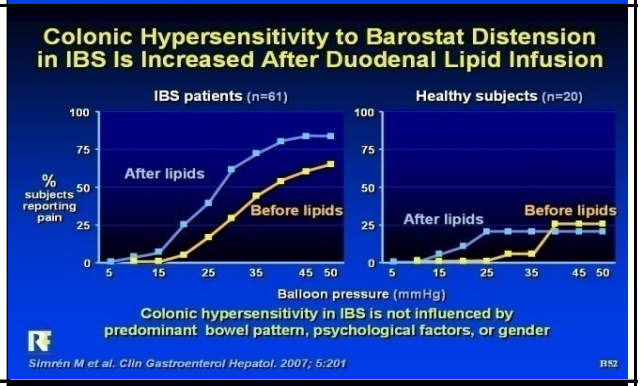
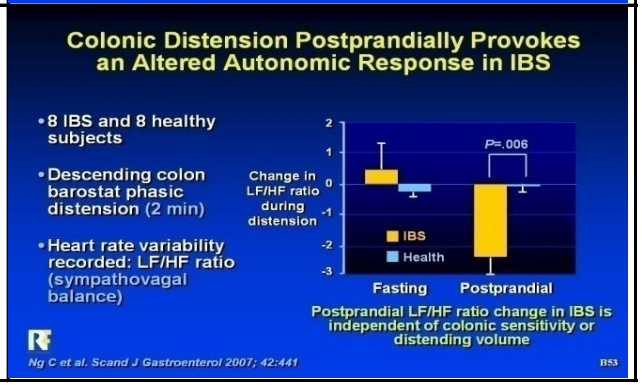
B36	Mechanical Distention of the Colon Evokes Pain Referred to Specific Abdominal Regions	
B37	Convergence of Somatic and Visceral Afferents in the Spinal Cord Accounts for Referred Pain	
B38	Silent Gastrointestinal Afferents are Sensitized and Activated by Inflammation	

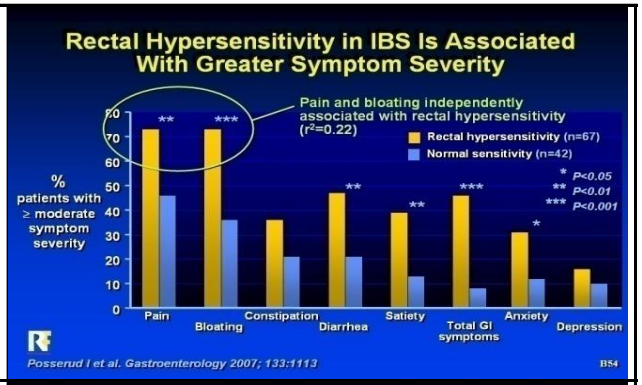
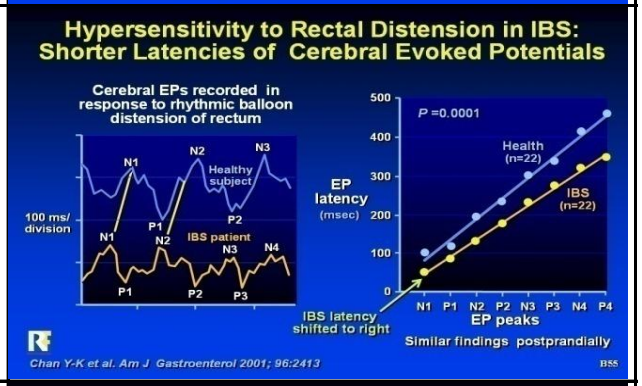
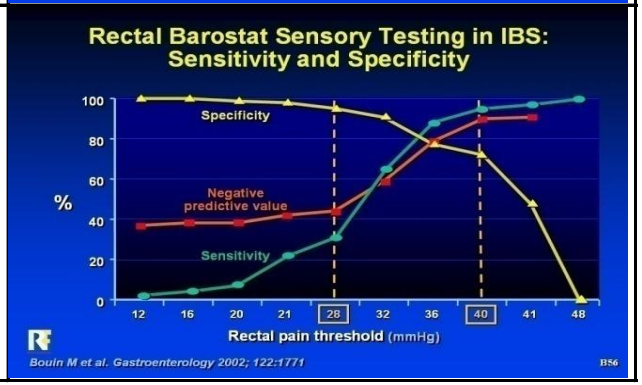
B39	Gastrointestinal Sensory Afferents are Sensitized by Inflammation	
B40	Repetitive Mechanical Stimulation Sensitizes the Spinal Cord	
B41	The Phenomena of Hyperalgesia and Allodynia	

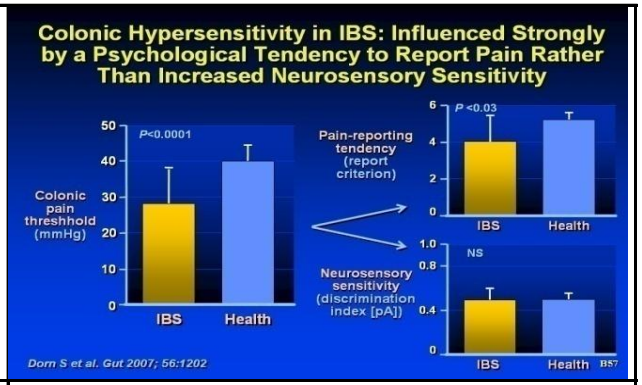
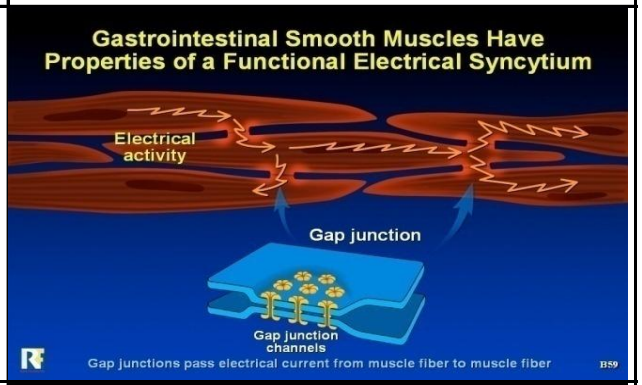
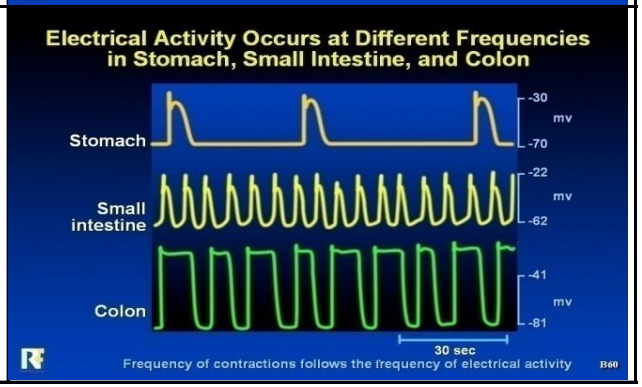
B42	Schema for Evaluation of Enteric Sensation and Reflexes in the Functional GI Disorders	
B43	Visceral Hypersensitivity to Gut Distension in the Functional GI Disorders	
B44	Patients with Functional Dyspepsia Can Exhibit a Reduced Tolerance to Fundic Distension	

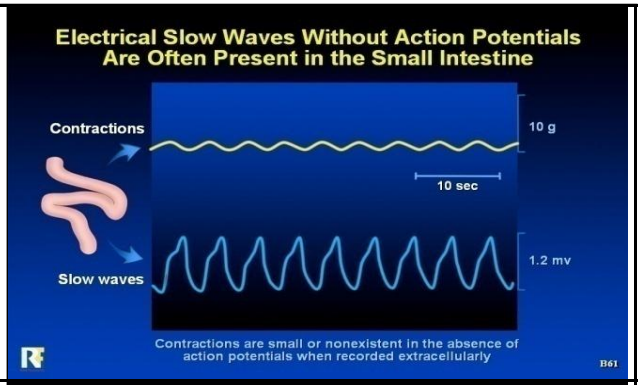
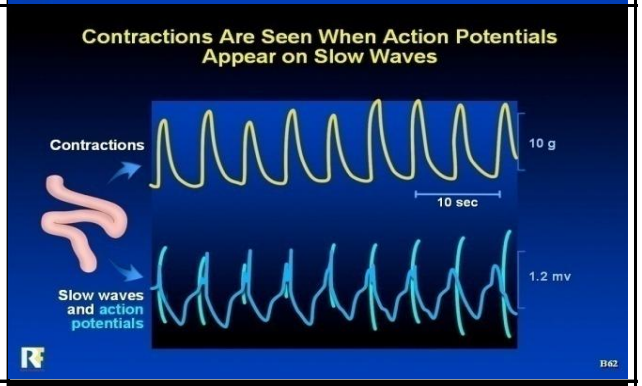
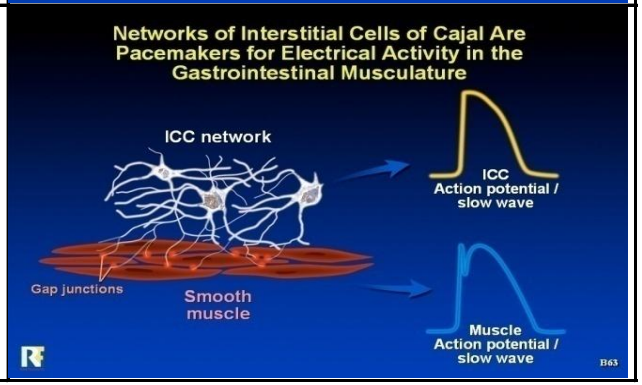
B45	Functional Dyspepsia Patients Show Increased Antral, as Well as Fundic, Sensitivity to Distention	
B46	Enhanced Perception of Physiological Intestinal Motility, Not Only Balloon Distension, Occurs in IBS	
B47	Rectal Hypersensitivity in IBS is Provoked by Repetitive Sigmoid Colon Distension	

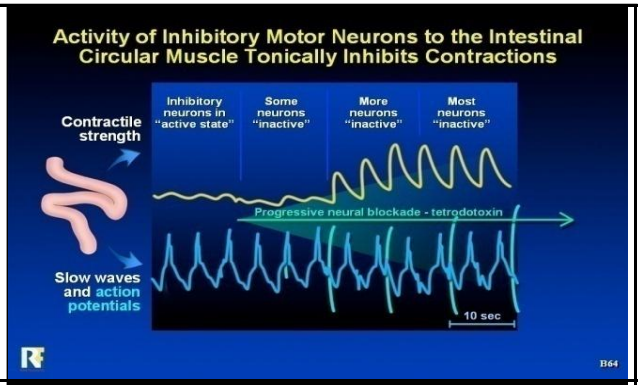
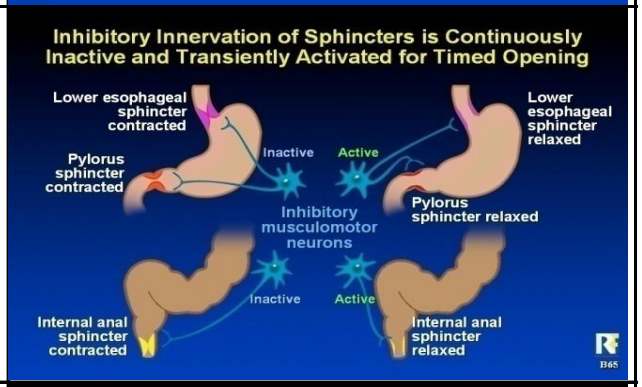
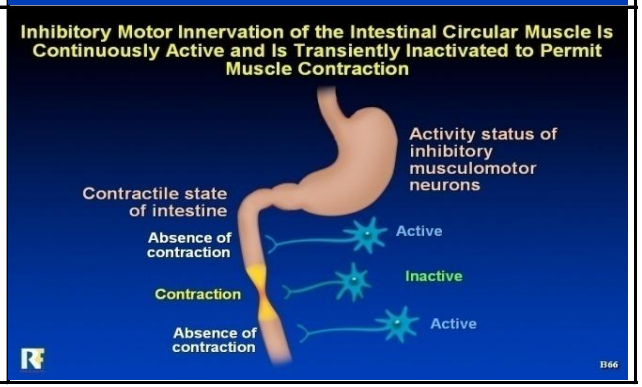
B48	Functional Dyspepsia Patients, As Well As IBS, Exhibit Rectal Hypersensitivity	
B49	IBS Patients, As Well As Functional Dyspepsia, Exhibit Esophageal Hypersensitivity	
B50	Type of Functional GI Disorder Determines Pattern of Gastric and Rectal Hypersensitivity	

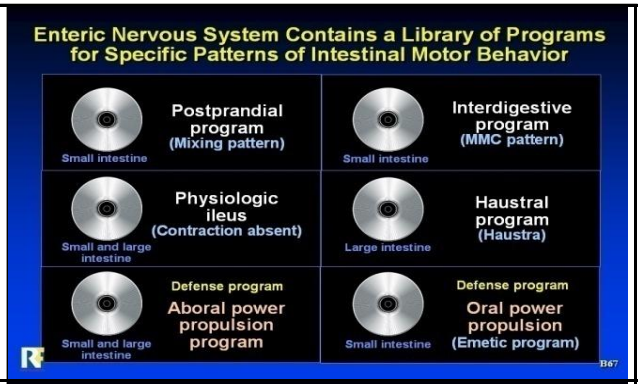
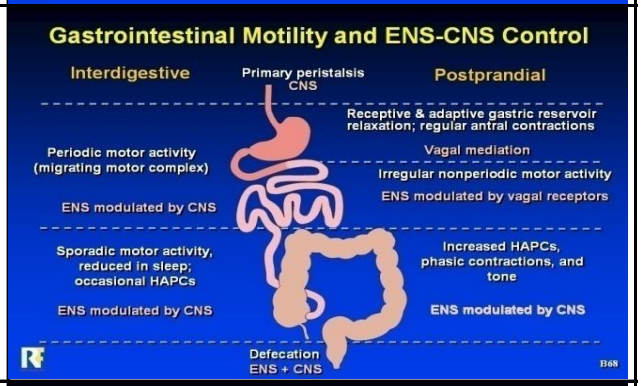
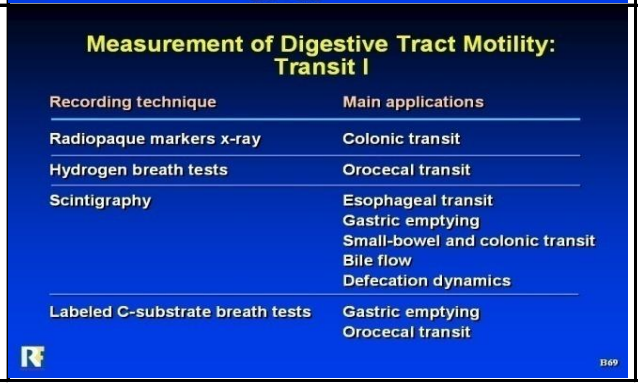
B51	Colonic and Rectal Sensitivity, Both Pain and Non-Pain, to Phasic Distension are Correlated in IBS	
B52	Colonic Hypersensitivity to Barostat Distension in IBS is Increased After Duodenal Lipid Infusion	
B53	Colonic Distension Postprandially Provokes an Altered Autonomic Response in IBS	

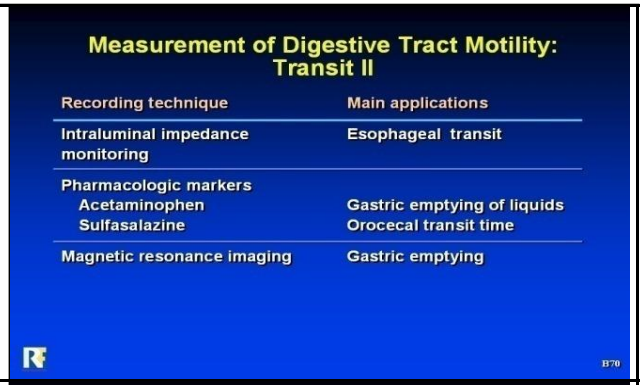
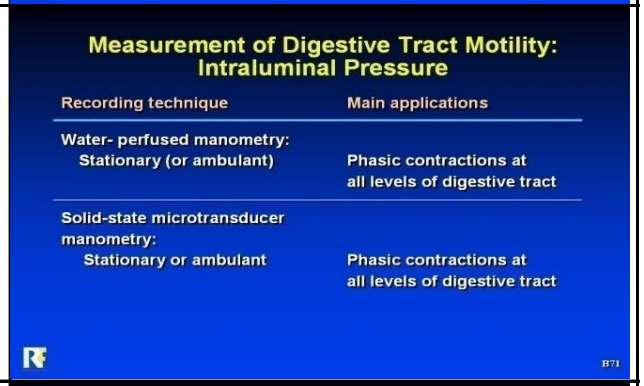
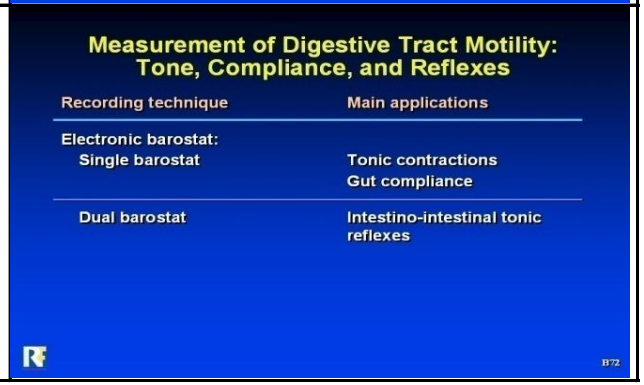
B54	Rectal Hypersensitivity in IBS is Associated With Greater Symptom Severity	
B55	Hypersensitivity to Rectal Distension in IBS: Shorter Latencies of Cerebral Evoked Potentials	
B56	Rectal Barostat Sensory Testing in IBS: Sensitivity and Specificity	

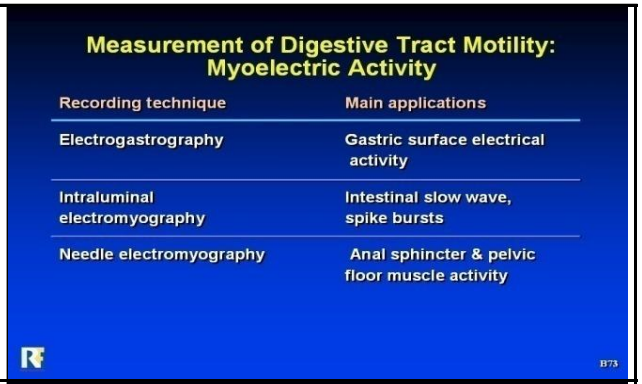
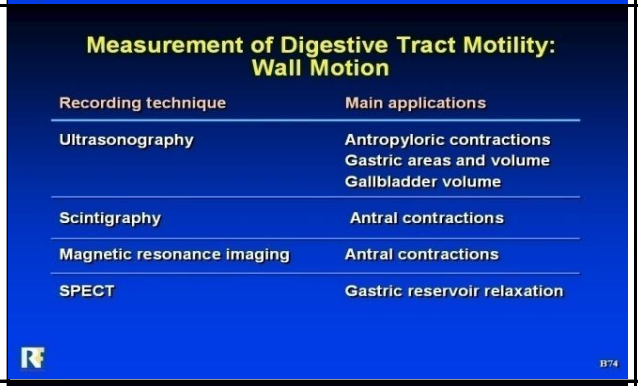
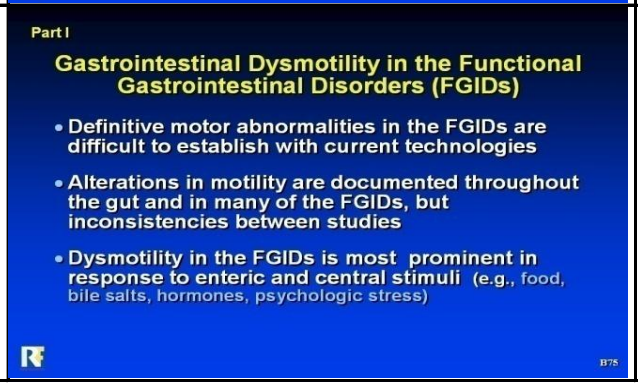
B57	Colonic Hypersensitivity in IBS: Influenced Strongly by a Psychological Tendency to Report Pain Rather than Increased Neurosensory Sensitivity	
B58	Section Title: Motility and Dysmotility: Fundamental Concepts	
B59	Gastrointestinal Smooth Muscles Have Properties of a Functional Electrical Syncytium	
B60	Electrical Activity Occurs at Different Frequencies in Stomach, Small Intestine, and Colon	

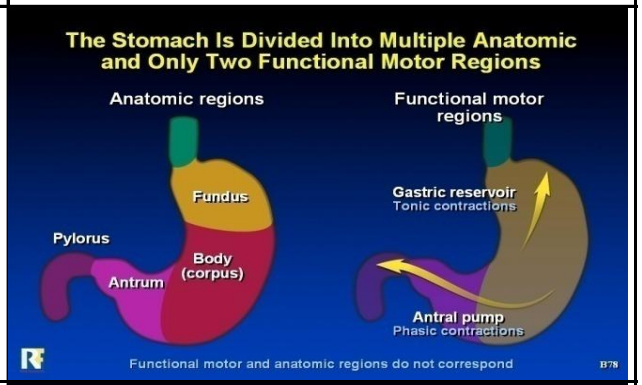
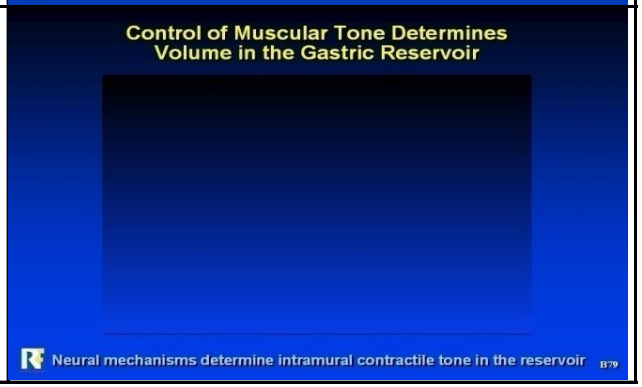
B61	Electrical Slow Waves Without Action Potentials Are Often Present in the Small Intestine	
B62	Contractions Are Seen When Action Potentials Appear on Slow Waves	
B63	Networks of Interstitial Cells of Cajal are Pacemakers for Electrical Activity in the Gastrointestinal Musculature	

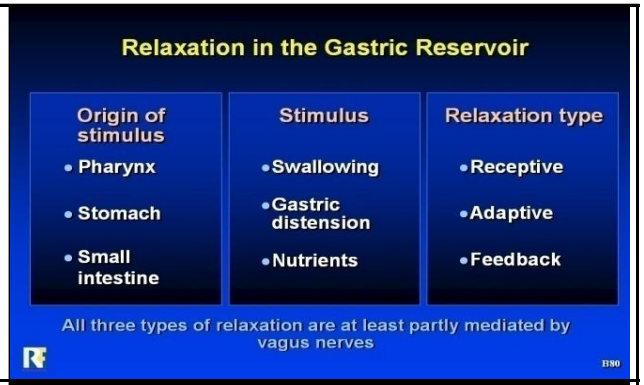
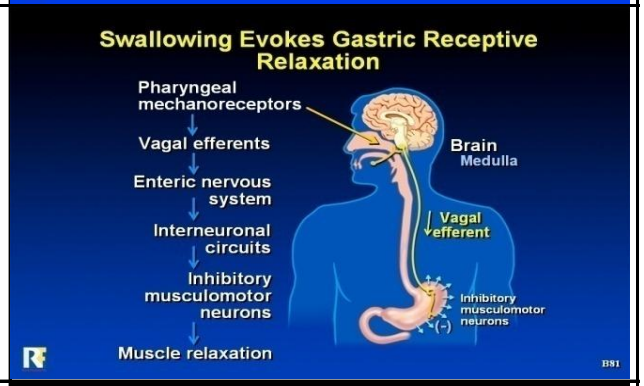
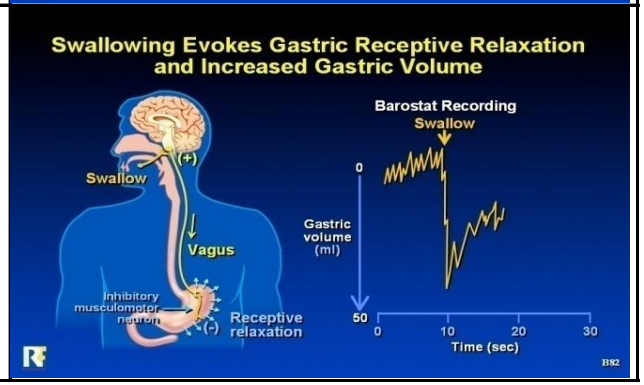
B64	Activity of Inhibitory Motor Neurons to the Intestinal Circular Muscle Tonically Inhibits Contractions	
B65	Inhibitory Innervation of Sphincters is Continuously Inactive and Transiently Activated for Timed Opening	
B66	Inhibitory Motor Innervation of the Intestinal Circular Muscle Is Continuously Active and Is Transiently Inactivated to Permit Muscle Contraction	

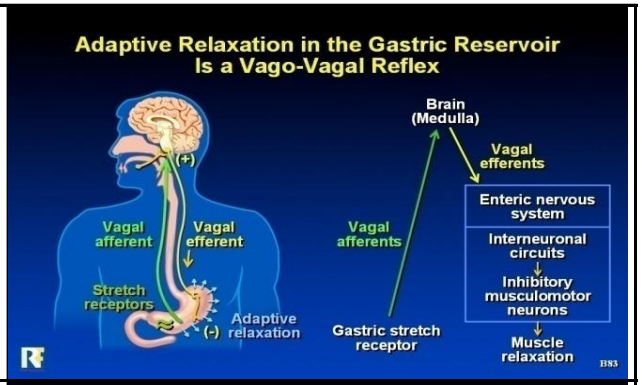
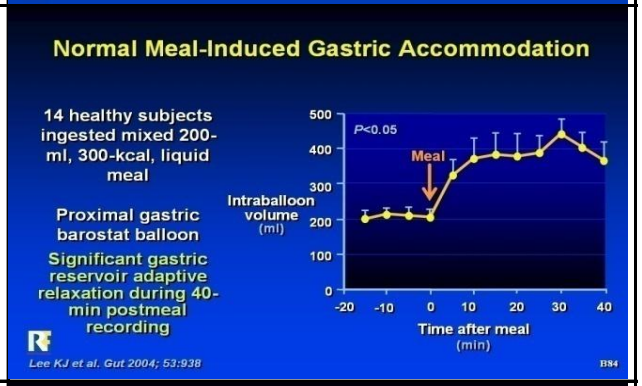
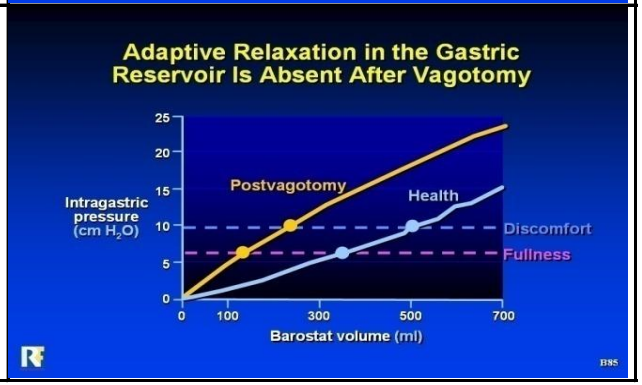
B67	Enteric Nervous System Contains a Library of Programs for Specific Patterns of Intestinal Motor Behavior	
B68	Gastrointestinal Motility and ENS-CNS Control	
B69	Measurement of Digestive Tract Motility: Transit I	

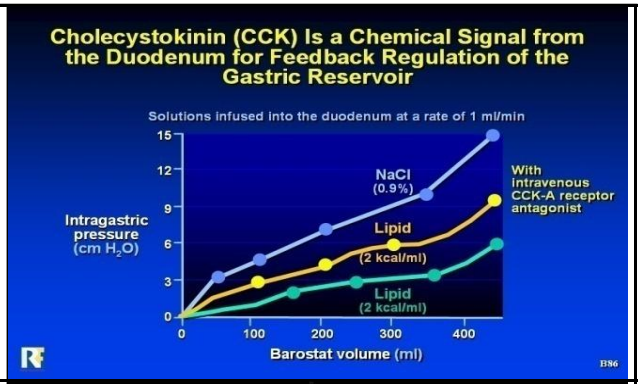
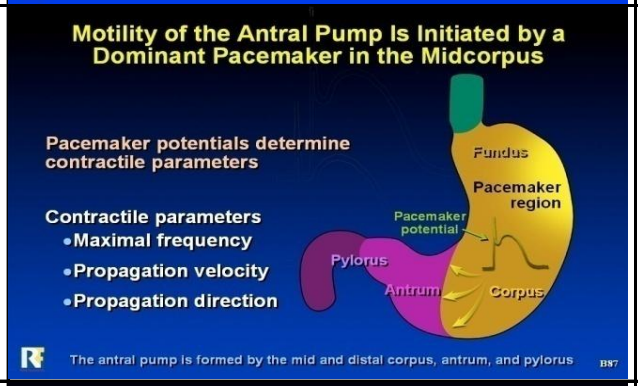
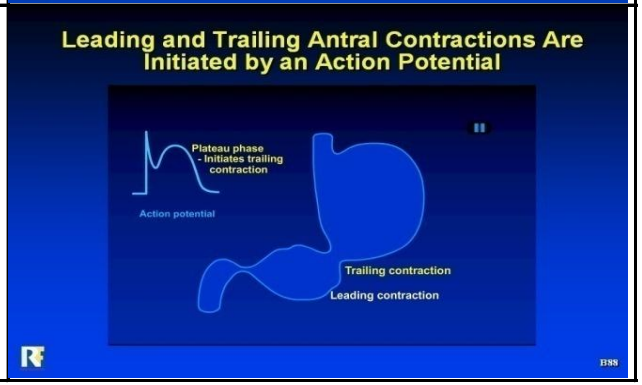
B70	Measurement of Digestive Tract Motility: Transit II	
B71	Measurement of Digestive Tract Motility: Intraluminal Pressure	
B72	Measurement of Digestive Tract Motility: Tone, Compliance and Reflexes	

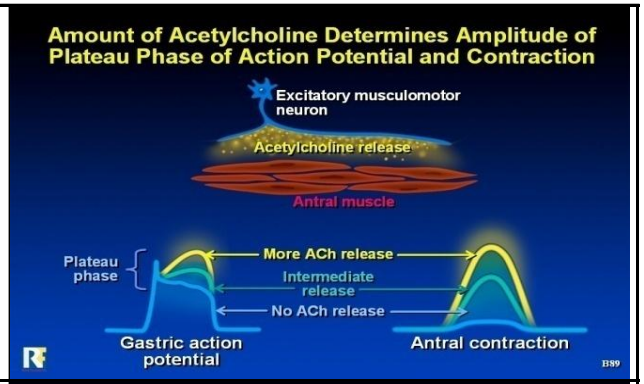
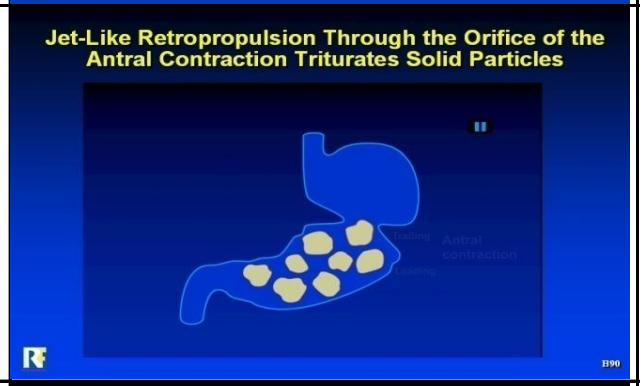
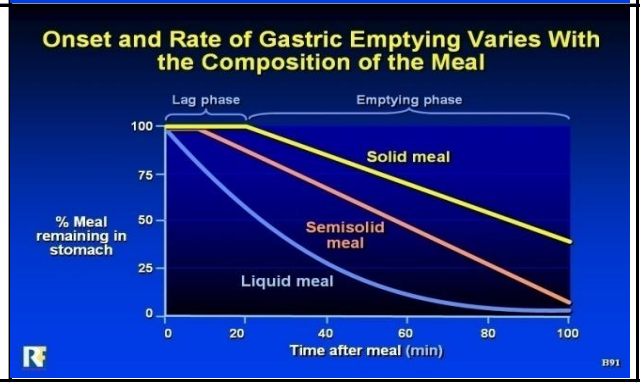
B73	Measurement of Digestive Tract Motility: Myoelectric Activity	
B74	Measurement of Digestive Tract Motility: Wall Motion	
B75	Gastrointestinal Dysmotility in the Functional Gastrointestinal Disorders (FGIDs)	

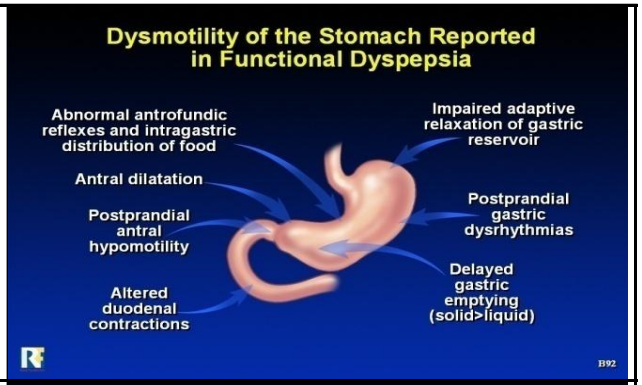
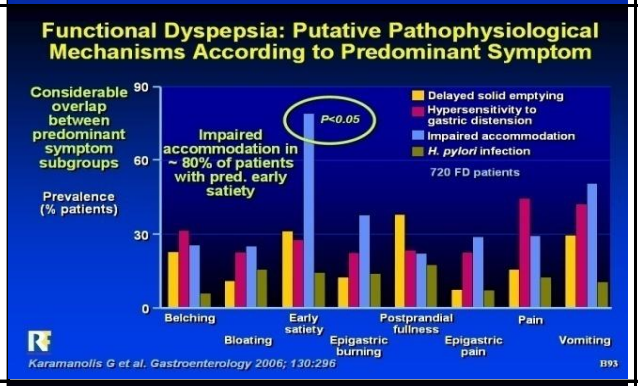
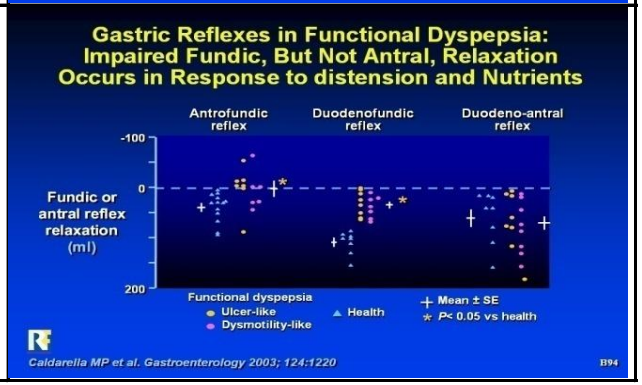
B76	Gastrointestinal Dysmotility in the Functional Gastrointestinal Disorders (FGIDs)	
B77	Section Title: Regional Motility - Stomach	
B78	The Stomach Is Divided Into Multiple Anatomic and Only Two Functional Motor Regions	
B79	Control of Muscular Tone Determines Volume in the Gastric Reservoir	

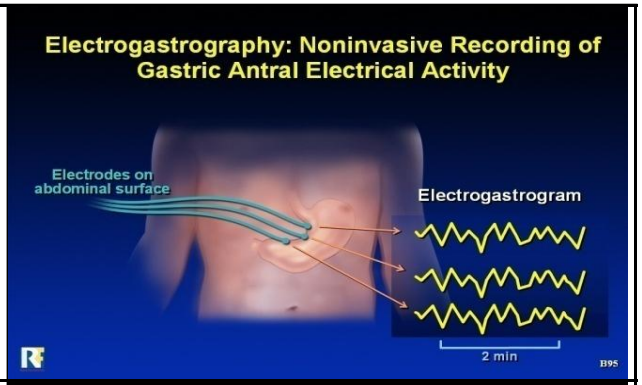
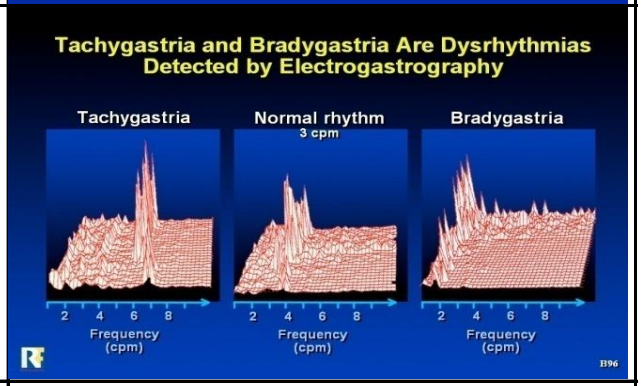
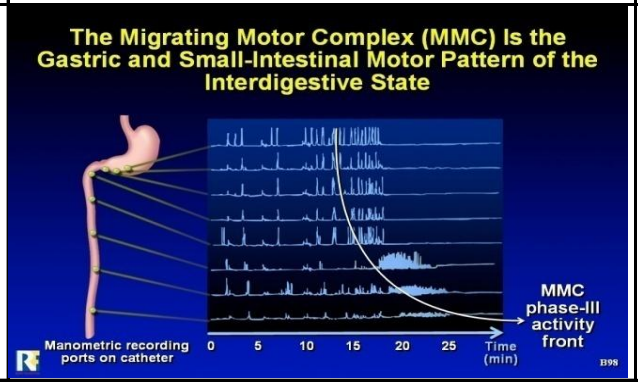
B80	Relaxation in the Gastric Reservoir	
B81	Swallowing Evokes Gastric Receptive Relaxation	
B82	Swallowing Evokes Gastric Receptive Relaxation and Increased Gastric Volume	

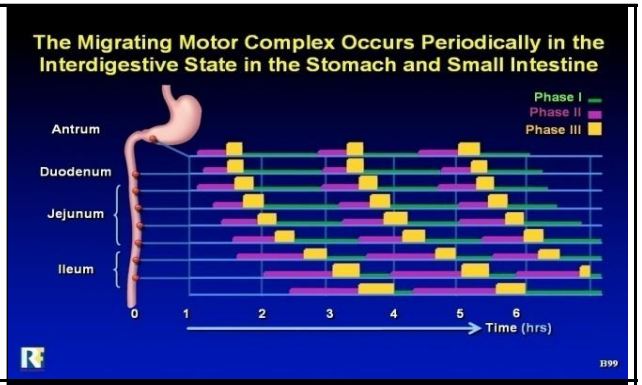
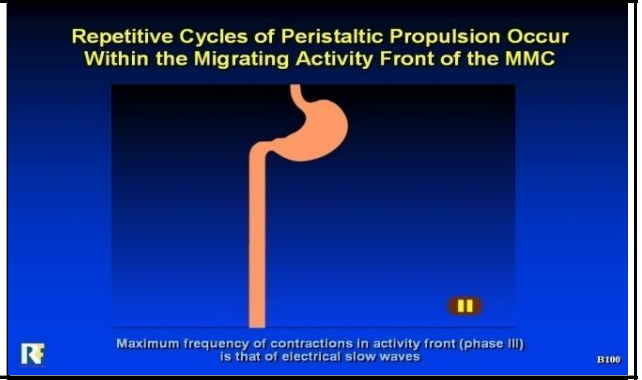
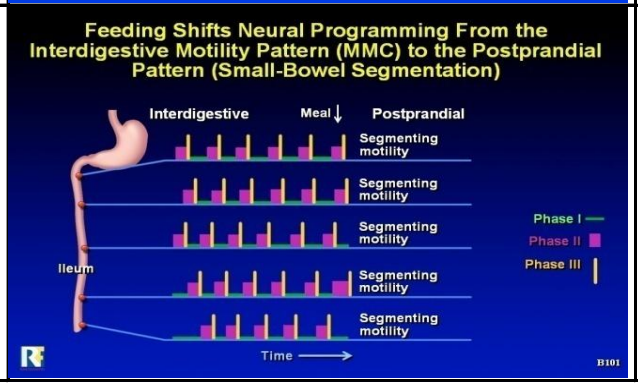
B83	Adaptive Relaxation in the Gastric Reservoir Is a Vago-Vagal Reflex	
B84	Normal Meal-Induced Gastric Accommodation	
B85	Adaptive Relaxation in the Gastric Reservoir Is Absent After Vagotomy	

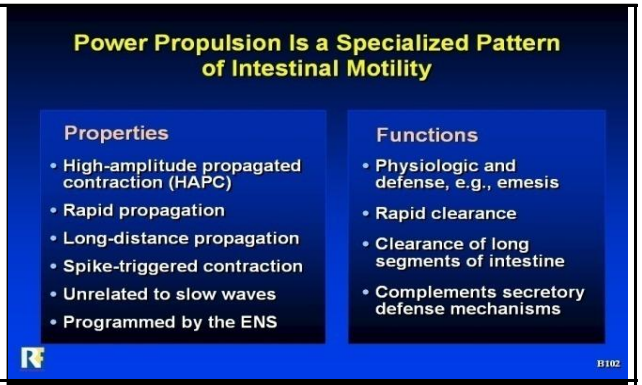
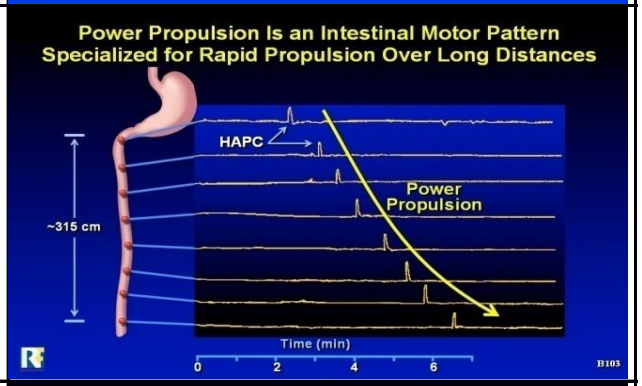
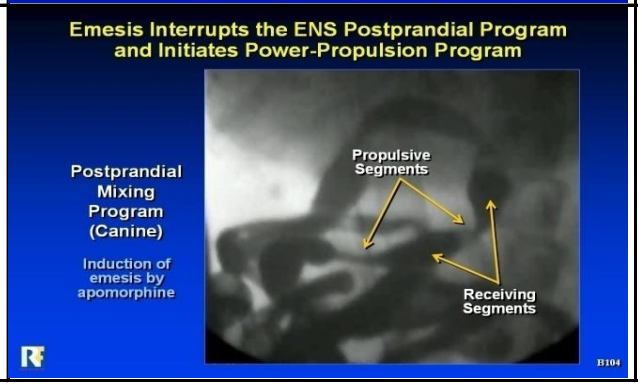
B86	Cholecystokinin (CCK) Is a Chemical Signal from the Duodenum for Feedback Regulation of the Gastric Reservoir	
B87	Motility of the Antral Pump Is Initiated by a Dominant Pacemaker in the Mid-Corpus	
B88	Leading and Trailing Antral Contractions Are Initiated by an Action Potential	

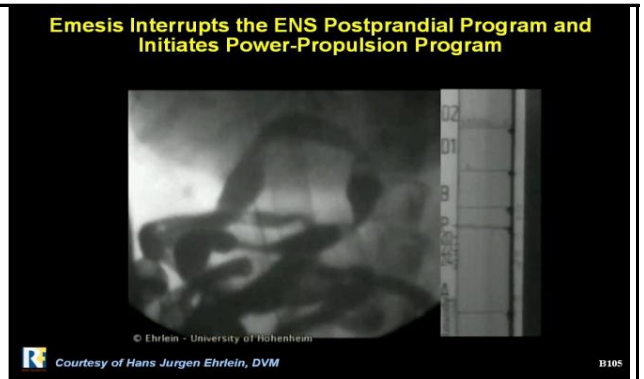
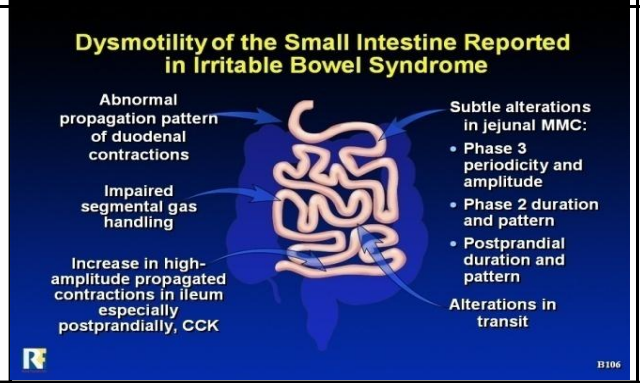
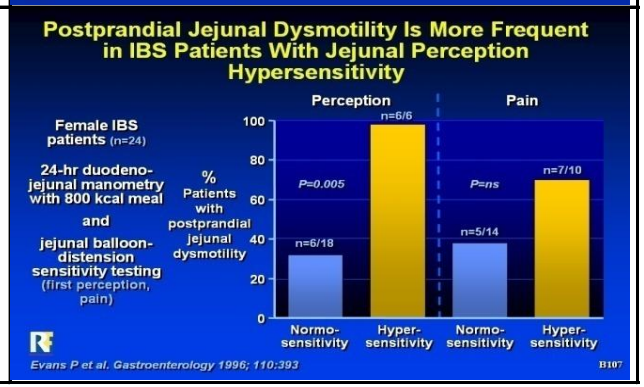
B89	Amount of Acetylcholine Determines Amplitude of Plateau Phase of Action Potential and Contraction	
B90	Jet-Like Retropropulsion Through the Orifice of the Antral Contraction Triturates Solid Particles	
B91	Onset and Rate of Gastric Emptying Varies With the Composition of the Meal	

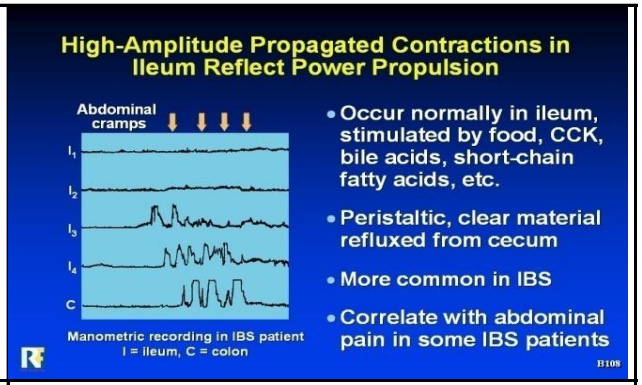
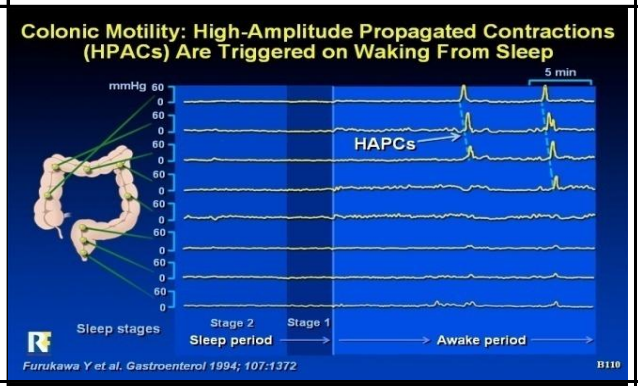
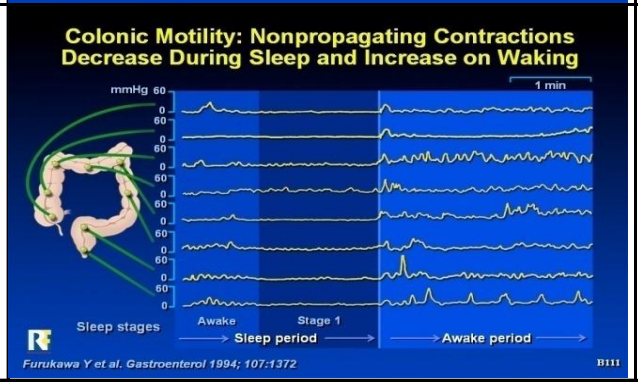
B92	Dysmotility of the Stomach Reported in Functional Dyspepsia	
B93	Functional Dyspepsia: Putative Pathophysiological Mechanisms According to Predominant Symptom	
B94	Gastric Reflexes in Functional Dyspepsia: Impaired Fundic, But Not Antral, Relaxation Occurs in Response to distension and Nutrients	

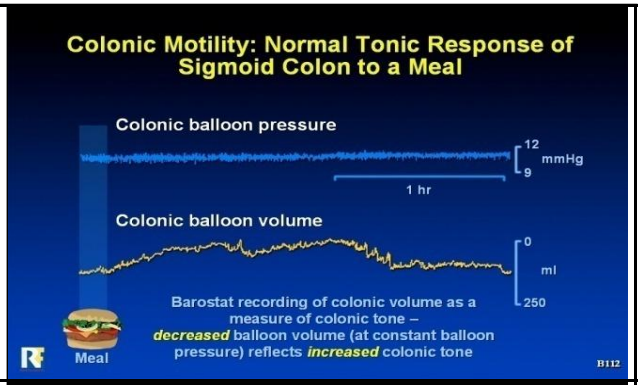
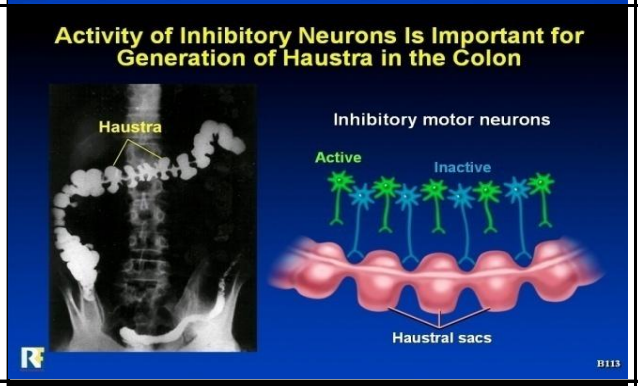
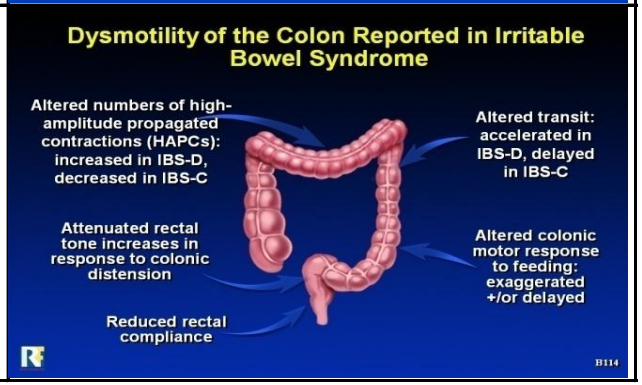
B95	Electrogastrography: Noninvasive Recording of Gastric Antral Electrical Activity	
B96	Tachygastria and Bradygastria Are Dysrhythmias Detected by Electrogastrography	
B97	Section Title: Regional Motility – Small Intestine	
B98	The Migrating Motor Complex (MMC) Is the Gastric and Small-Intestinal Motor Pattern of the Interdigestive State	

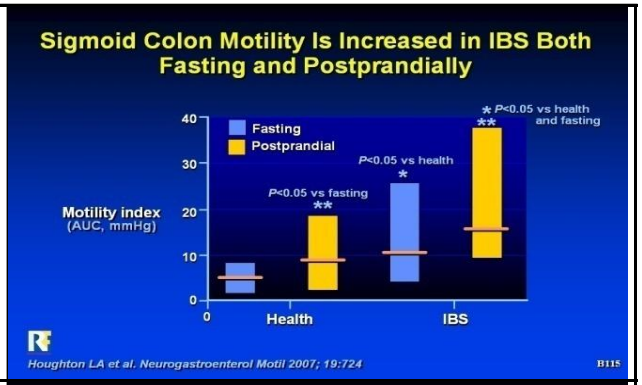
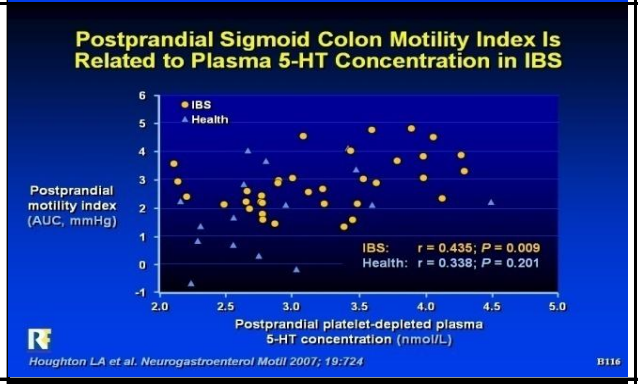
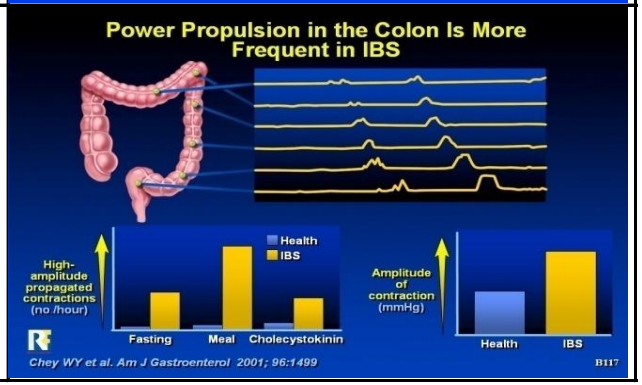
B99	The Migrating Motor Complex Occurs Periodically in the Interdigestive State in the Stomach and Small Intestine	
B100	Repetitive Cycles of Peristaltic Propulsion Occur Within the Migrating Activity Front of the MMC	
B101	Feeding Shifts Neural Programming From the Interdigestive Motility Pattern (MMC) to the Postprandial Pattern (Small-Bowel Segmentation)	

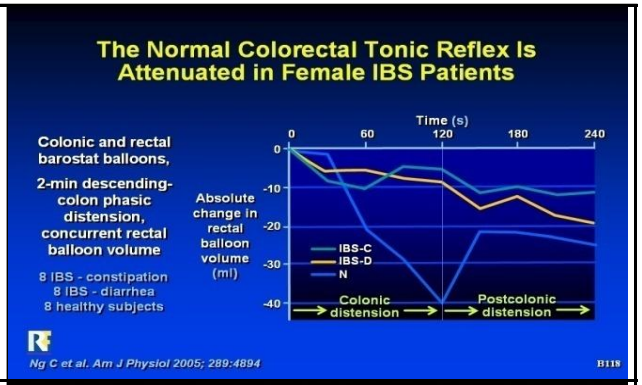
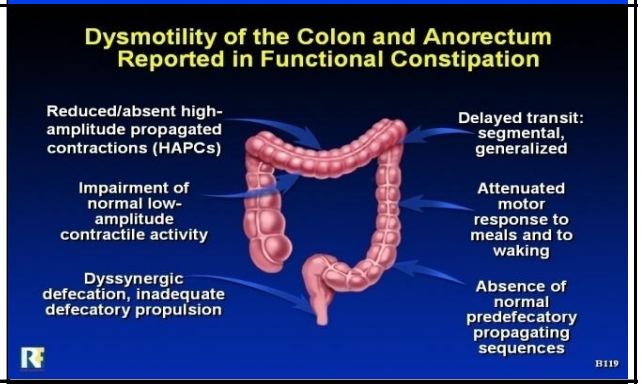
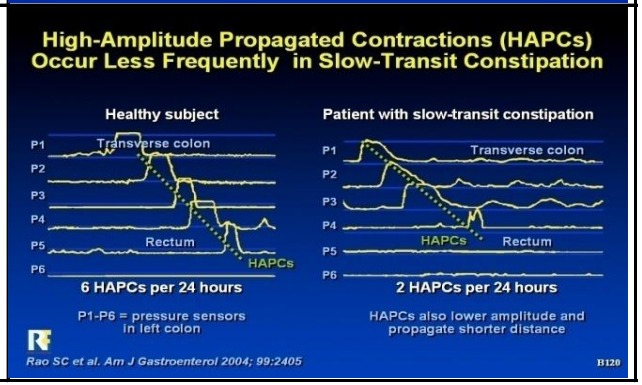
B102	Power Propulsion Is a Specialized Pattern of Intestinal Motility	
B103	Power Propulsion Is an Intestinal Motor Pattern Specialized for Rapid Propulsion Over Long Distances	
B104	Emesis Interrupts the ENS Postprandial Program and Initiates Power-Propulsion Program	

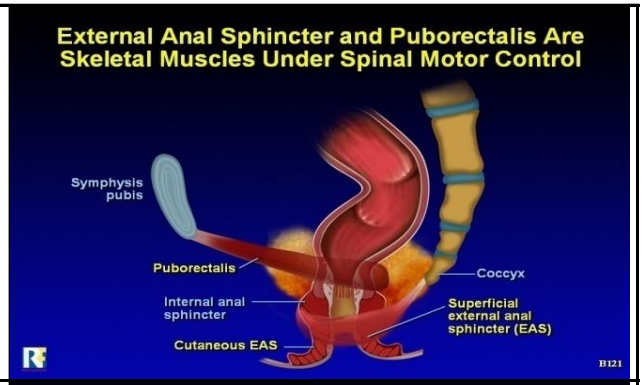
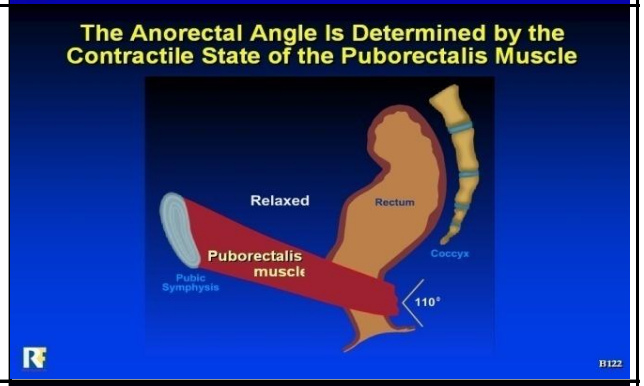
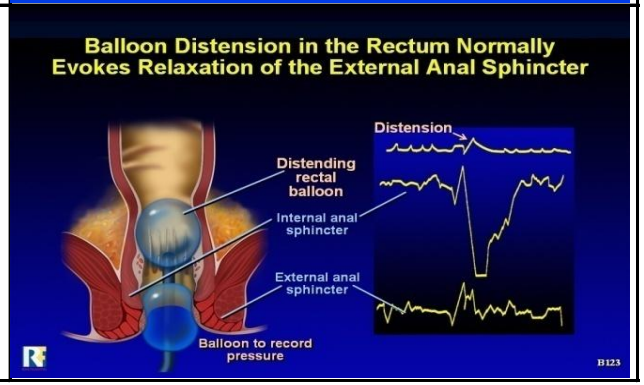
B105	Video: Emesis Interrupts the ENS Postprandial Program and Initiates Power-Propulsion Program	
B106	Dysmotility of the Small Intestine Reported in Irritable Bowel Syndrome	
B107	Postprandial Jejunal Dysmotility Is More Frequent in IBS Patients with Jejunal Perception Hypersensitivity	

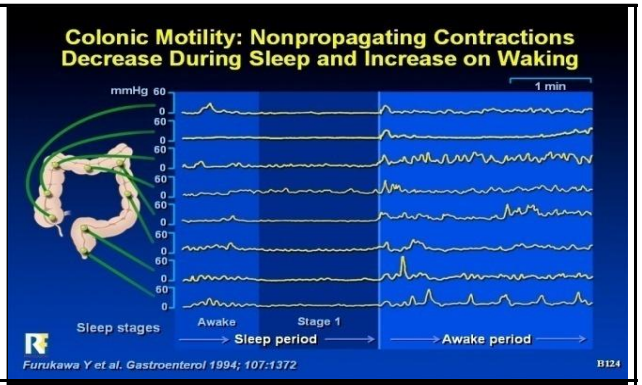
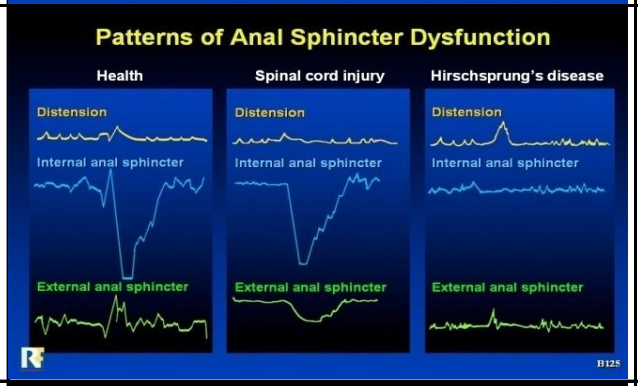
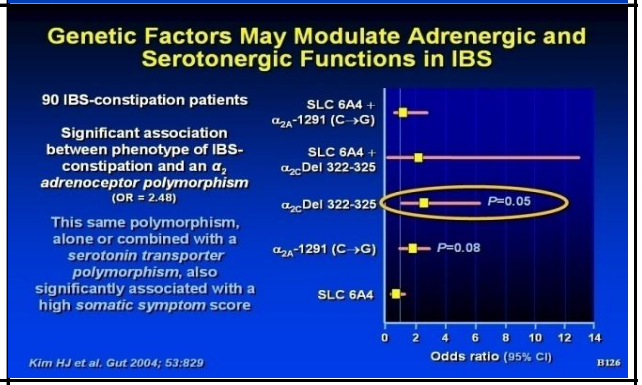
B108	High Amplitude Propagated Contractions in Ileum Reflect Power Propulsion	
B109	Section Title: Regional Motility: Large Intestine/Pelvic Floor	
B110	Colonic Motility: High-Amplitude Propagated Contractions (HPACs) Are Triggered on Waking From Sleep	
B111	Colonic Motility: Nonpropagating Contractions Decrease During Sleep and Increase on Waking	

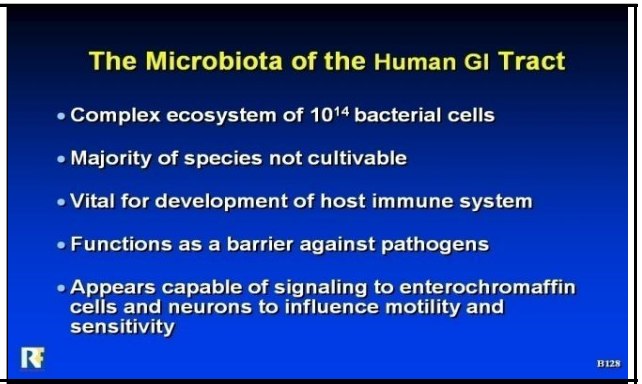
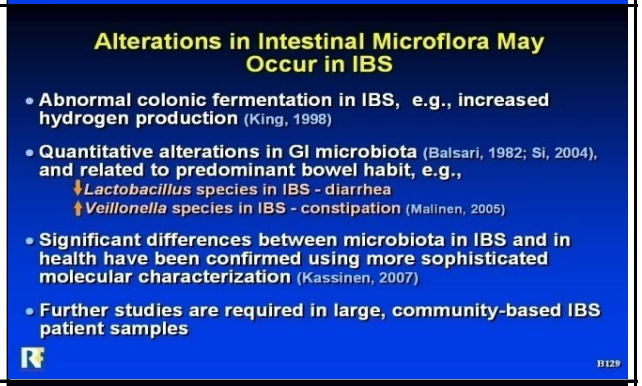
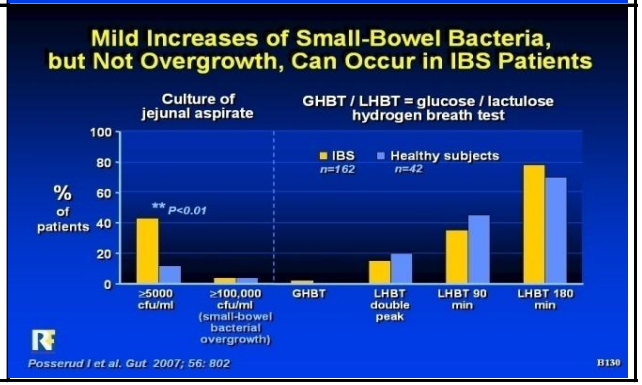
B112	Colonic Motility: Normal Tonic Response of Sigmoid Colon to a Meal	
B113	Activity of Inhibitory Neurons is Important for Generation of Haustra in the Colon	
B114	Dysmotility of the Colon Reported in Irritable Bowel Syndrome	

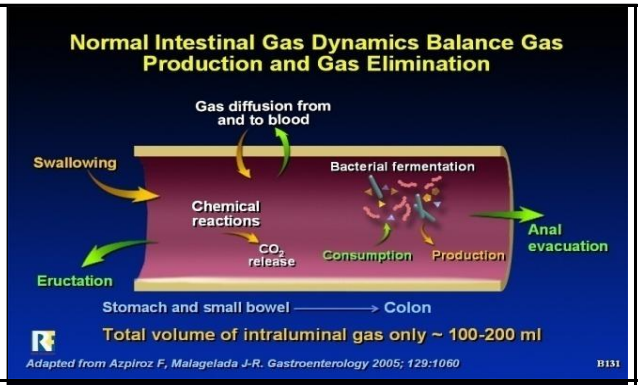
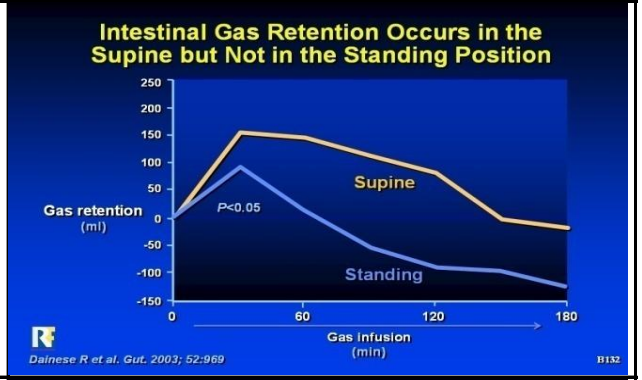
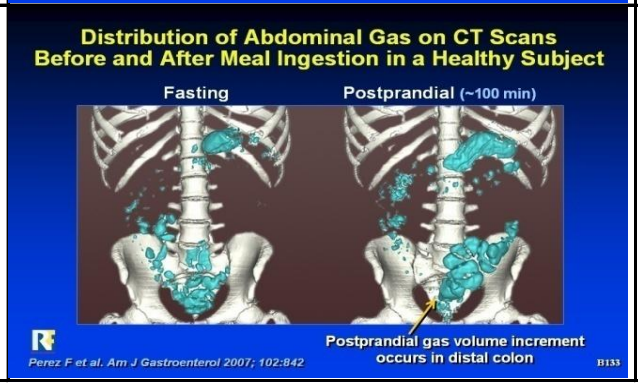
B115	Sigmoid Colon Motility Is Increased in IBS Both Fasting and Postprandially	
B116	Postprandial Sigmoid Colon Motility Index is Related to Plasma 5-HT Concentration in IBS	
B117	Power Propulsion in the Colon is More Frequent in IBS	

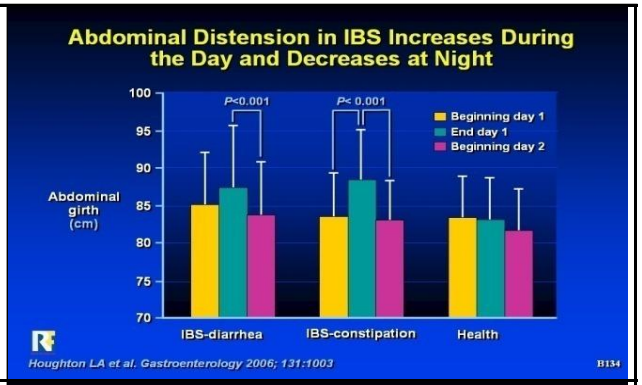
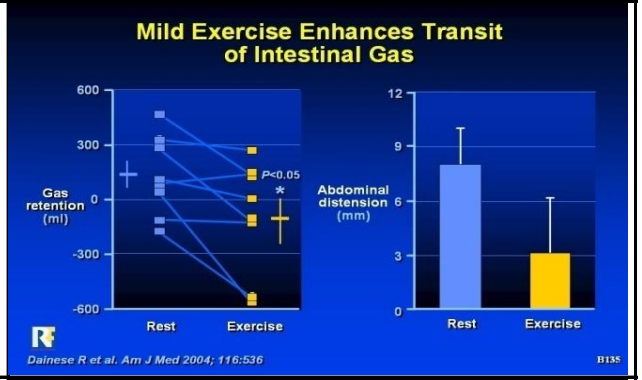
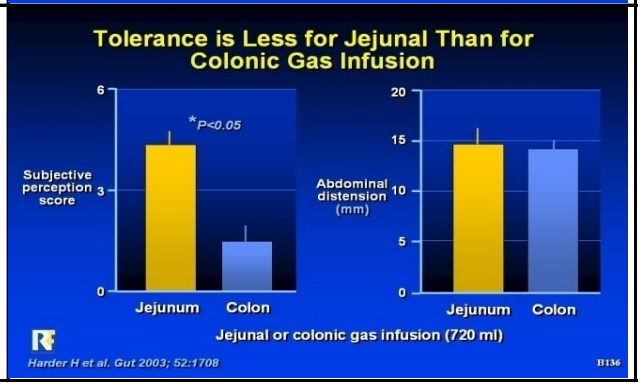
B118	The Normal Colorectal Tonic Reflex Is Attenuated in Female IBS Patients	
B119	Dysmotility of the Colon and Ano-Rectum Reported in Functional Constipation	
B120	High-Amplitude Propagated Contractions (HAPCs) Occur Less Frequently in Slow-Transit Constipation	

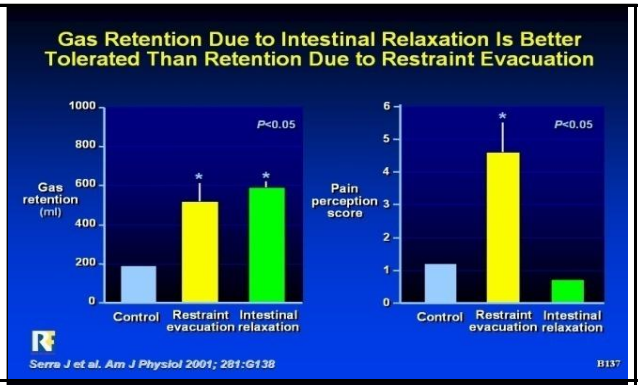
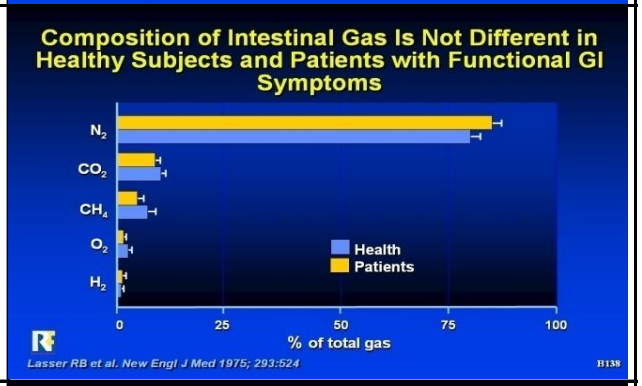
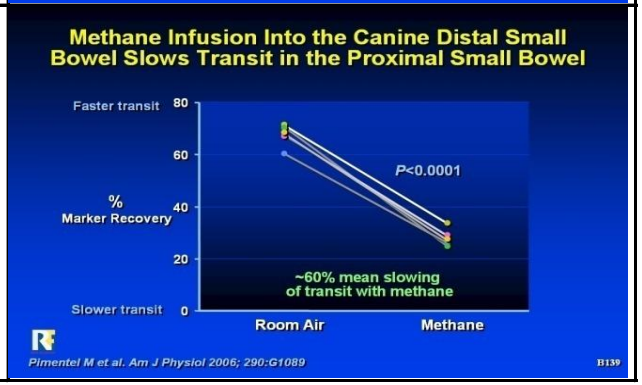
B121	External Anal Sphincter and Puborectalis Are Skeletal Muscles Under Spinal Motor Control	
B122	The Anorectal Angle Is Determined by the Contractile State of the Puborectalis Muscle	
B123	Balloon Distension in the Rectum Normally Evokes Relaxation of the External Anal Sphincter	

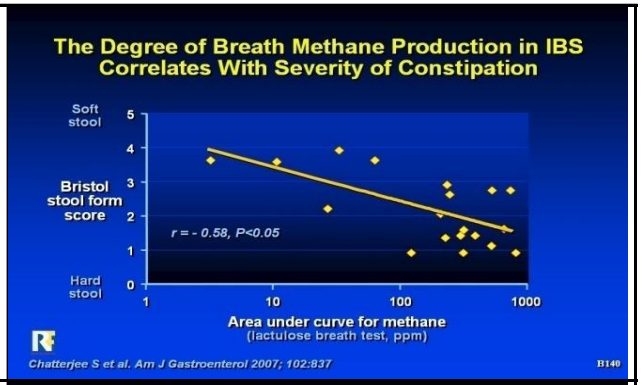
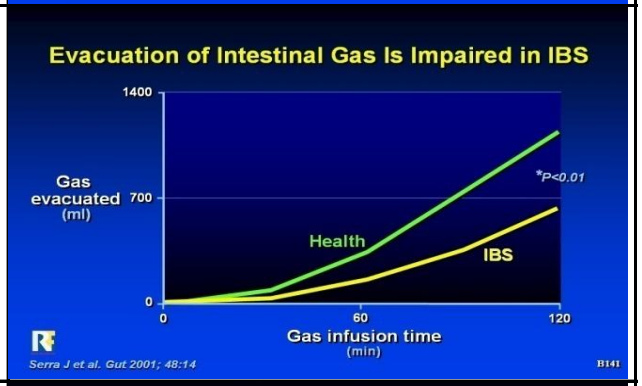
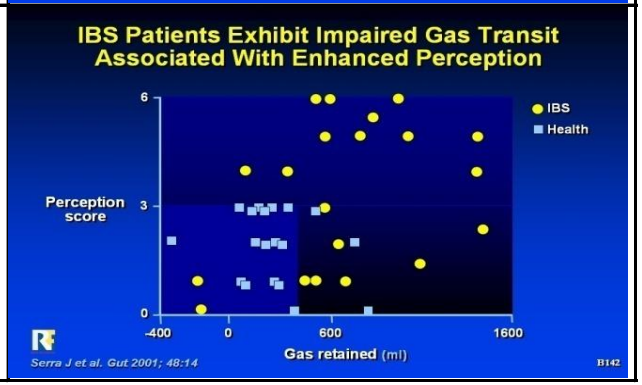
B124	Colonic Motility: Nonpropagating Contractions Decrease During Sleep and Increase on Waking	
B125	Patterns of Anal Sphincter Dysfunction	
B126	Genetic Factors May Modulate Adrenergic and Serotonergic Functions in IBS	
B127	Section Title: Intestinal Bacteria, Intestinal Gas, Abdominal Bloating, and Distension	

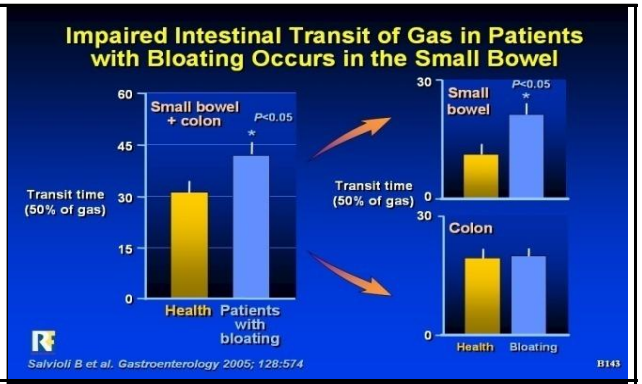
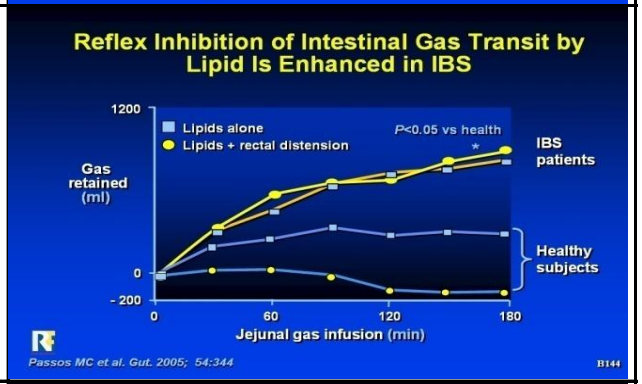
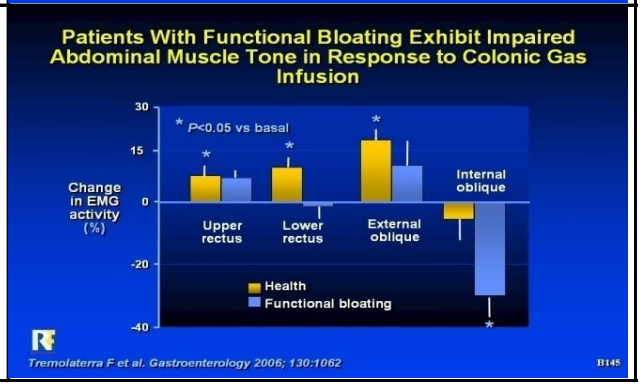
B128	The Microbiota of the Human GI Tract	
B129	Alterations in Intestinal Microflora May Occur in IBS	
B130	Mild Increases of Small-Bowel Bacteria, but Not Overgrowth, Can Occur in IBS Patients	

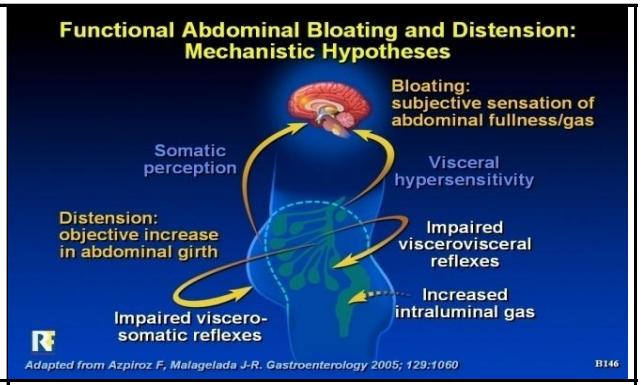
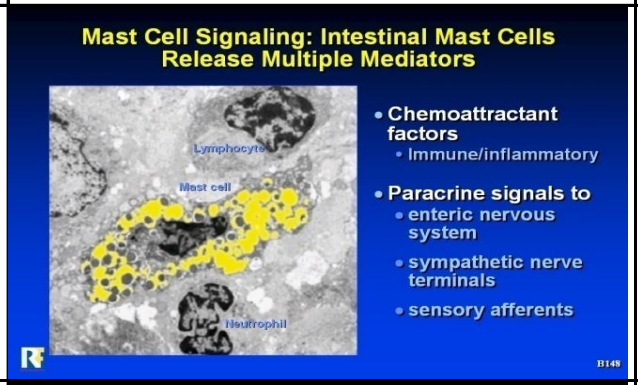
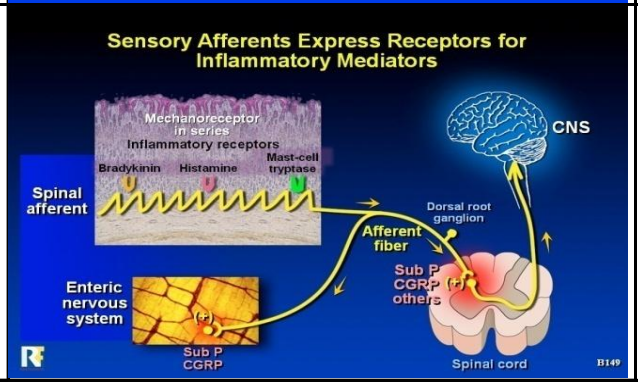
B131	Normal Intestinal Gas Dynamics Balance Gas Production and Gas Elimination	
B132	Intestinal Gas Retention Occurs in the Supine but Not in the Standing Position	
B133	Distribution of Abdominal Gas on CT Scans Before and After Meal Ingestion in a Healthy Subject	

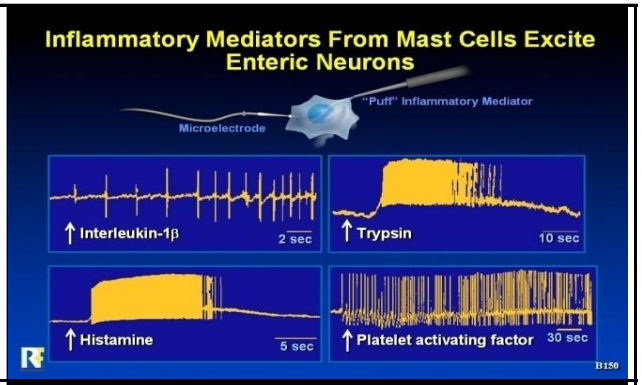
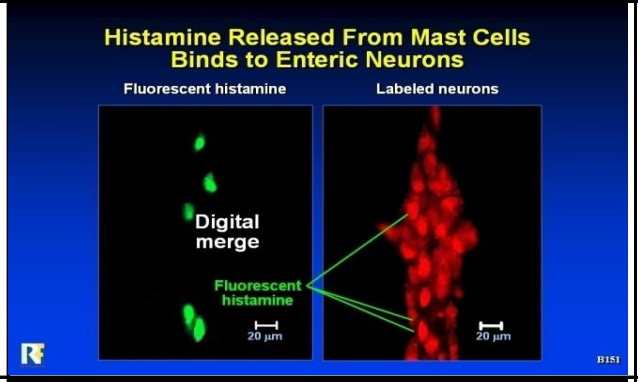
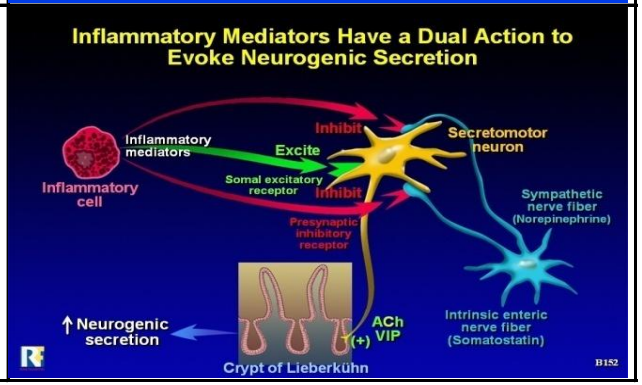
B134	Abdominal Distension in IBS Increases During the Day and Decreases at Night	
B135	Mild Exercise Enhances Transit of Intestinal Gas	
B136	Tolerance is Less for Jejunal Than for Colonic Gas Infusion	

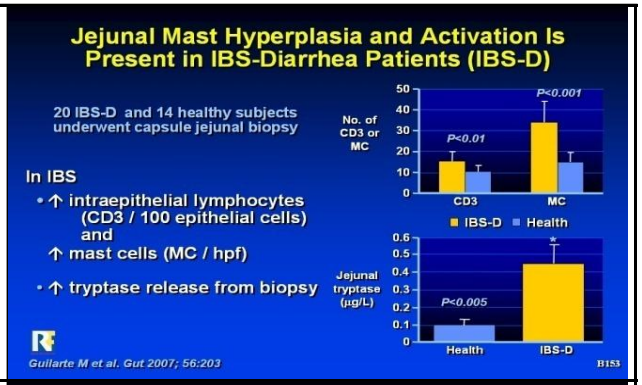
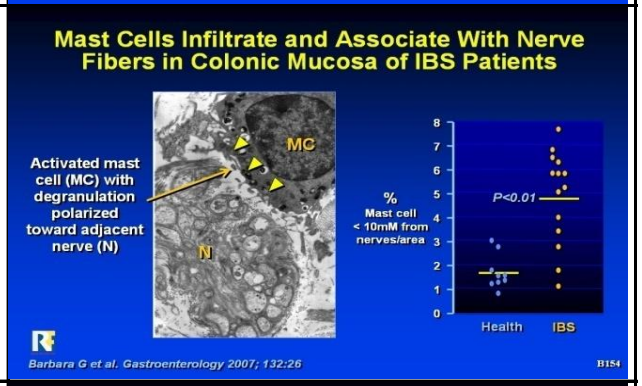
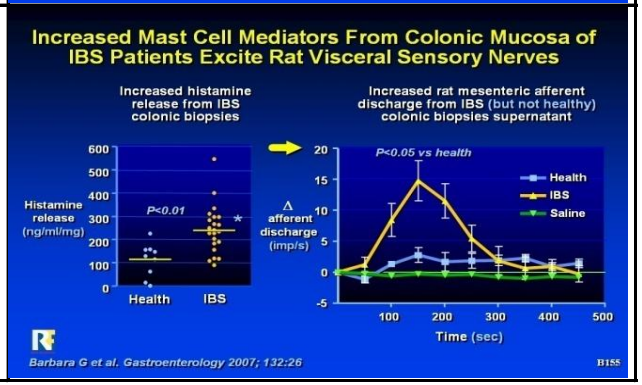
B137	Gas Retention Due to Intestinal Relaxation Is Better Tolerated Than Retention Due to Restraint Evacuation	
B138	Composition of Intestinal Gas Is Not Different in Healthy Subjects and Patients with Functional GI Symptoms	
B139	Methane Infusion Into the Canine Distal Small Bowel Slows Transit in the Proximal Small Bowel	

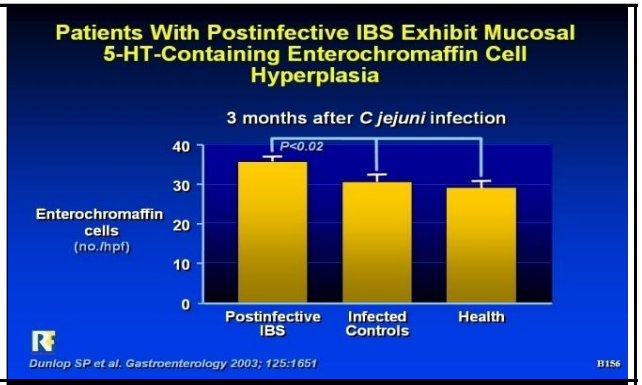
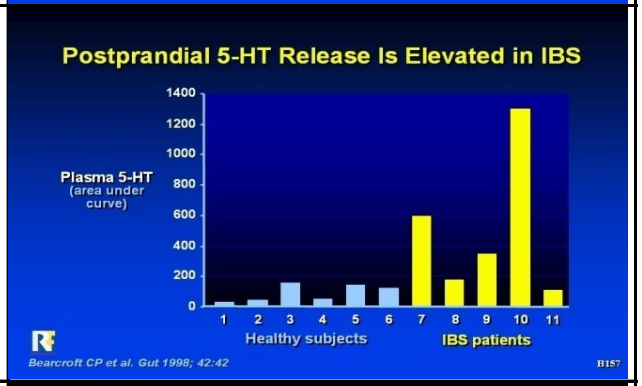
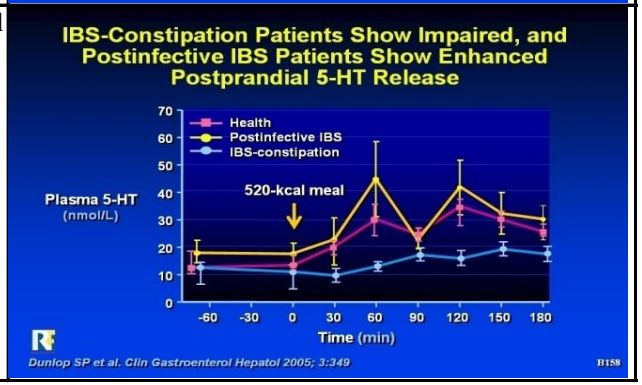
B140	The Degree of Breath Methane Production in IBS Correlates With Severity of Constipation	
B141	Evacuation of Intestinal Gas is Impaired in IBS	
B142	IBS Patients Exhibit Impaired Gas Transit Associated With Enhanced Perception	

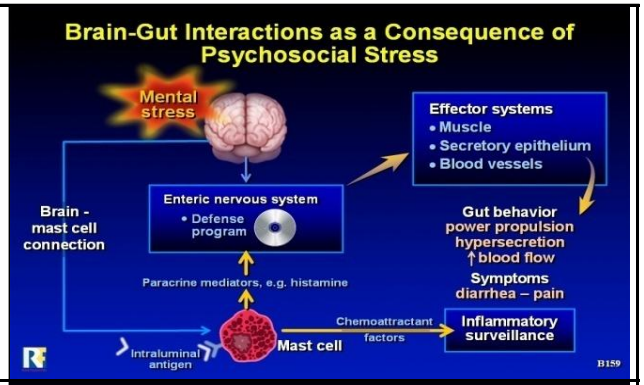
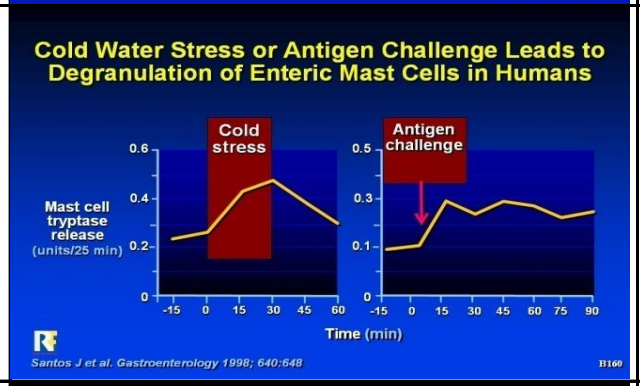
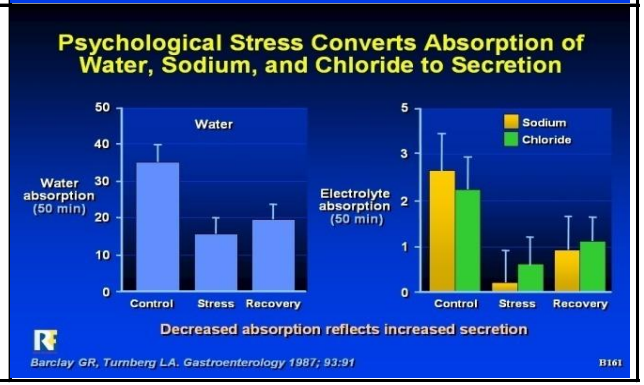
B143	Impaired Intestinal Transit of Gas in Patients with Bloating Occurs in the Small Bowel	
B144	Reflex Inhibition of Intestinal Gas Transit by Lipid Is Enhanced in IBS	
B145	Patients With Functional Bloating Exhibit Impaired Abdominal Muscle Tone in Response to Colonic Gas Infusion	

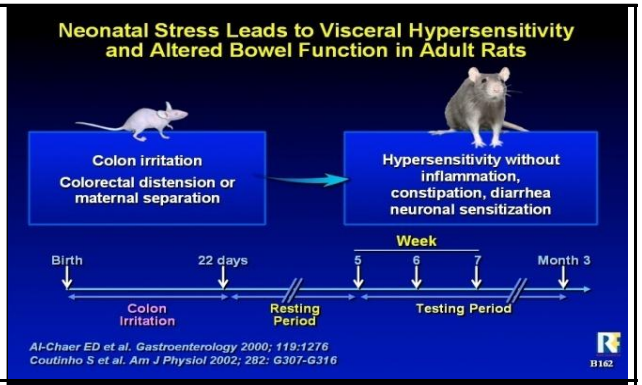
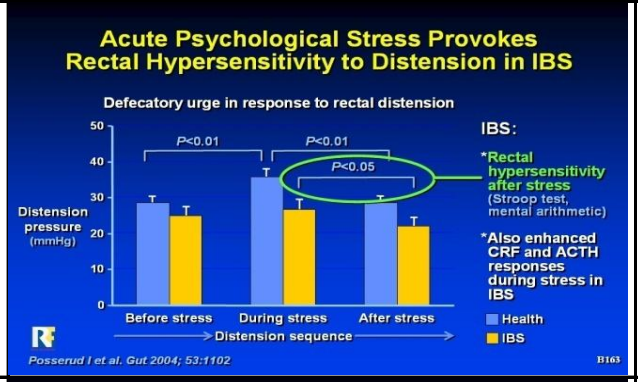
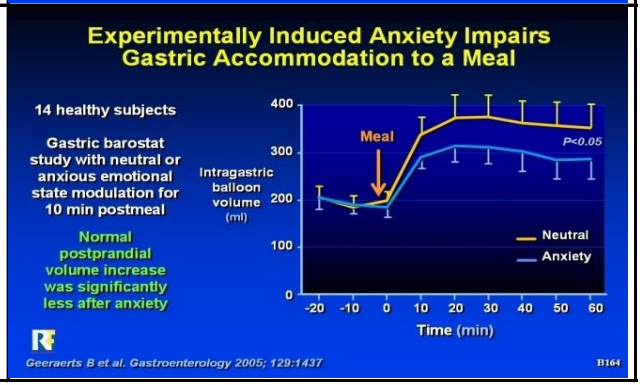
B146	Functional Abdominal Bloating and Distension: Mechanistic Hypotheses	
B147	Section Title: Stress, Inflammation, and Brain-Gut Interactions	
B148	Mast Cell Signaling: Intestinal Mast Cells Release Multiple Mediators	
B149	Sensory Afferents Express Receptors for Inflammatory Mediators	

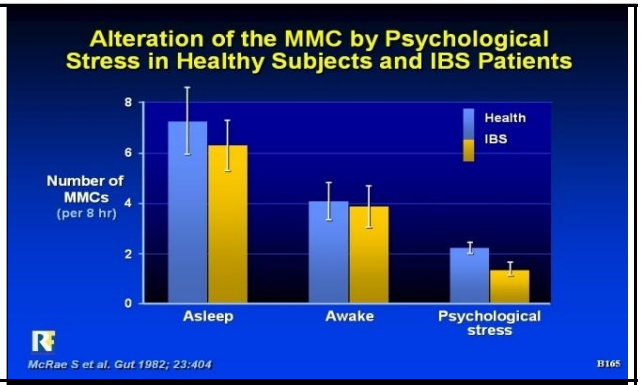
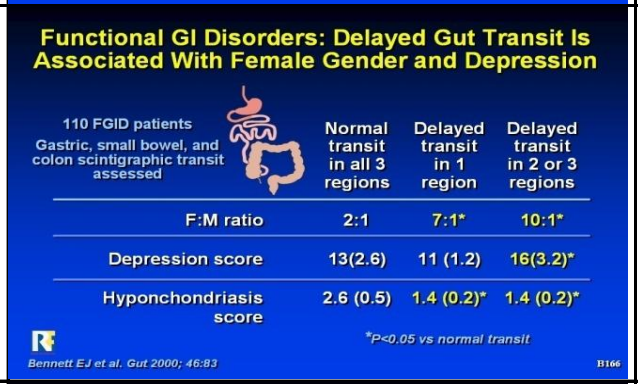
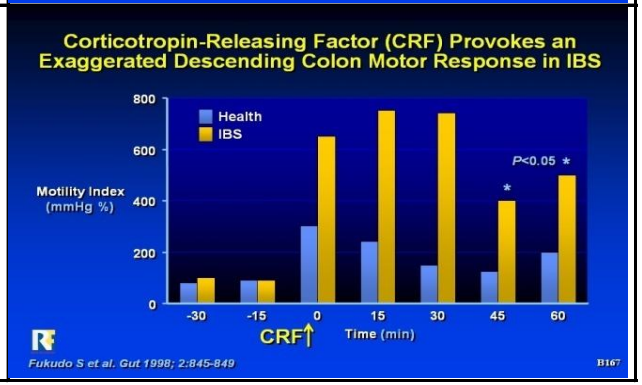
B150	Inflammatory Mediators From Mast Cells Excite Enteric Neurons	
B151	Histamine Released From Mast Cells Binds to Enteric Neurons	
B152	Inflammatory Mediators Have a Dual Action to Evoke Neurogenic Secretion	

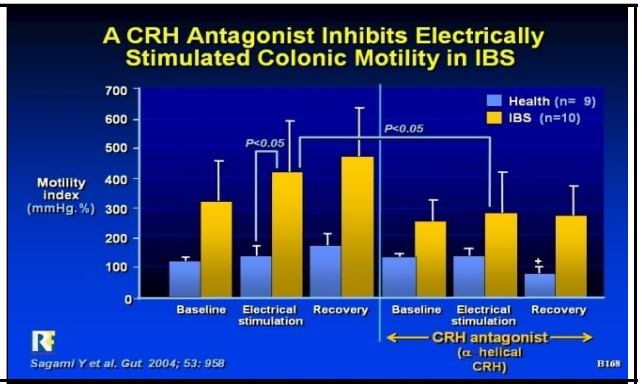
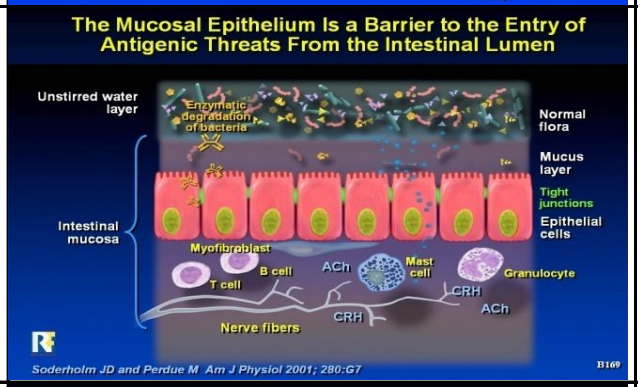
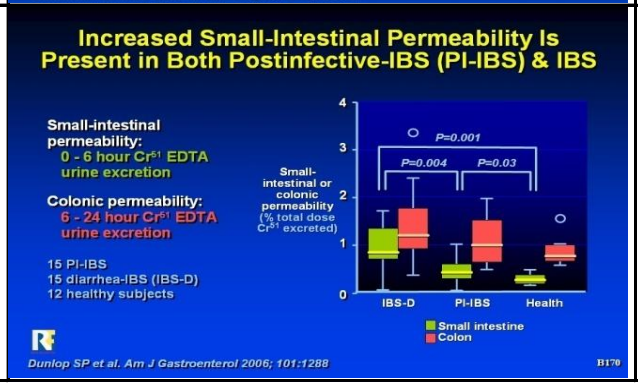
B153	Jejunal Mast Hyperplasia and Activation Is Present in IBS-Diarrhea Patients (IBS-D)	
B154	Mast Cells Infiltrate and Associate With Nerve Fibers in Colonic Mucosa of IBS Patients	
B155	Increased Mast Cell Mediators From Colonic Mucosa of IBS Patients Excite Rat Visceral Sensory Nerves	

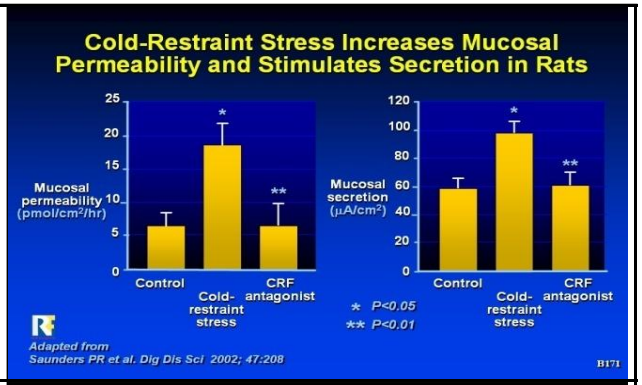
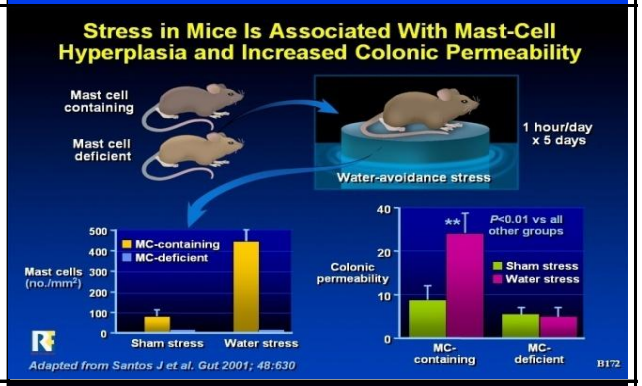
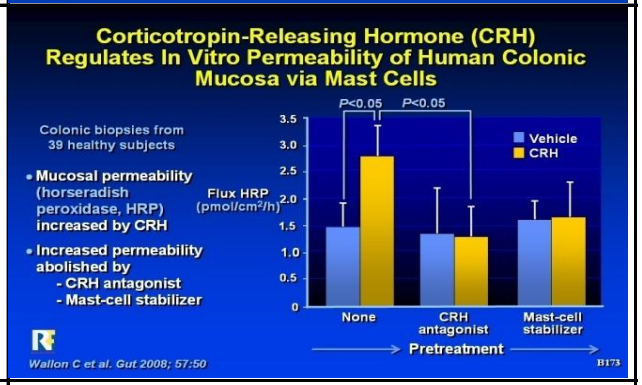
B156	Patients With Postinfective IBS Exhibit Mucosal 5-HT-Containing Enterochromaffin Cell Hyperplasia	
B157	Postprandial 5-HT Release Is Elevated in IBS	
B158	IBS-Constipation Patients Show Impaired and Postinfective IBS Patients Show Enhanced Postprandial 5-HT Release	

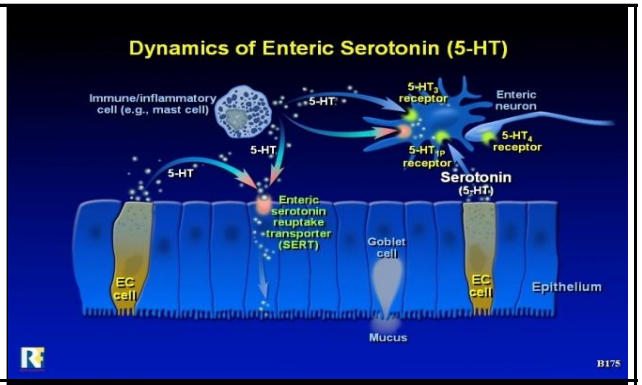
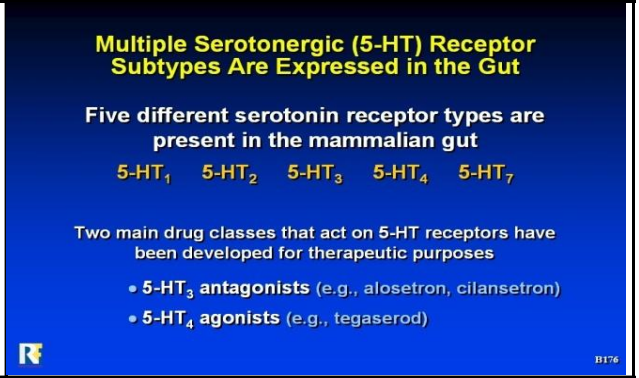
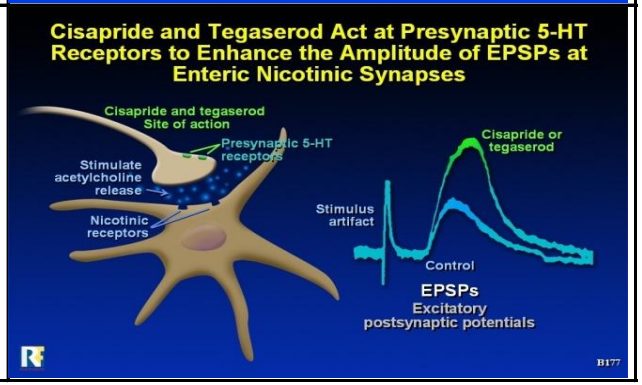
B159	Brain-Gut Interactions as a Consequence of Psychosocial Stress	
B160	Cold Water Stress or Antigen Challenge Leads to Degranulation of Enteric Mast Cells in Humans	
B161	Psychological Stress Converts Absorption of Water, Sodium, and Chloride to Secretion	

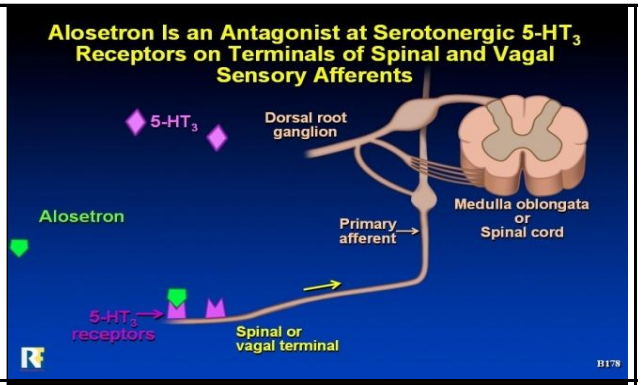
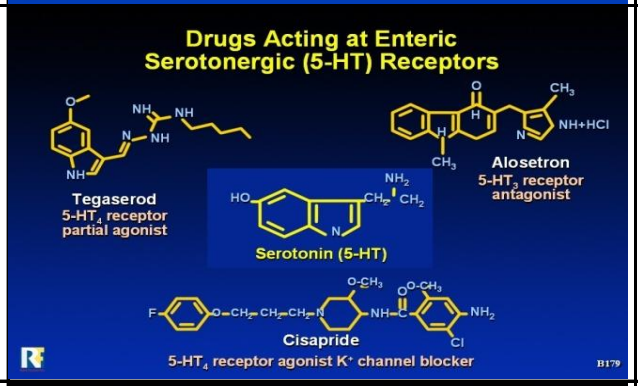
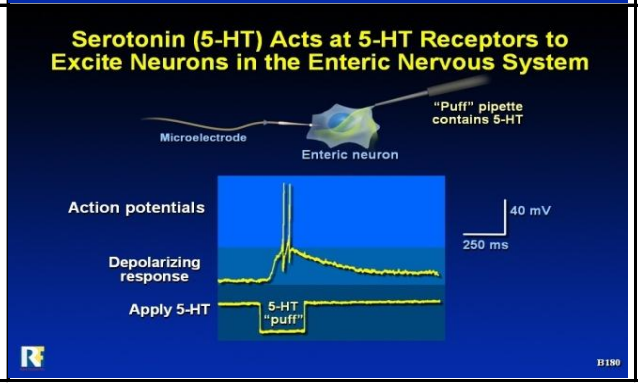
B162	Neonatal Stress Leads to Visceral Hypersensitivity and Altered Bowel Function in Adult Rats	
B163	Acute Psychological Stress Provokes Rectal Hypersensitivity to distension in IBS	
B164	Experimentally-Induced Anxiety Impairs Gastric Accommodation to a Meal	

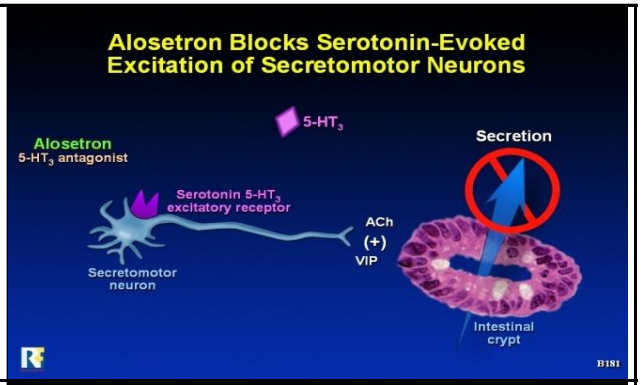
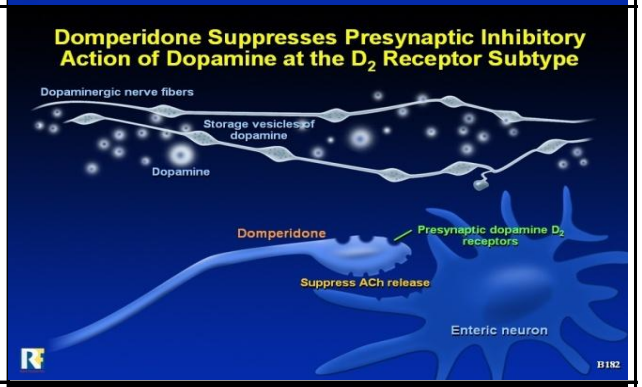
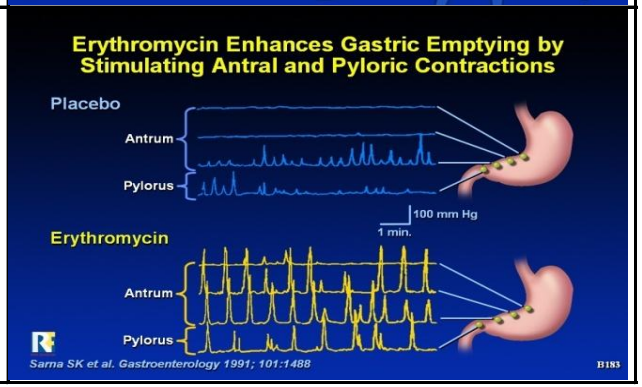
B165	Alteration of the MMC by Psychological Stress in Healthy Subjects and IBS Patients	
B166	Functional GI Disorders: Delayed Gut Transit Is Associated With Female Gender and Depression	
B167	Corticotropin-Releasing Factor (CRF) Provokes an Exaggerated Descending Colon Motor Response in IBS	

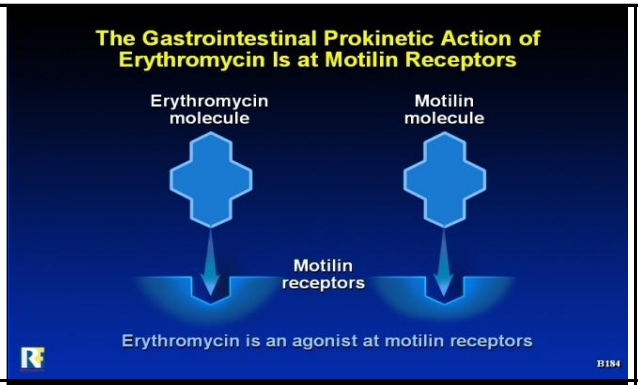
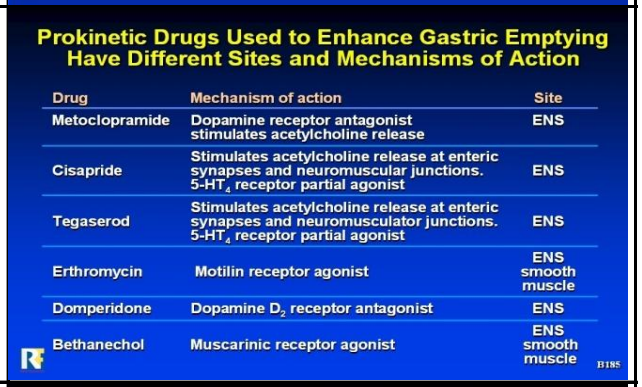
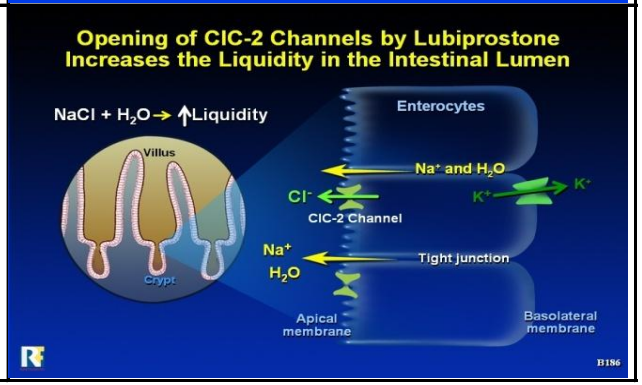
B168	A CRH Antagonist Inhibits Electrically-Stimulated Colonic Motility in IBS	
B169	The Mucosal Epithelium Is a Barrier to the Entry of Antigenic Threats From the Intestinal Lumen	
B170	Increased Small-Intestinal Permeability Is Present in Both Postinfective-IBS (PI-IBS) and IBS	

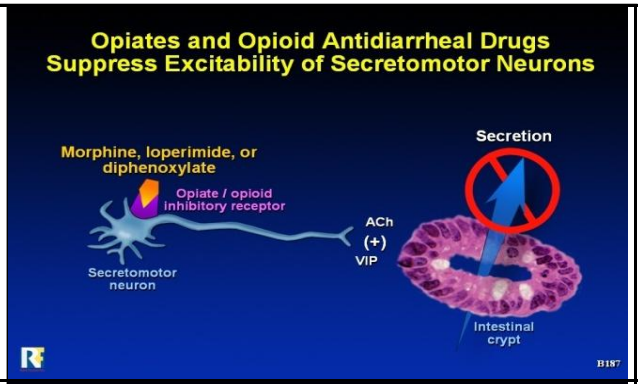
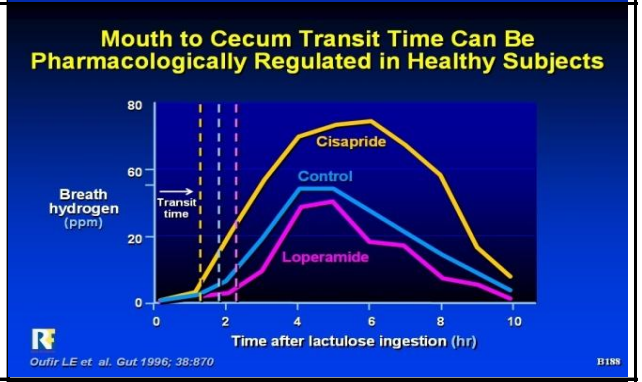
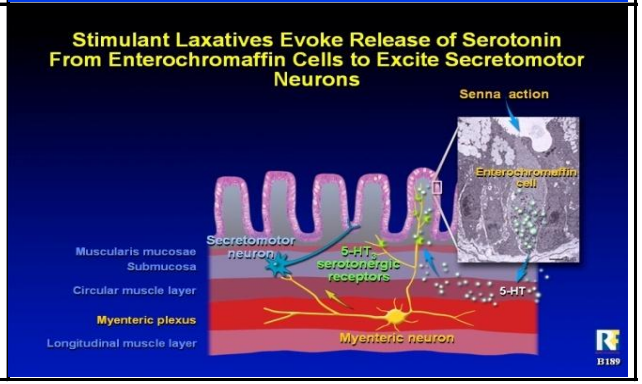
B171	Cold-Restraint Stress Increases Mucosal Permeability and Stimulates Secretion in Rats	
B172	Stress in Mice Is Associated With Mast-Cell Hyperplasia and Increased Colonic Permeability	
B173	Corticotropin-Releasing Hormone (CRH) Regulates In Vitro Permeability of Human Colonic Mucosa via Mast Cells	
B174	Section Title: Neuropharmacology of the Digestive Tract	

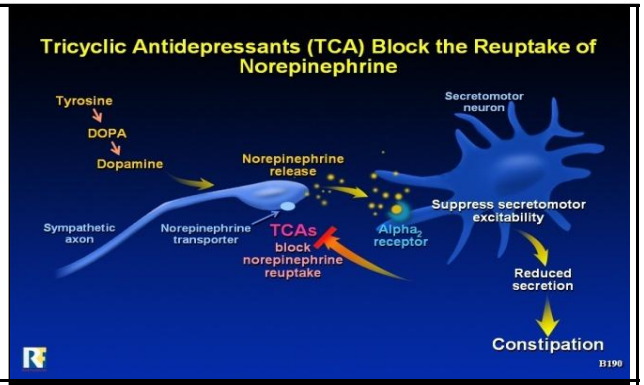
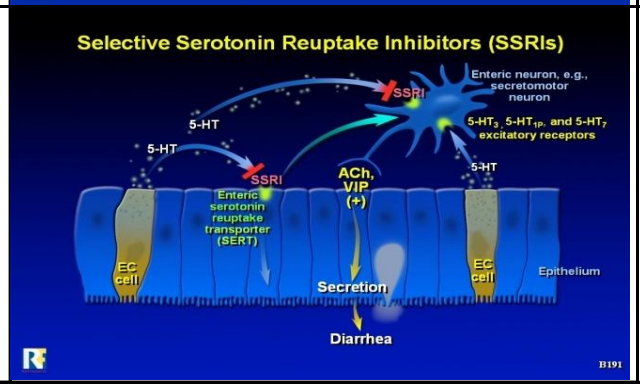
B175	Dynamics of Enteric Serotonin (5-HT)	
B176	Multiple Serotonergic (5-HT) Receptor Subtypes Are Expressed in the Gut	
B177	Cisapride and Tegaserod Act at Presynaptic 5-HT$_4$ Receptors to Enhance the Amplitude of EPSPs at Enteric Nicotinic Synapses	

B178	Alosetron is an Antagonist at Serotonergic 5-HT_3 Receptors on Terminals of Spinal and Vagal Sensory Afferents	
B179	Drugs Acting at Enteric Serotonergic (5-HT) Receptors	
B180	Serotonin (5-HT) Acts at 5-HT_3 Receptors to Excite Neurons in the Enteric Nervous System	

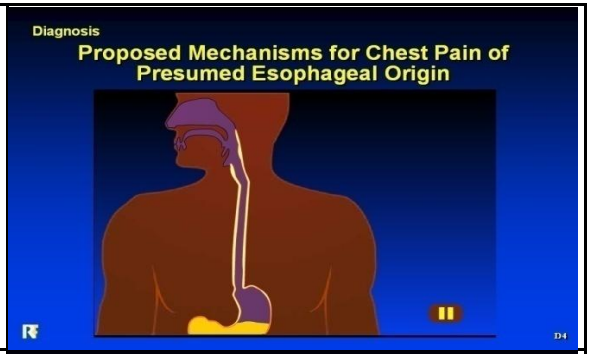
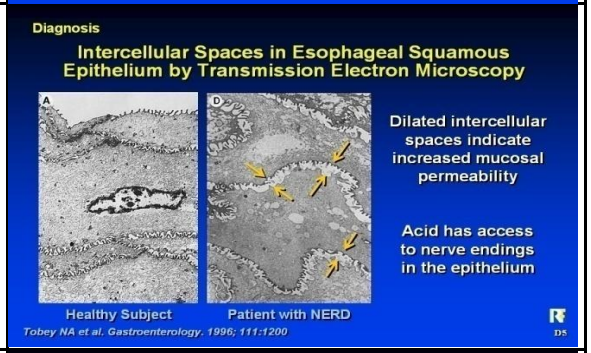
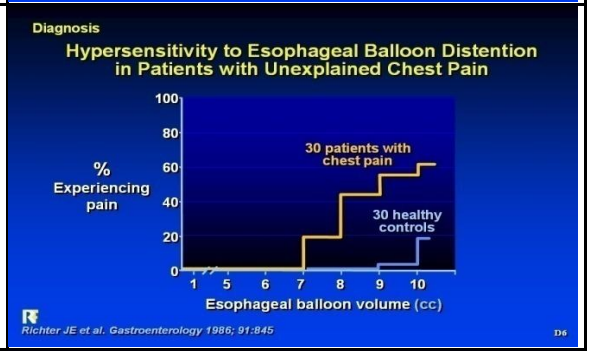
B181	Alosetron Blocks Serotonin-Evoked Excitation of Secretomotor Neurons	
B182	Domperidone Suppresses Presynaptic Inhibitory Action of Dopamine at the D_2 Receptor Subtype	
B183	Erythromycin Enhances Gastric Emptying by Stimulating Antral and Pyloric Contractions	

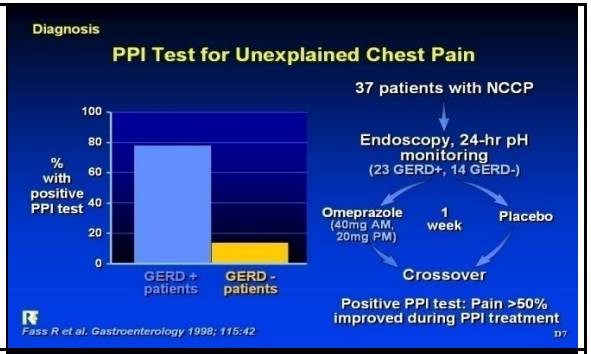
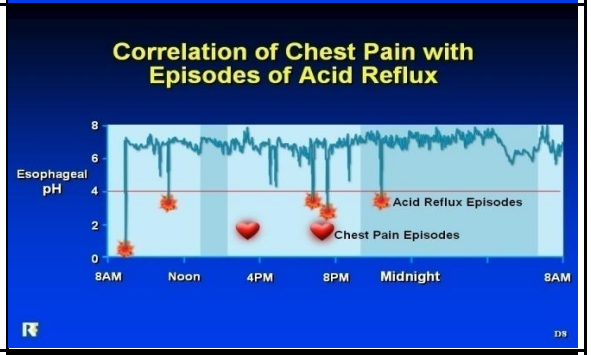
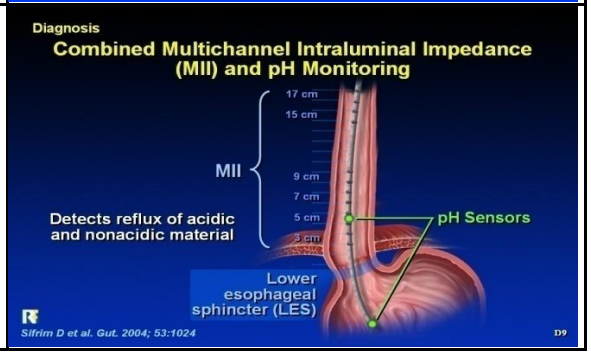
B184	The Gastrointestinal Prokinetic Action of Erythromycin Is at Motilin Receptors	
B185	Prokinetic Drugs Used to Enhance Gastric Emptying Have Different Sites and Mechanisms of Action	
B186	Opening of CIC-2 Channels by Lubiprostone Increases the Liquidity in the Intestinal Lumen	

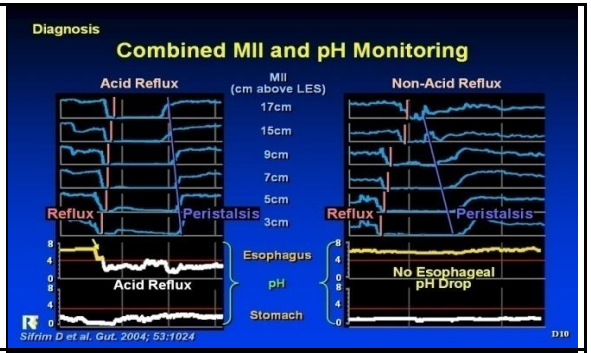
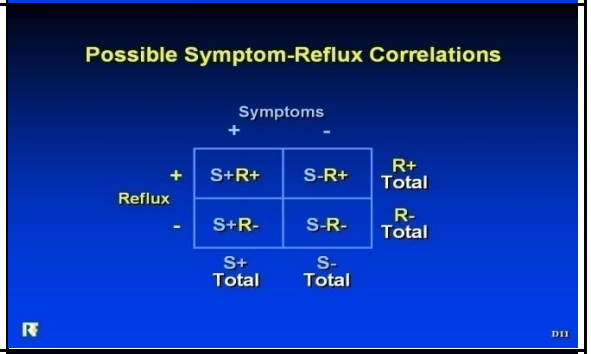
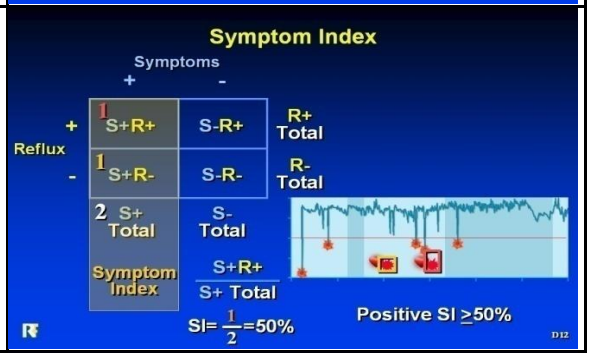
B187	Opiates and Opioid Antidiarrheal Drugs Suppress Excitability of Secretomotor Neurons	
B188	Mouth to Cecum Transit Time Can Be Pharmacologically Regulated in Healthy Subjects	
B189	Stimulant Laxatives Evoke Release of Serotonin From Enterochromaffin Cells to Excite Secretomotor Neurons	

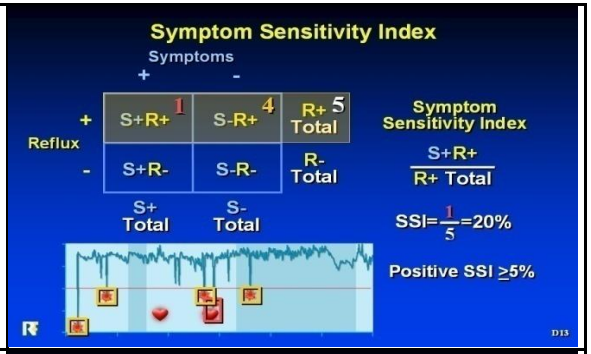
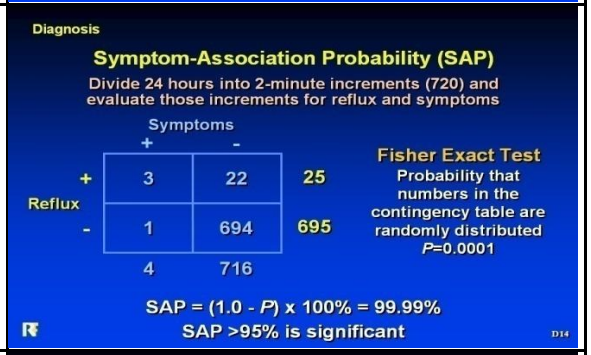
B190	Tricyclic Antidepressants (TCA) Block the Reuptake of Norepinephrine	
B191	Selective Serotonin Reuptake Inhibitors (SSRIs)	

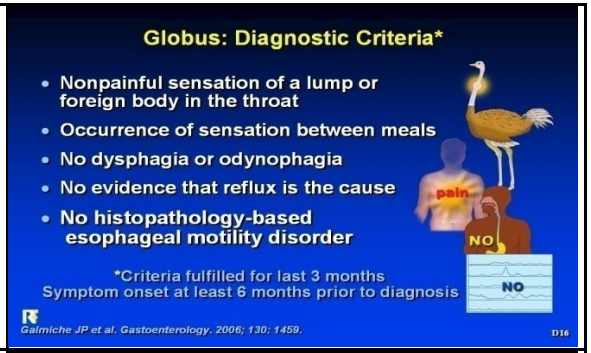
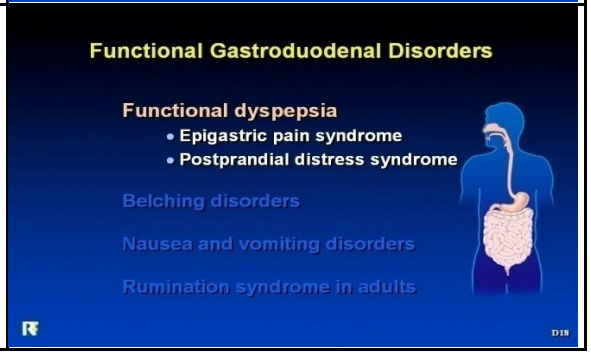
Slide Number	Slide Title	Slide Image
D1	Functional Esophageal Disorders	
D2	Functional Heartburn: Diagnostic Criteria	
D3	Functional Chest Pain of Presumed Esophageal Origin: Diagnostic Criteria	

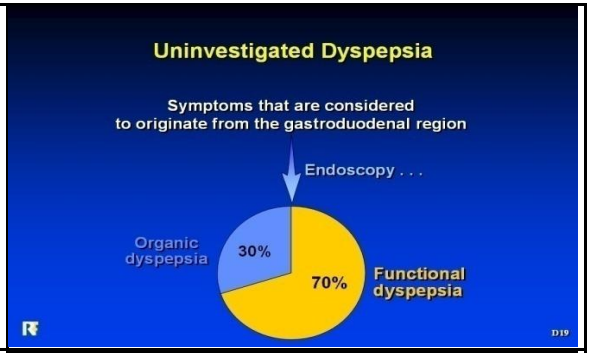
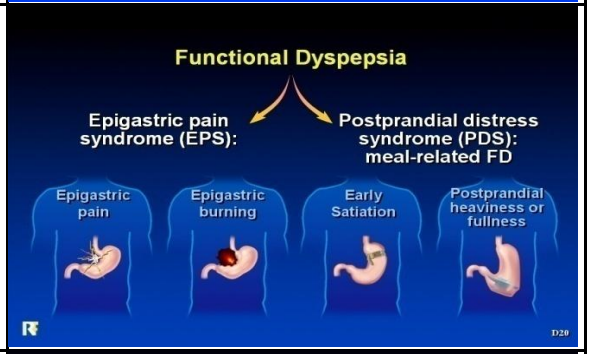
D4	Proposed Mechanisms for Chest Pain of Presumed Esophageal Origin	
D5	Intercellular Spaces in Esophageal Squamous Epithelium by Transmission Electron Microscopy	
D6	Hypersensitivity to Esophageal Balloon Distention in Patients with Unexplained Chest Pain	

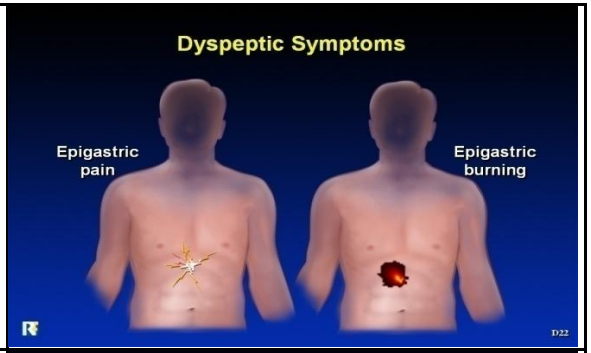
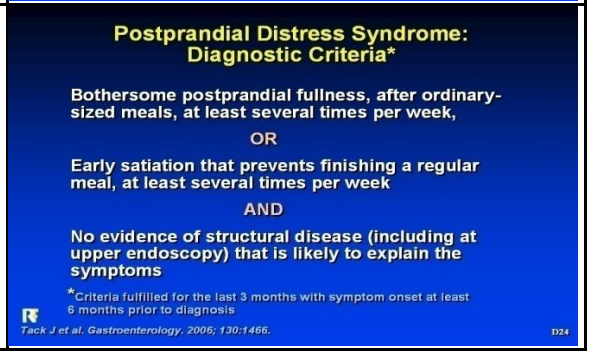
D7	PPI Test for Unexplained Chest Pain	
D8	Correlation of Chest Pain with Episodes of Acid Reflux	
D9	Combined Multichannel Intraluminal Impedance (MII) and pH Monitoring	

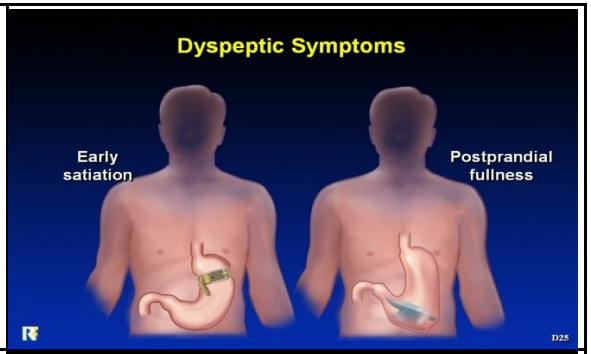
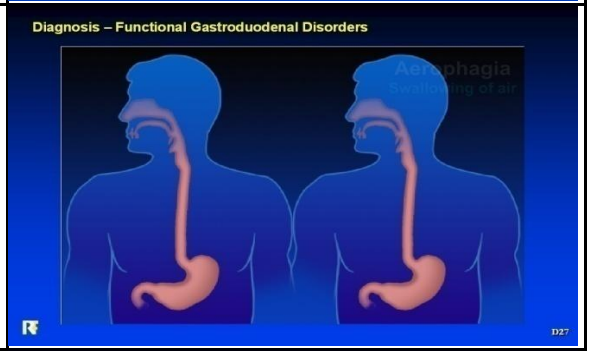
D10	Combined MII and pH Monitoring	
D11	Possible Symptom-Reflux Correlations-Slide 1 of 4	
D12	Symptom Index-Slide 2 of 4	

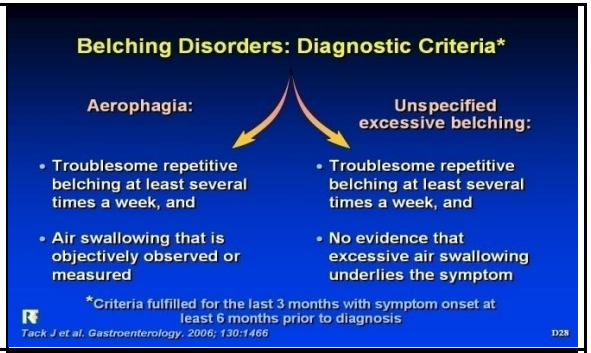
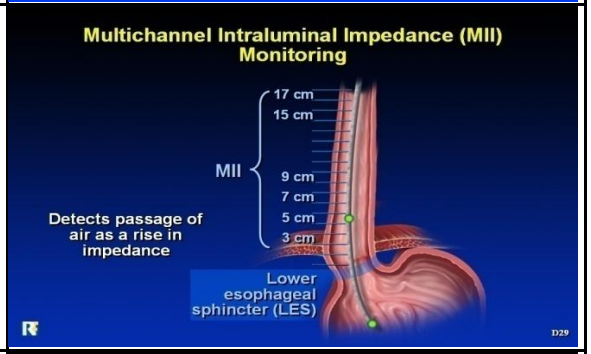
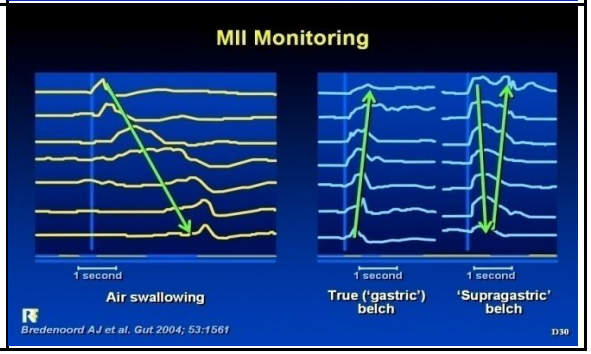
D13	Symptom Sensitivity Index-Slide 3 of 4	
D14	Symptom-Association Probability-Slide 4 of 4	
D15	Functional Dysphagia: Diagnostic Criteria	

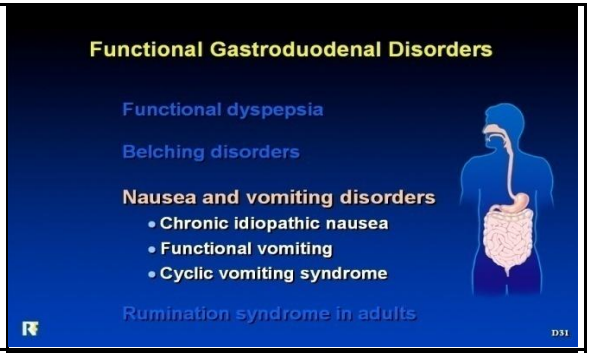
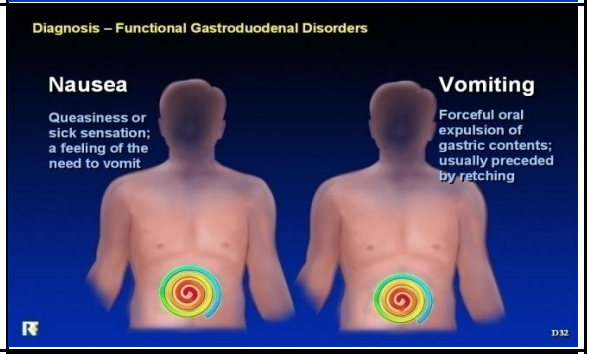
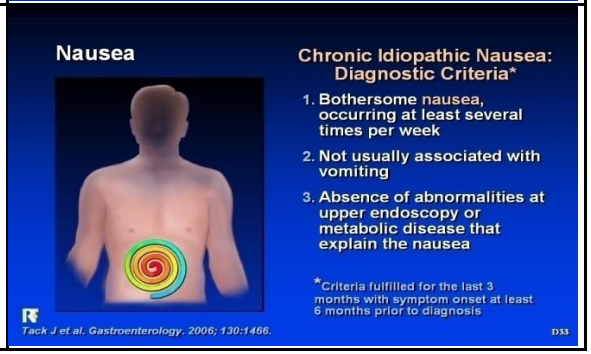
D16	Globus: Diagnostic Criteria	
D17	Functional Gastroduodenal Disorders	
D18	Functional Gastroduodenal Disorders: Functional Dyspepsia	

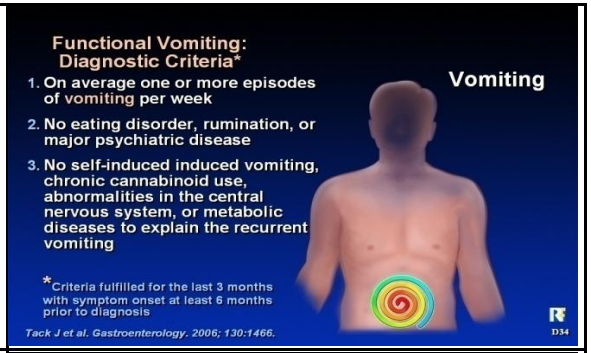
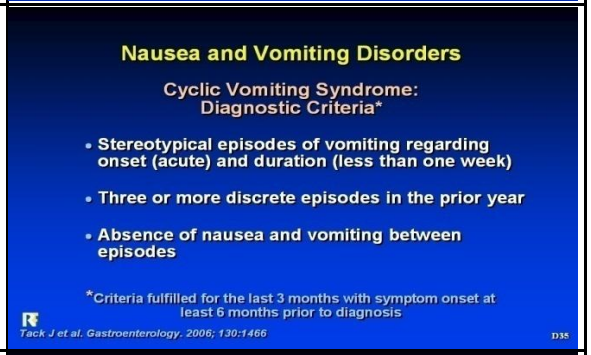
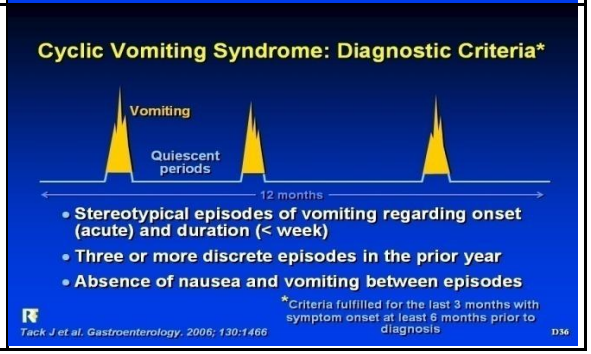
D19	Uninvestigated Dyspepsia	
D20	Functional Dyspepsia: Two Categories	
D21	Functional Dyspepsia: Diagnostic Criteria	

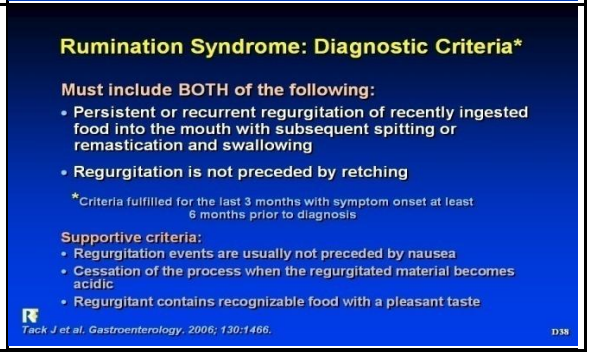
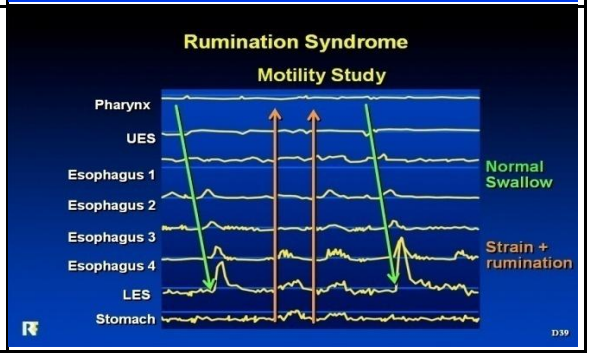
D22	Dyspeptic Symptoms	
D23	Epigastric Pain Syndrome: Diagnostic Criteria	
D24	Postprandial Distress Syndrome: Diagnostic Criteria	

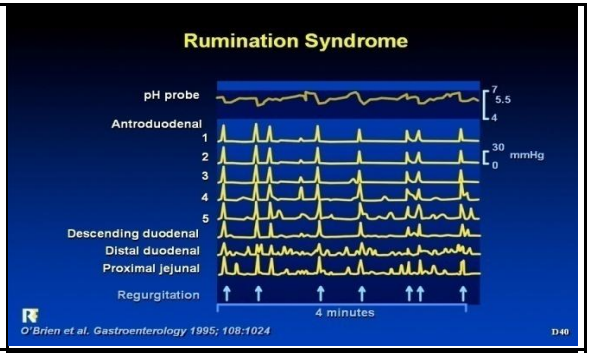
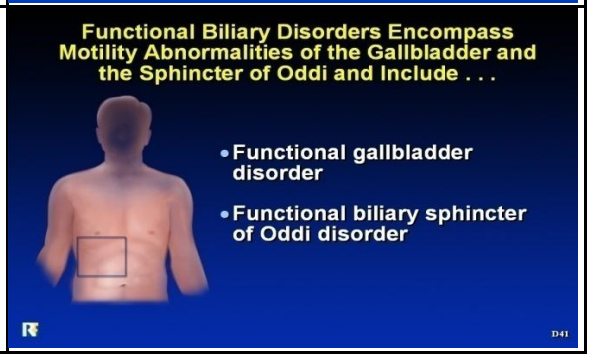
D25	Dyspeptic Symptoms	
D26	Functional Gastroduodenal Disorders: Belching Disorders	
D27	Aerophagia	

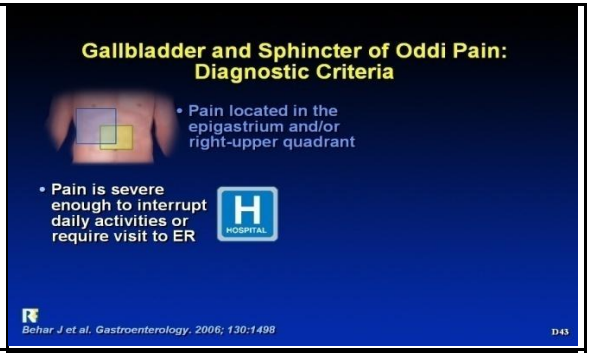
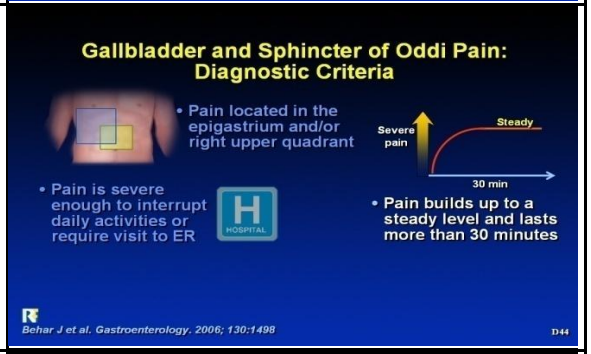
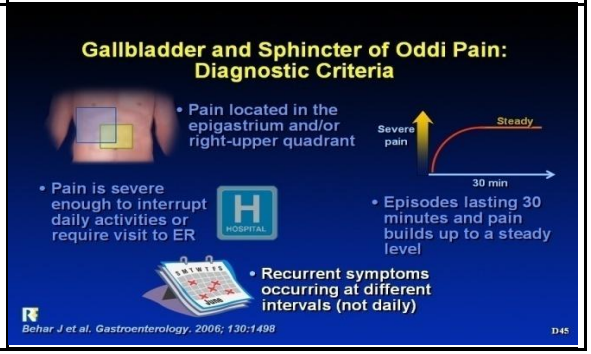
D28	Belching Disorders: Diagnostic Criteria	
D29	Multichannel Intraluminal Impedance (MII) Monitoring	
D30	MII Monitoring	

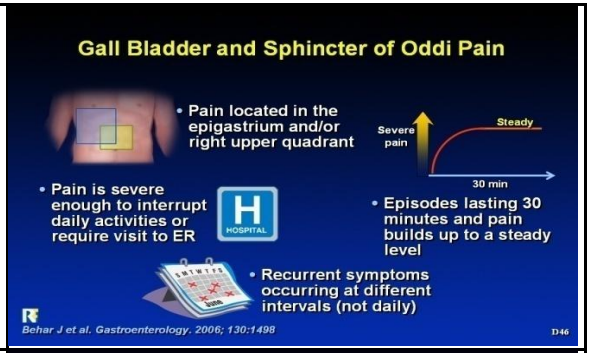
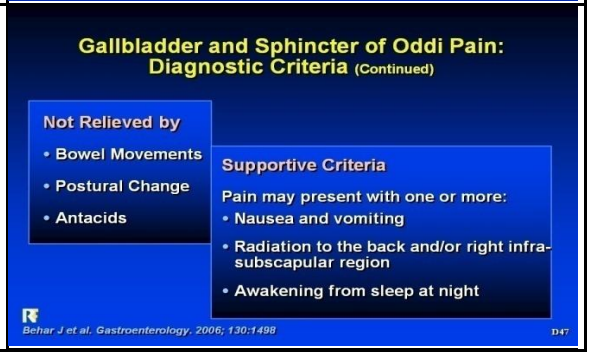
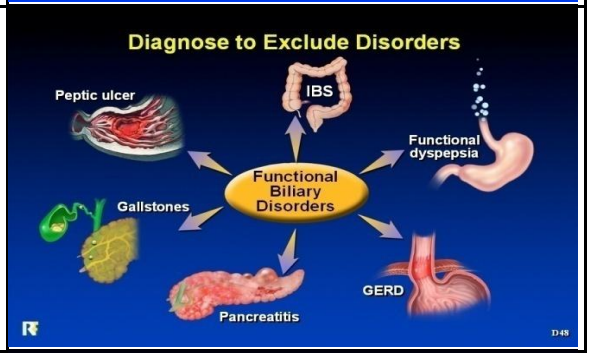
D31	Functional Gastroduodenal Disorders: Nausea and Vomiting Disorders	
D32	Nausea and Vomiting	
D33	Chronic Idiopathic Nausea: Diagnostic Criteria	

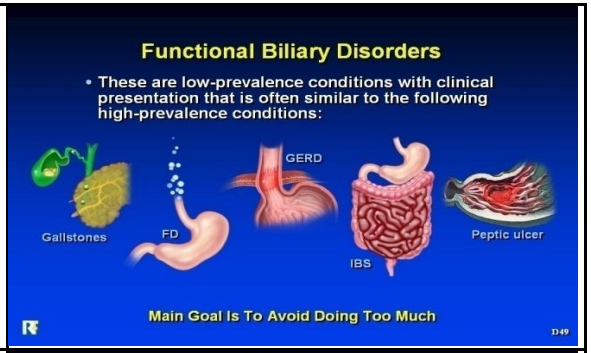
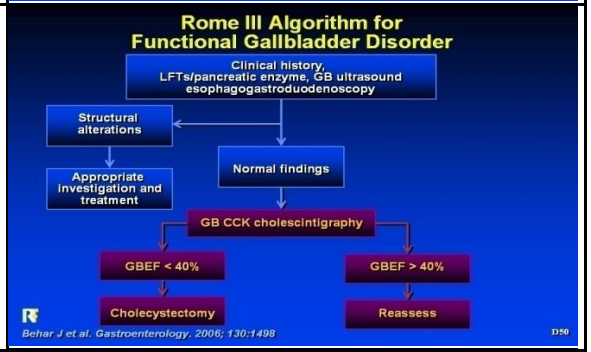
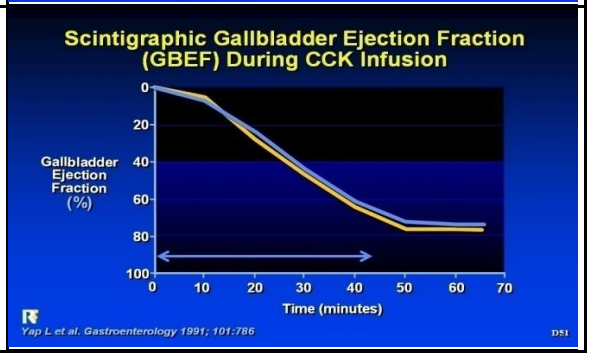
D34	Functional Vomiting: Diagnostic Criteria	
D35	Cyclic Vomiting Syndrome: Diagnostic Criteria-Slide 1 of 2	
D36	Cyclic Vomiting Syndrome: Diagnostic Criteria-Slide 2 of 2	

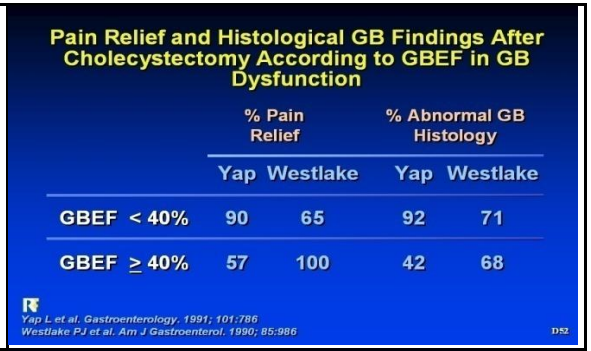
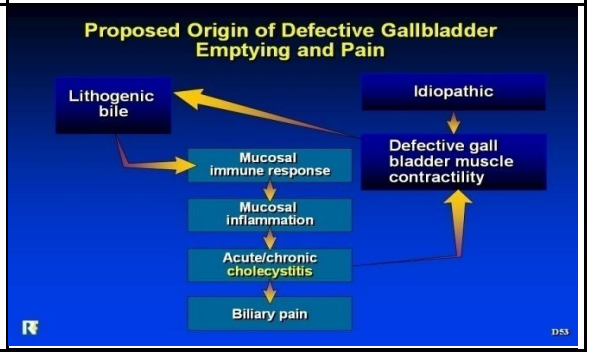
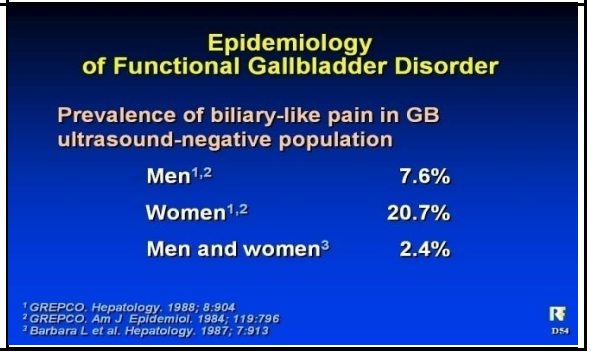
D37	Functional Gastroduodenal Disorders: Rumination Syndrome	
D38	Rumination Syndrome: Diagnostic Criteria	
D39	Esophagogastric Manometry in the Rumination Syndrome	

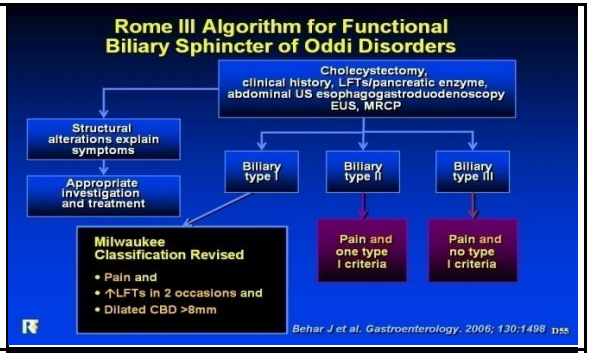
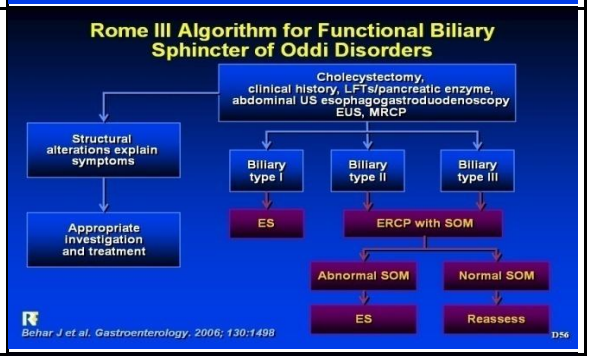
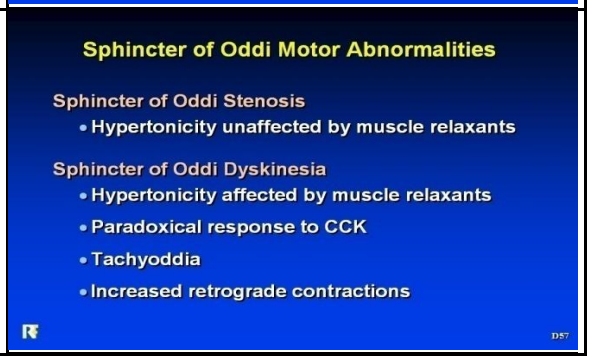
D40	Antroduodenal Manometry and pH Monitoring of the Distal Esophagus in the Rumination Syndrome	
D41	Functional Biliary Disorders	
D42	Gallbladder and Sphincter of Oddi Pain: Diagnostic Criteria-Slide 1 of 5	

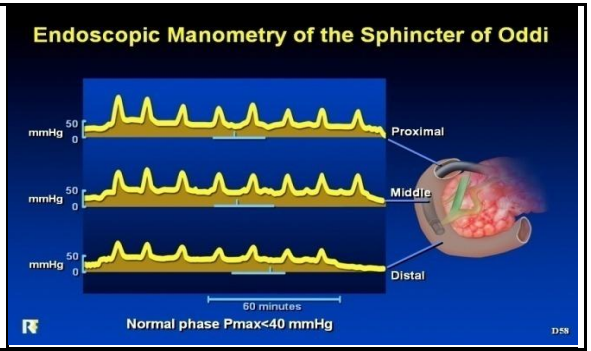
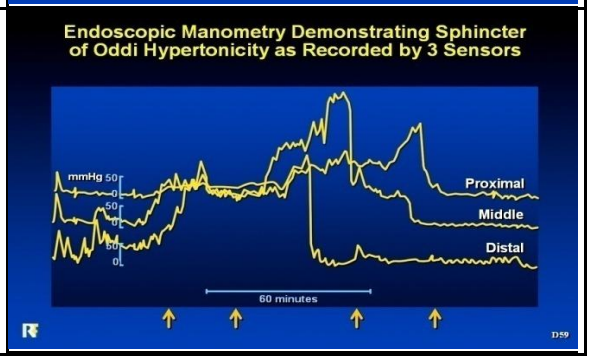
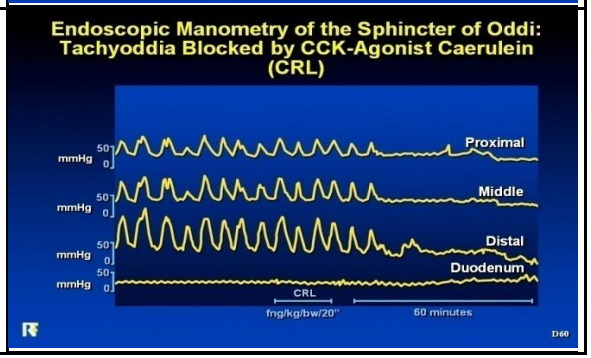
D43	Gallbladder and Sphincter of Oddi Pain: Diagnostic Criteria-Slide 2 of 5	
D44	Gallbladder and Sphincter of Oddi Pain: Diagnostic Criteria-Slide 3 of 5	
D45	Gallbladder and Sphincter of Oddi Pain: Diagnostic Criteria-Slide 4 of 5	

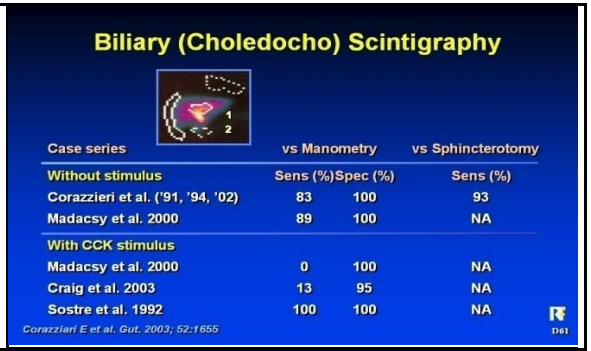
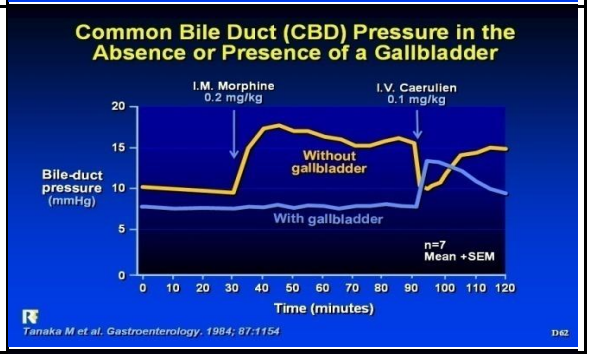
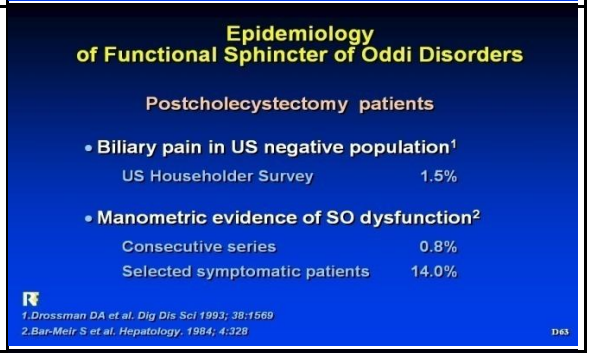
D46	*Rome III* Diagnostic Criteria for Gallbladder and Sphincter of Oddi Pain-Slide 5 of 5	
D47	Gallbladder and Sphincter of Oddi Pain: Diagnostic Criteria	
D48	Functional Biliary Disorders: Clinical Presentation and Differential Diagnosis	

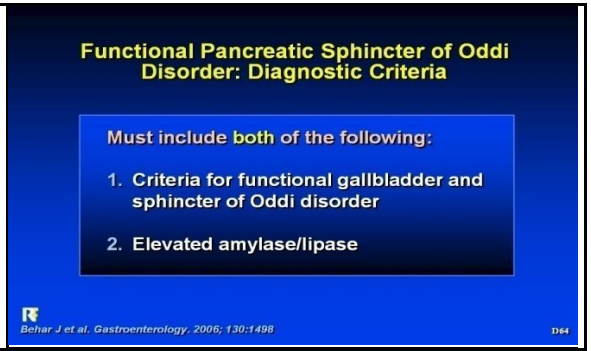
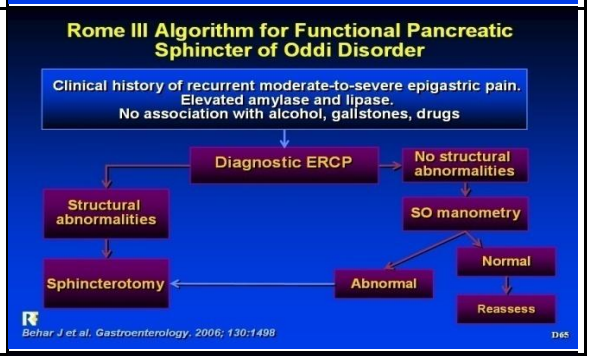
D49	Functional Biliary Disorders	
D50	*Rome III* Algorithm for Functional Gallbladder Disorder	
D51	Scintigraphic Gallbladder Ejection Fraction (GBEF) During CCK Infusion	

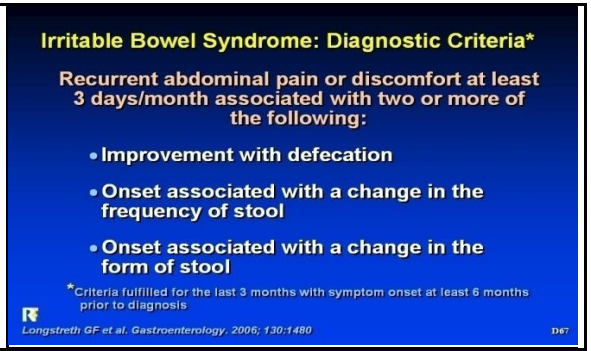
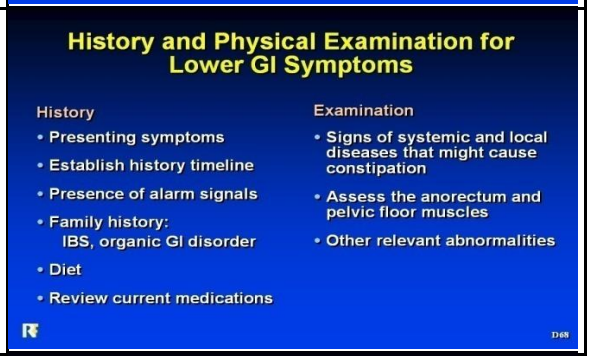
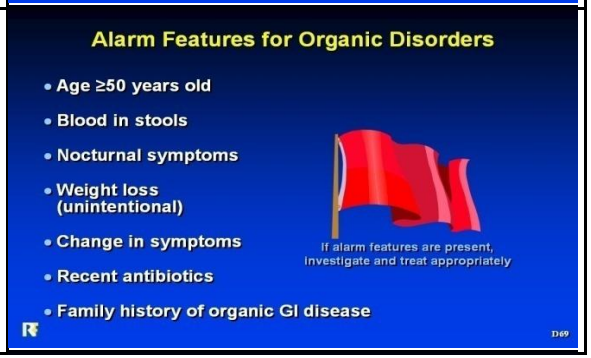
D52	Pain Relief and Histological GB Findings After Cholecystectomy According to GBEF in GB Dysfunction	
D53	Proposed Origin of Defective Gallbladder Emptying and Pain	
D54	Epidemiology of Functional Gallbladder Disorder	

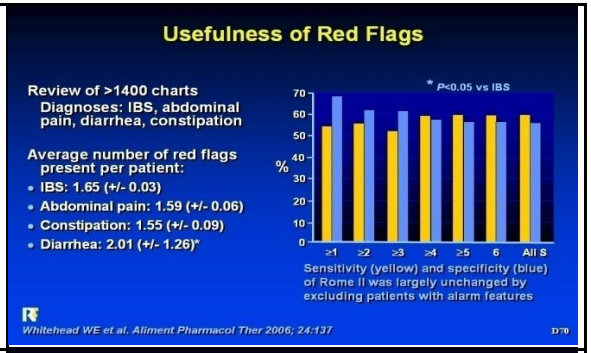
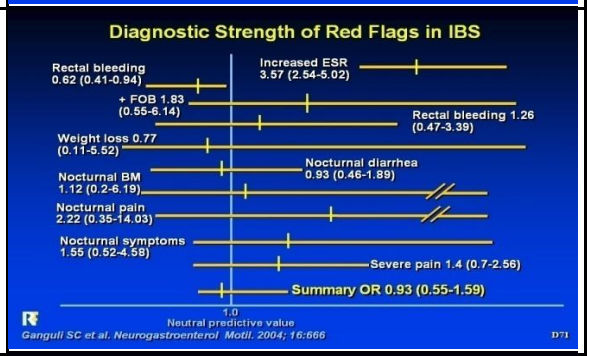
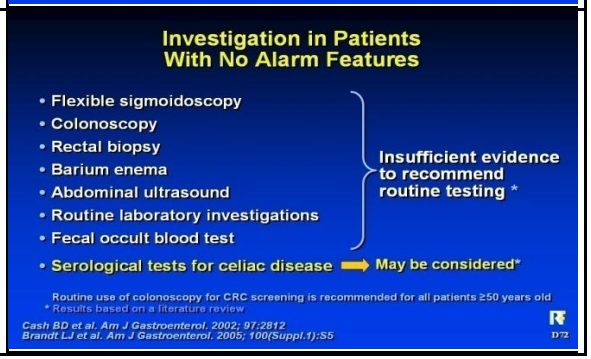
D55	*Rome III* Algorithm for Functional Biliary Sphincter of Oddi Disorders	
D56	*Rome III* Algorithm for Functional Biliary Sphincter of Oddi Disorders	
D57	Sphincter of Oddi (SO) Motor Abnormalities	

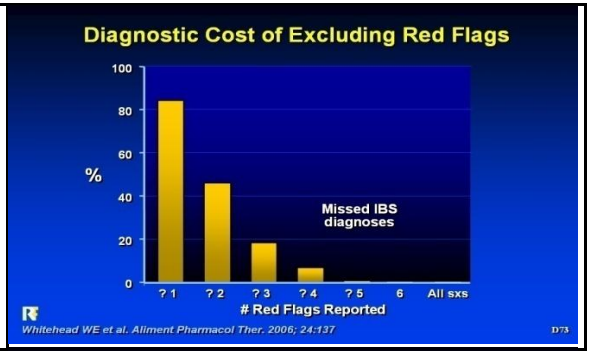
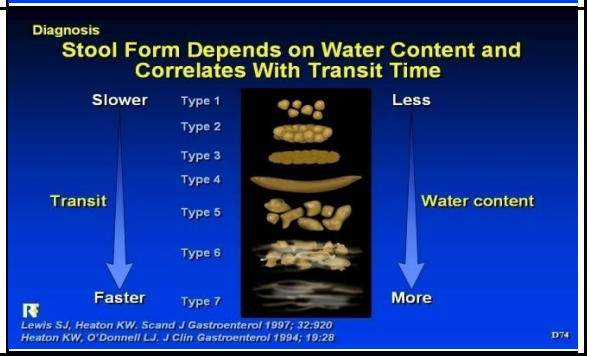
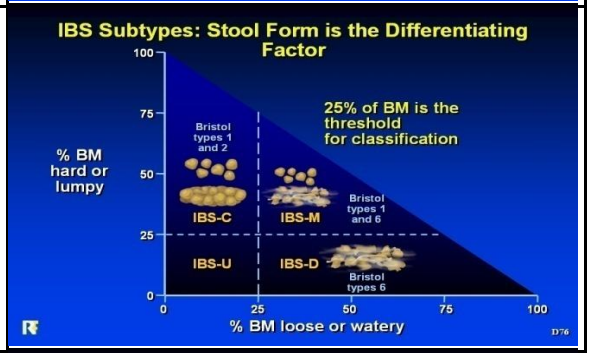
D58	Endoscopic Manometry of the Sphincter of Oddi in a Patient with Normal Motor Activity	
D59	Endoscopic Manometry in a Patient with Sphincter of Oddi Hypertonicity	
D60	Endoscopic Sphincter of Oddi Manometry in a Patient with Tachyoddia	

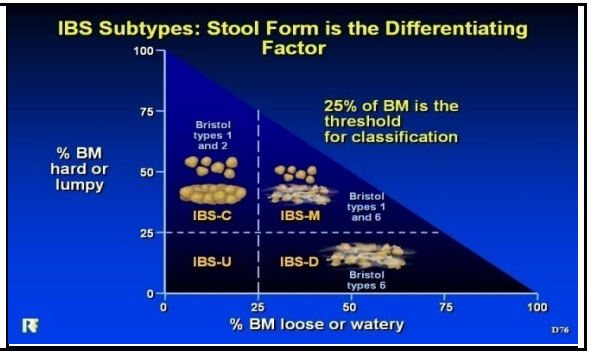
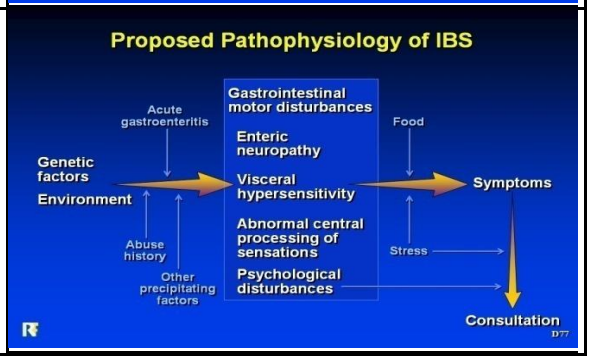
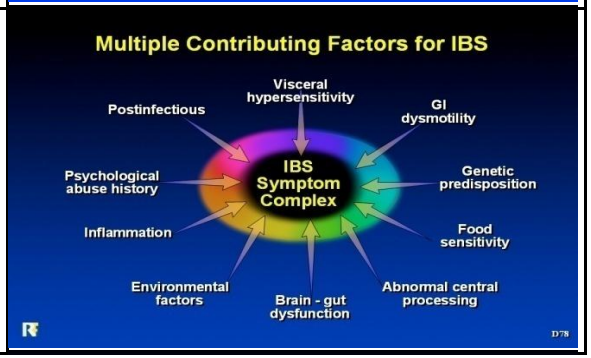
D61	Biliary (Choledocho) Scintigraphy	
D62	Common Bile Duct (CBD) Pressure in the Absence or Presence of a Gallbladder	
D63	Epidemiology of Functional Sphincter of Oddi Disorders	

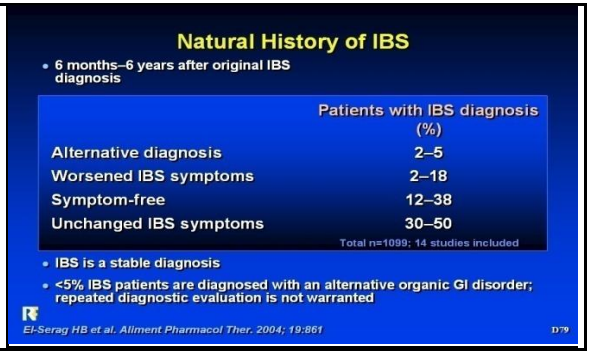
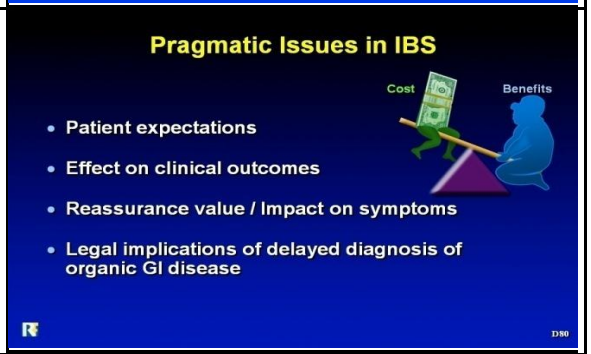
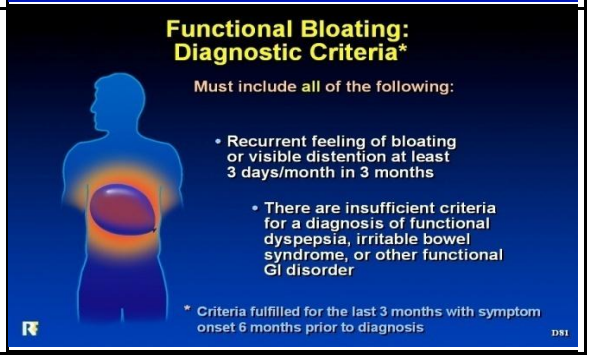
D64	Functional Pancreatic Sphincter of Oddi Disorder: Diagnostic Criteria	
D65	Rome III Diagnostic and Therapeutical Algorithm for Functional Pancreatic SO Disorder	
D66	Functional Bowel Disorders	

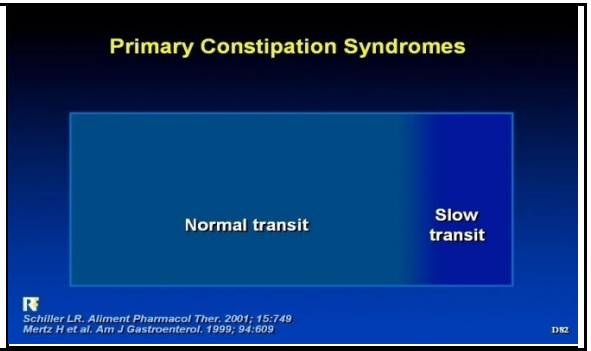
D67	Irritable Bowel Syndrome: Diagnostic Criteria	
D68	History and Physical Examination for Lower GI Symptoms	
D69	Alarm Features for Organic Disorders	

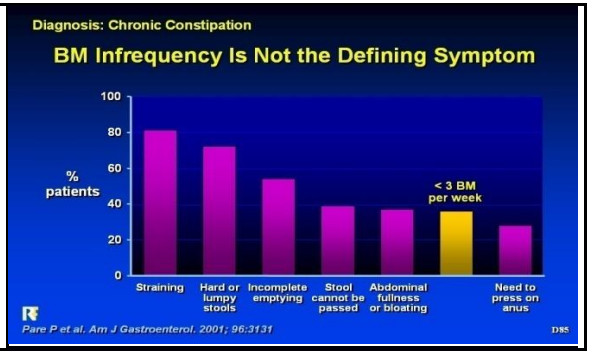
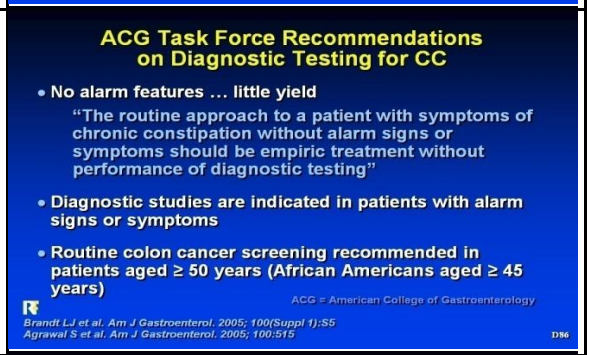
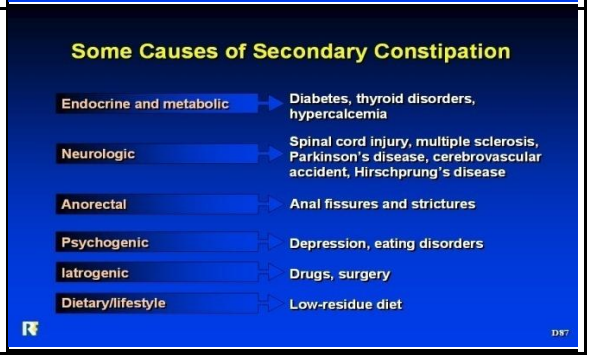
D70	Usefulness of Red Flags	
D71	Diagnostic Strength of Red Flags in IBS	
D72	Investigation in Patients With No Alarm Features	

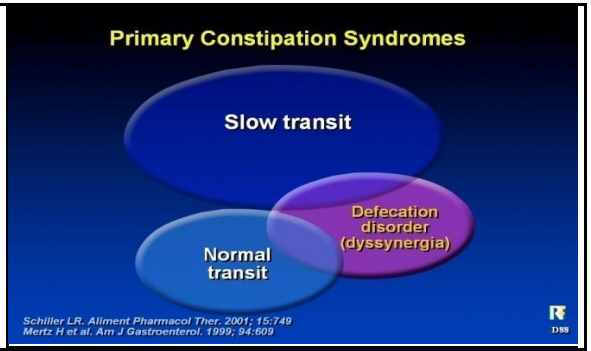
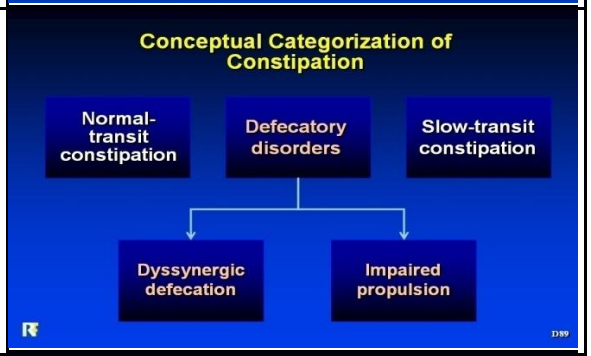
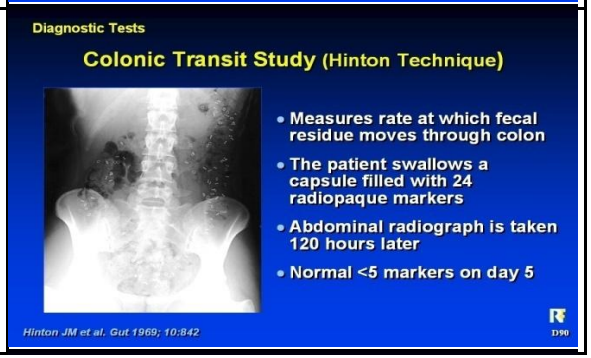
D73	Diagnostic Cost of Excluding Red Flags	
D74	Stool Form Depends on Water Content and Correlates With Transit Time	
D75	IBS Subtypes	

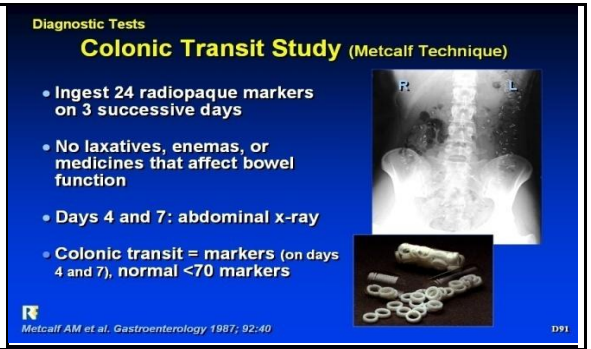
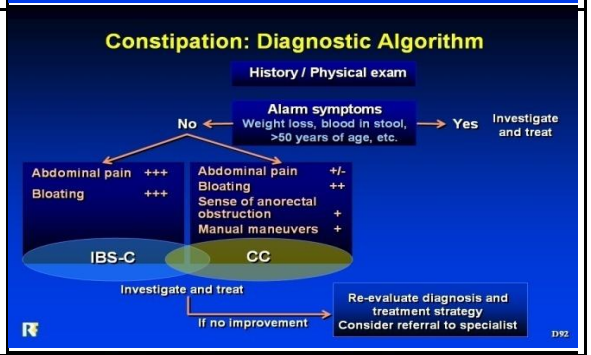
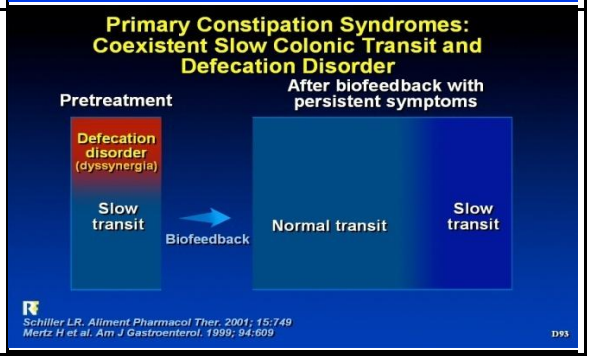
D76	IBS Subtypes: Stool Form is the Differentiating Factor	
D77	Proposed Pathophysiology of IBS	
D78	Multiple Contributing Factors for IBS	

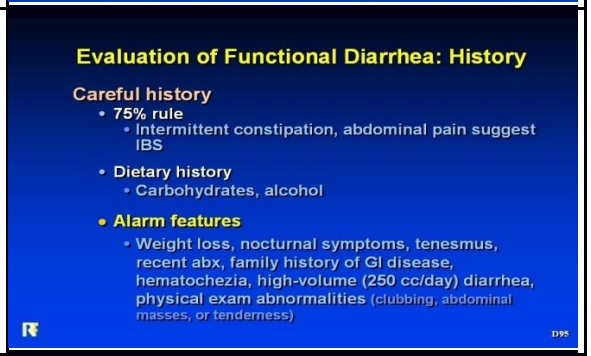
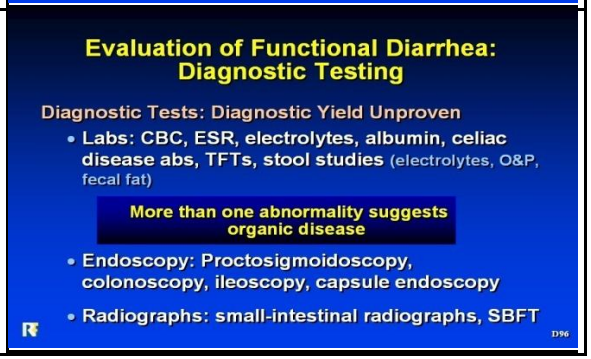
D79	Natural History of IBS	
D80	Pragmatic Issues in IBS	
D81	Functional Bloating: Dagnostic Criteria	

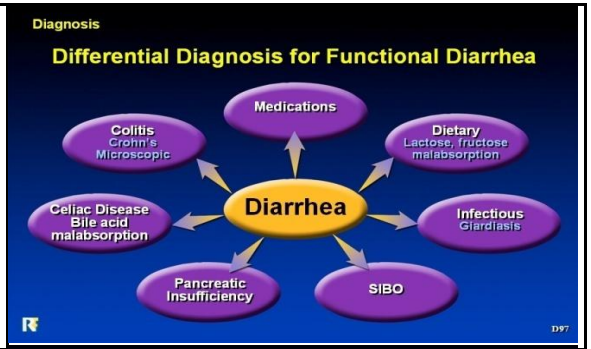
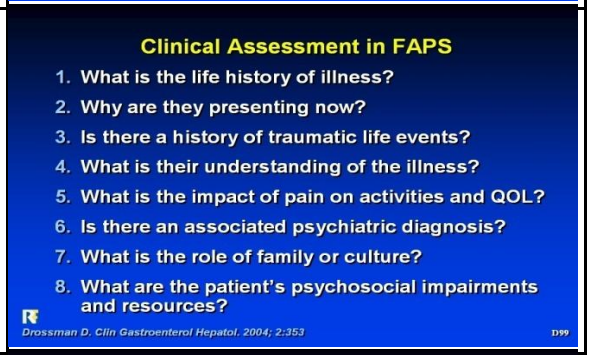
D82	Primary Constipation Syndromes	
D83	Overlap Between Chronic Constipation and IBS With Constipation	
D84	Supporting Symptoms for IBS-C and Chronic Constipation	

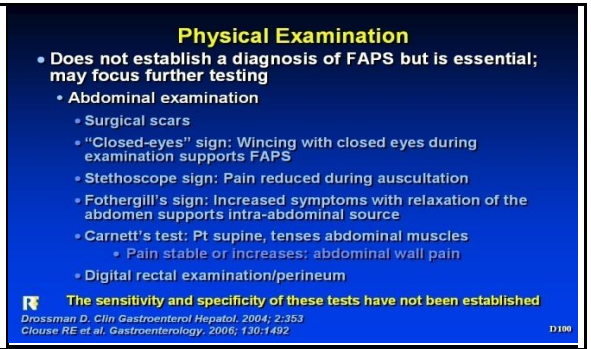
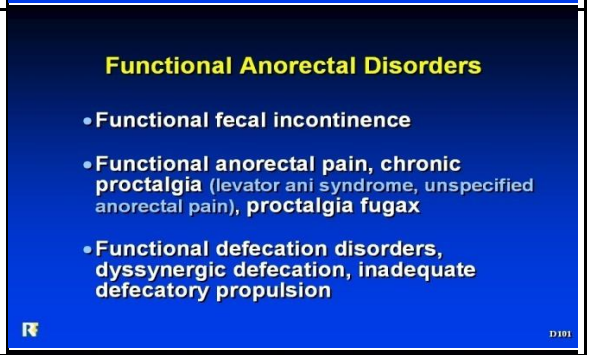
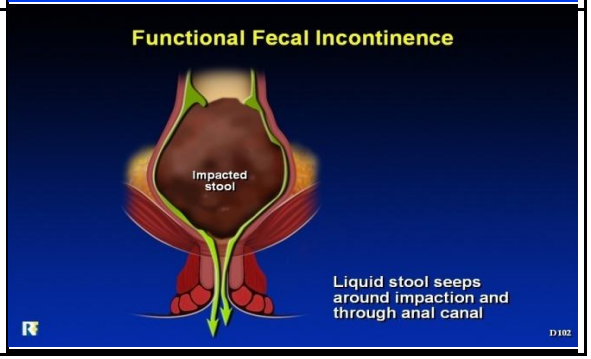
D85	BM Infrequency Is Not the Defining Symptom	
D86	ACG Task Force Recommendations on Diagnostic Testing for CC	
D87	Some Causes of Secondary Constipation	

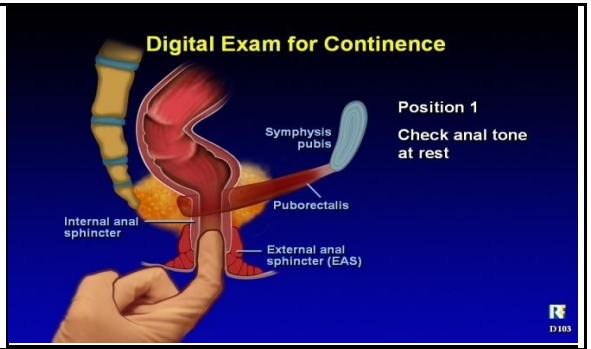
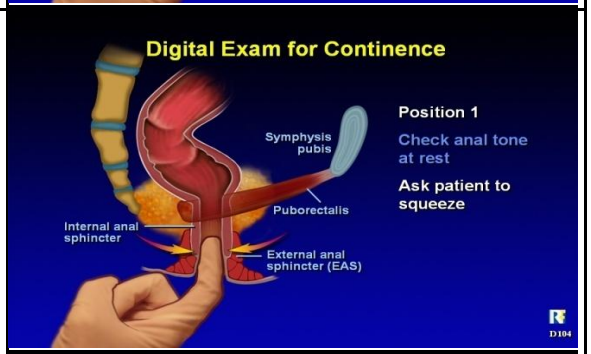
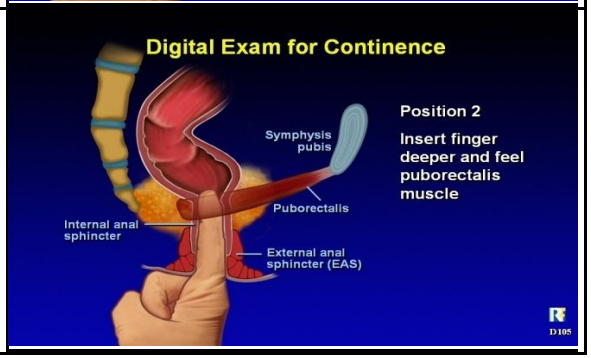
D88	Primary Constipation Syndromes	
D89	Conceptual Categorization of Constipation	
D90	Colonic Transit Study (Hinton Technique)	

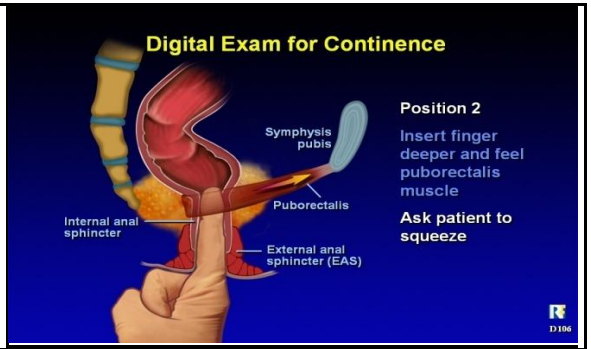
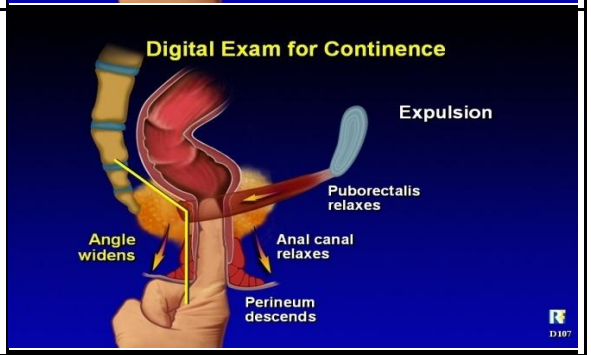
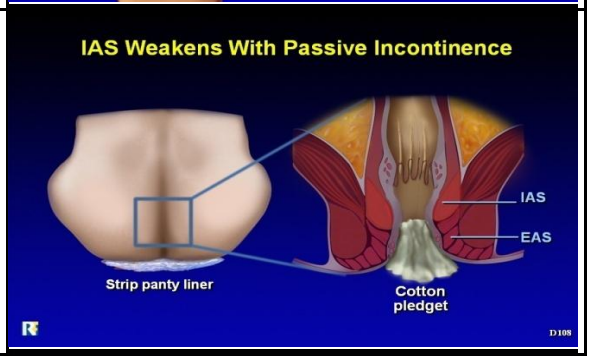
D91	Colonic Transit Study (Metcalf Technique)	
D92	Constipation: Diagnostic Algorithm	
D93	Primary Constipation Syndromes: Coexistent Slow Colonic Transit and Defecation Disorder	

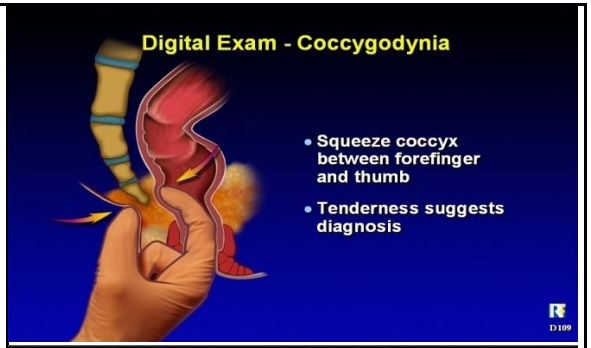
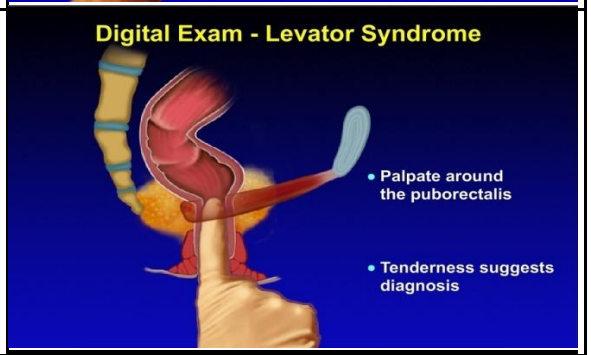
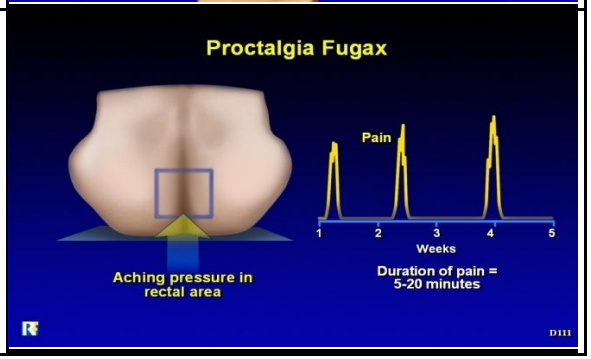
D94	Functional Diarrhea: Diagnostic Criteria	
D95	Evaluation of Functional Diarrhea: History	
D96	Evaluation of Functional Diarrhea: Diagnostic Testing	

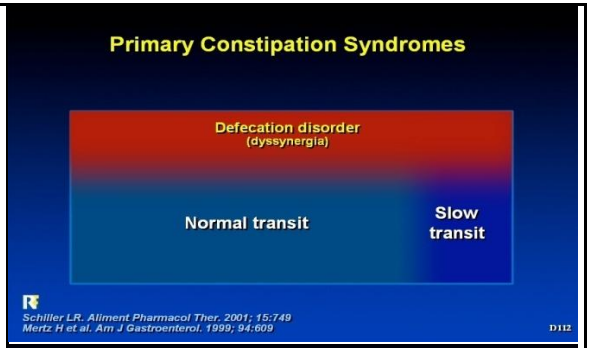
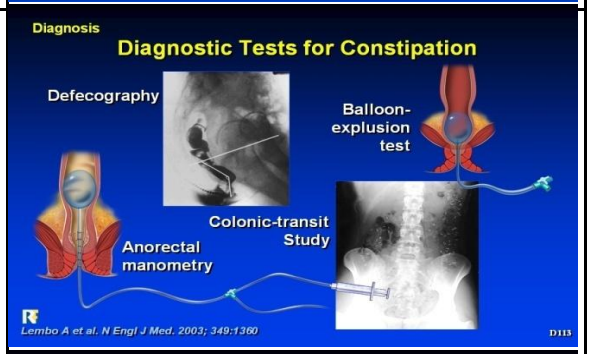
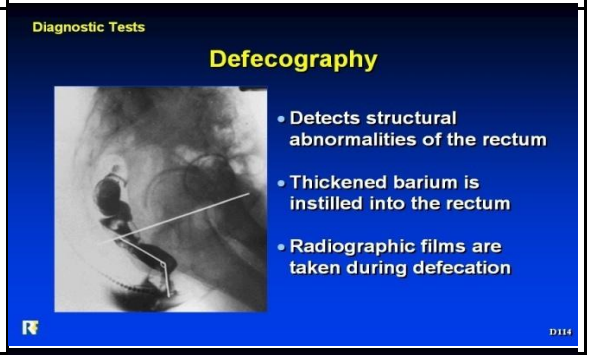
D97	Differential Diagnosis for Functional Diarrhea	
D98	Functional Abdominal Pain Syndrome: Diagnostic Criteria	
D99	Clinical Assessment in FAPS	

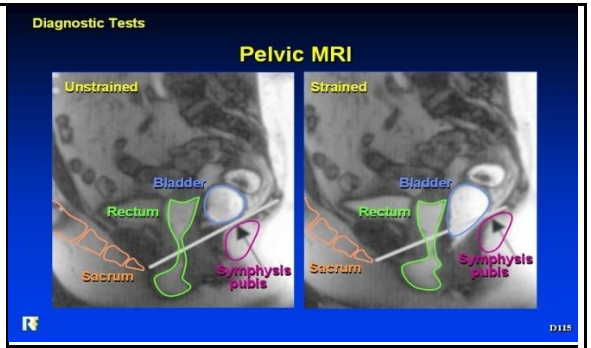
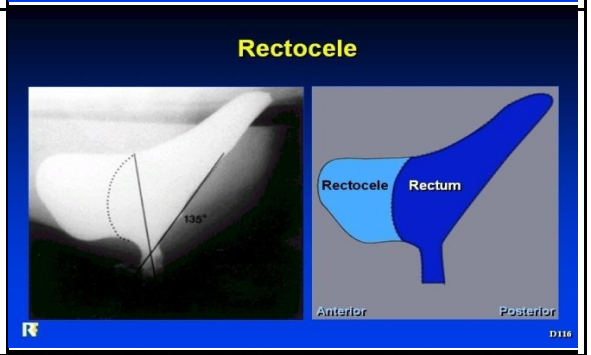
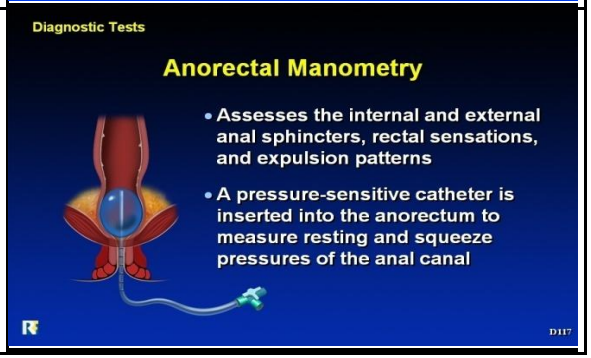
D100	FAPS: Physical Examination	
D101	Functional Anorectal Disorders	
D102	Functional Fecal Incontinence	

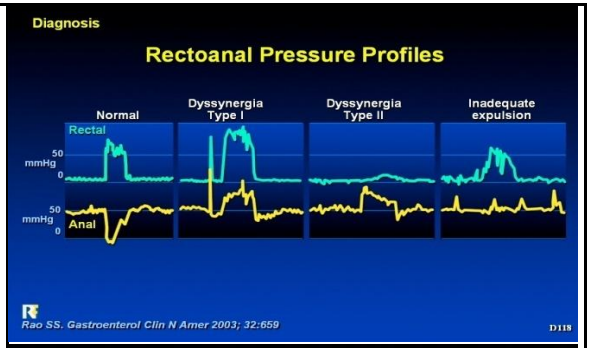
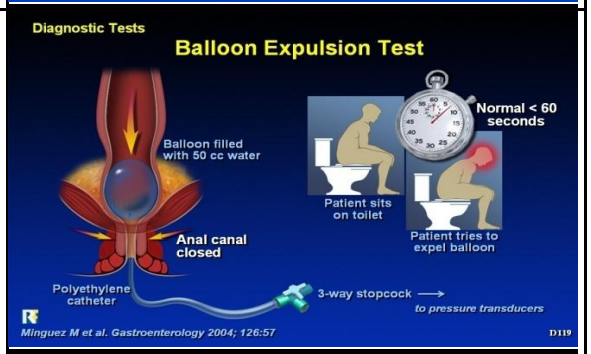
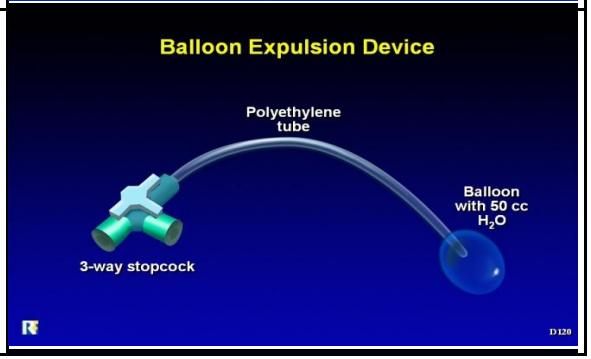
D103	Digital Exam for Continence-Slide 1 of 5	
D104	Digital Exam for Continence-Slide 2 of 5	
D105	Digital Exam for Continence-Slide 3 of 5	

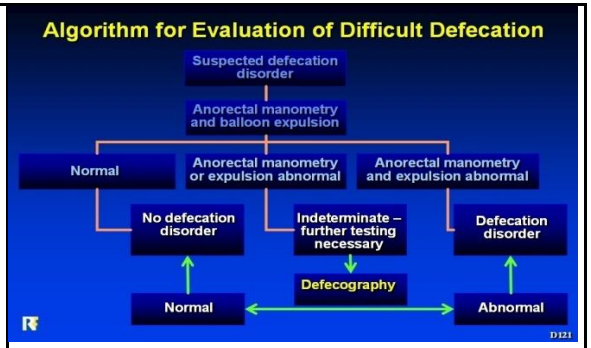
D106	Digital Exam for Continence-Slide 4 of 5	
D107	Digital Exam for Continence-Slide 5 of 5	
D108	IAS Weakens With Passive Incontinence	

D109	Digital Exam - Coccygodynia	
D110	Chronic Proctalgia Syndrome	
D111	Proctalgia Fugax	

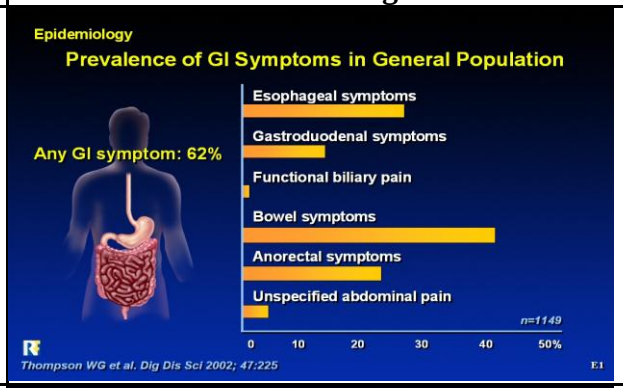
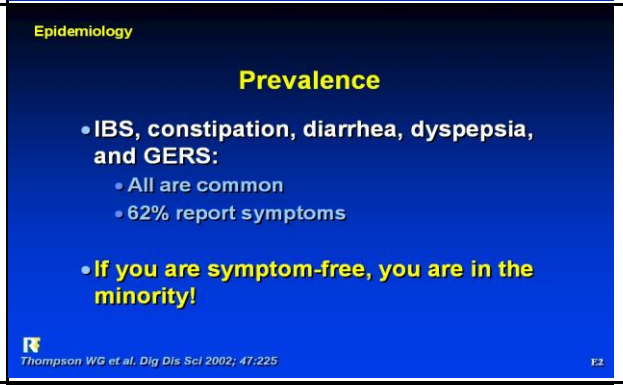
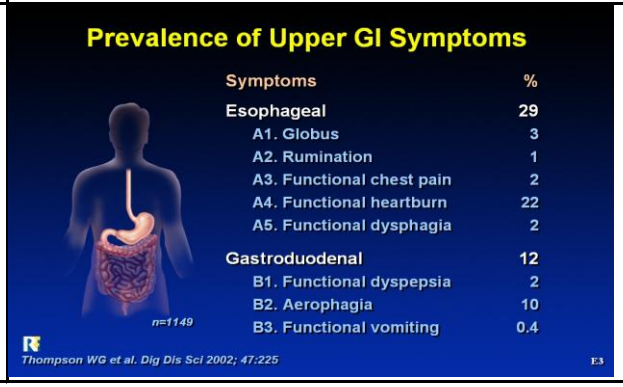
D112	Primary Constipation Syndromes: Association with Dyssynergia	
D113	Diagnostic Tests for Constipation	
D114	Defecography	

D115	Pelvic MRI	
D116	Rectocele	
D117	Anorectal Manometry	

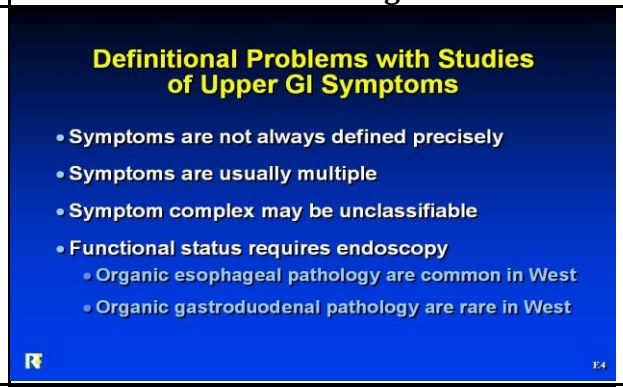
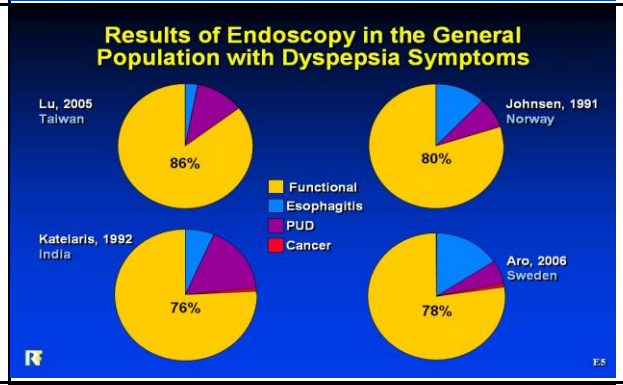
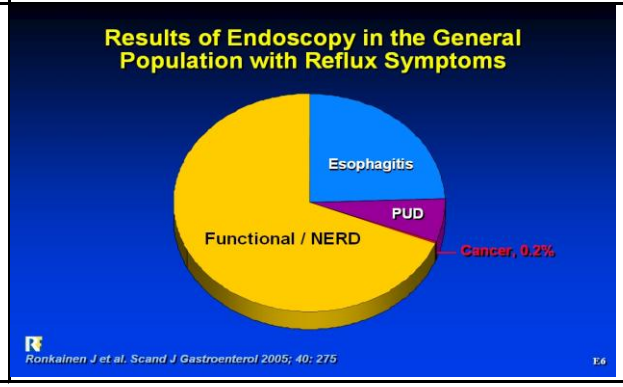
D118	Rectoanal Pressure Profiles	
D119	Balloon Expulsion Test	
D120	Balloon Expulsion Device	

D121	Algorithm for Evaluation of Difficult Defecation	

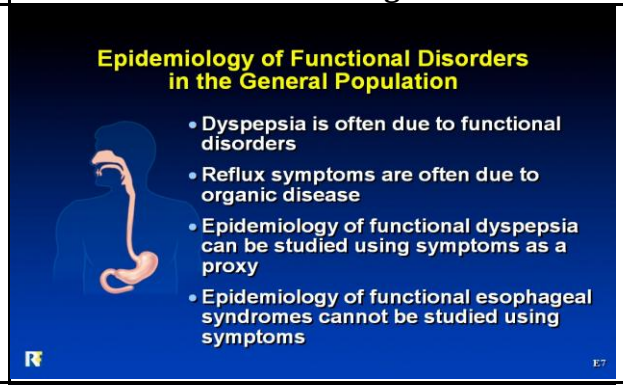
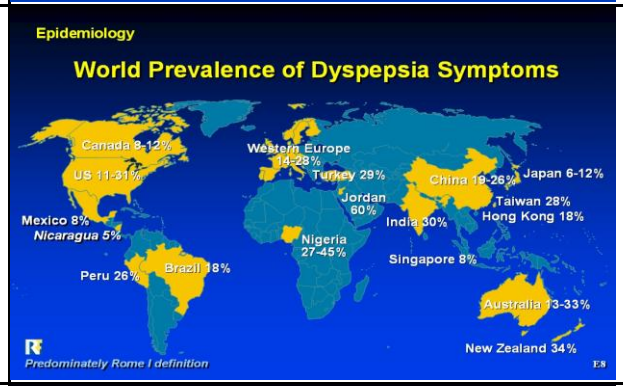
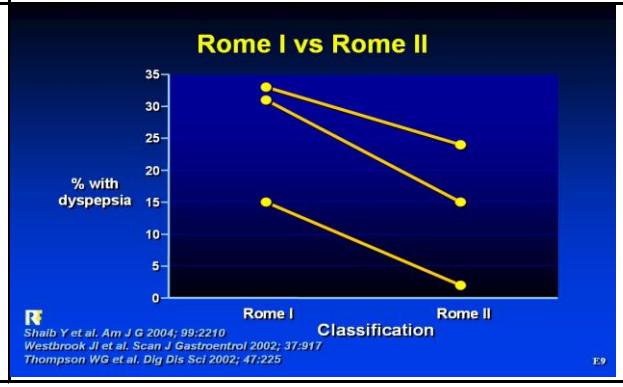
Specialty Modules for
Rome Slide Sets
Epidemiology

Slide Number	Slide Title	Slide Image
E1	Prevalence of GI Symptoms in General Population	
E2	Prevalence	
E3	Prevalence of Upper GI Symptoms	

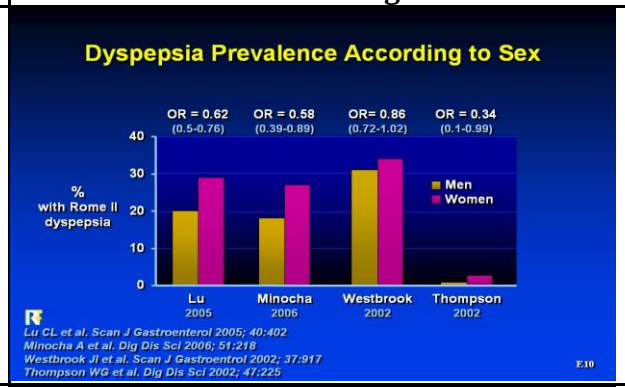
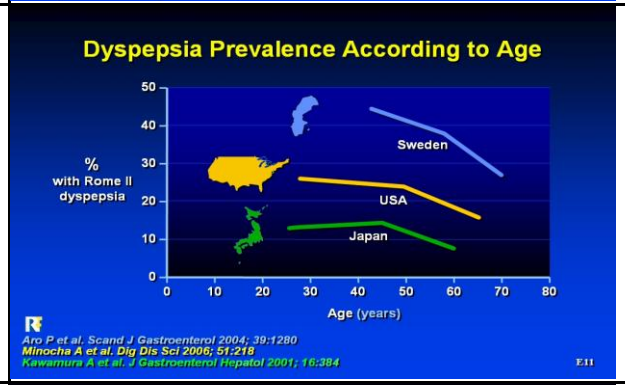
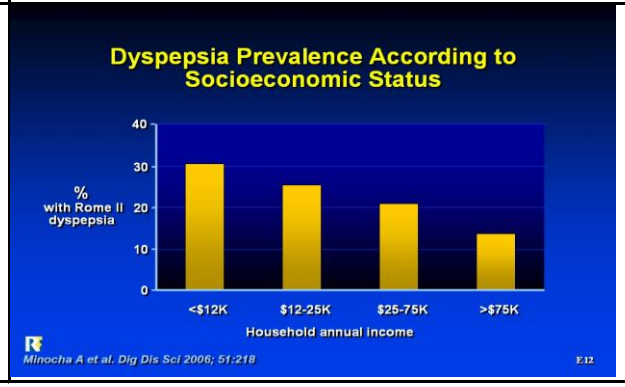
Specialty Modules for
Rome Slide Sets
Epidemiology

Slide Number	Slide Title	Slide Image
E4	Definitional Problems with Studies of Upper GI Symptoms	
E5	Results of Endoscopy in the General Population with Dyspepsia Symptoms	
E6	Results of Endoscopy in the General Population with Reflux Symptoms	

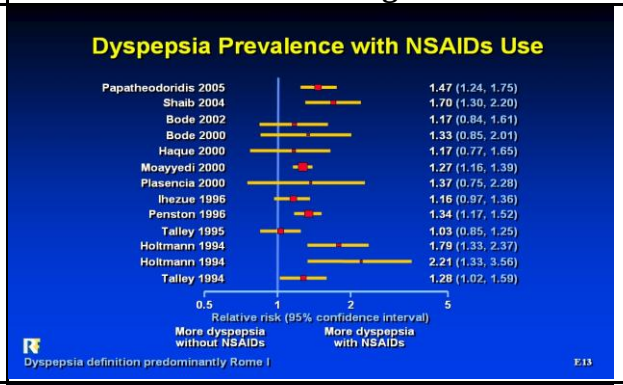
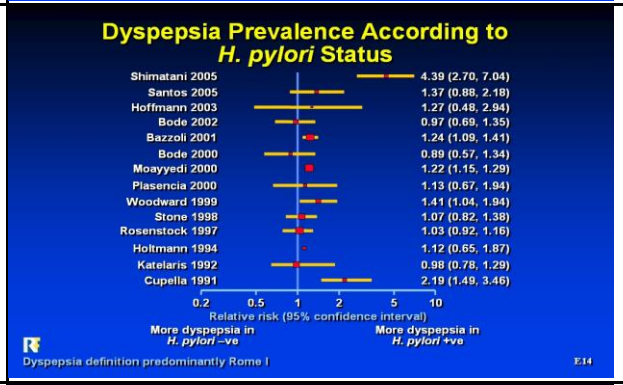
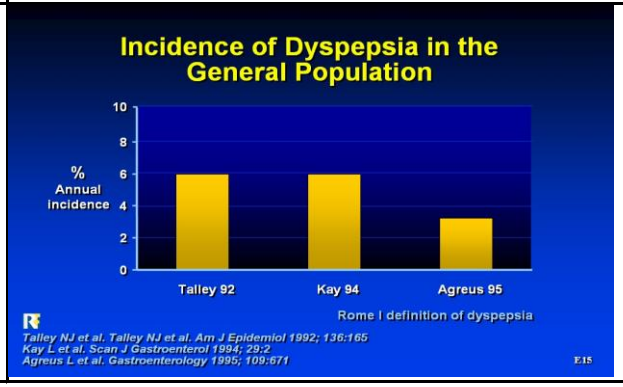
Specialty Modules for
Rome Slide Sets
Epidemiology

Slide Number	Slide Title	Slide Image
E7	Epidemiology of Functional Disorders in the General Population	
E8	World Prevalence of Dyspepsia Symptoms	
E9	Rome I vs Rome II	

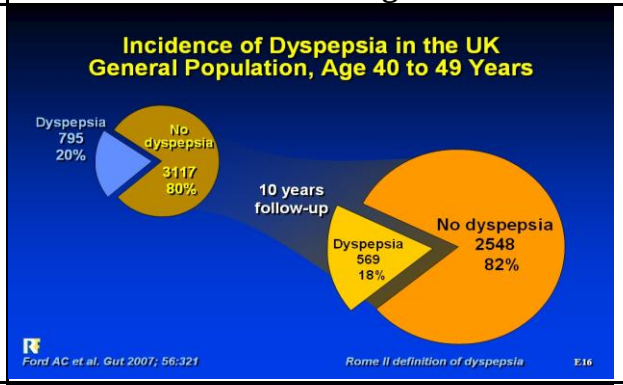
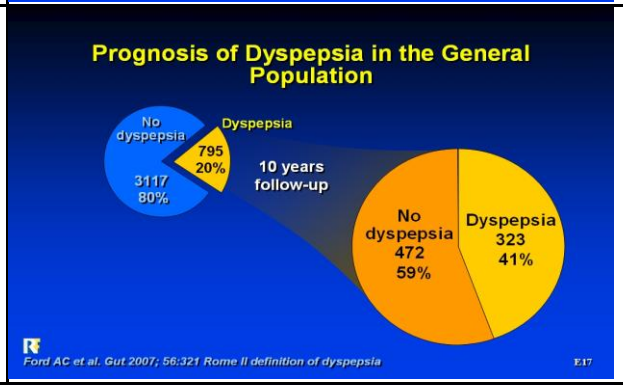
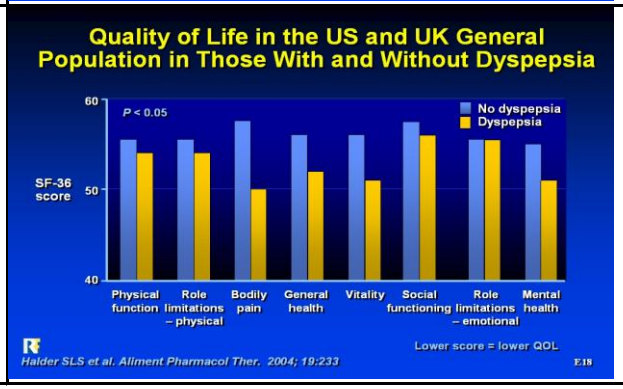
Specialty Modules for
Rome Slide Sets
Epidemiology

Slide Number	Slide Title	Slide Image
E10	Dyspepsia Prevalence According to Sex	
E11	Dyspepsia Prevalence According to Age	
E12	Dyspepsia Prevalence According to Socioeconomic Status	

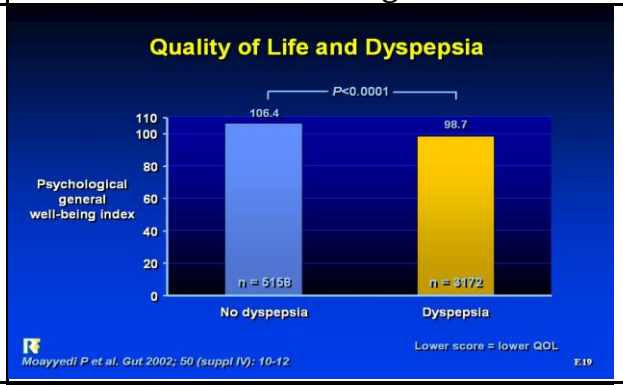
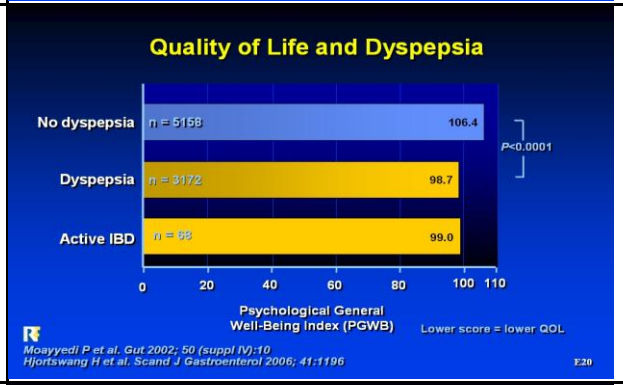
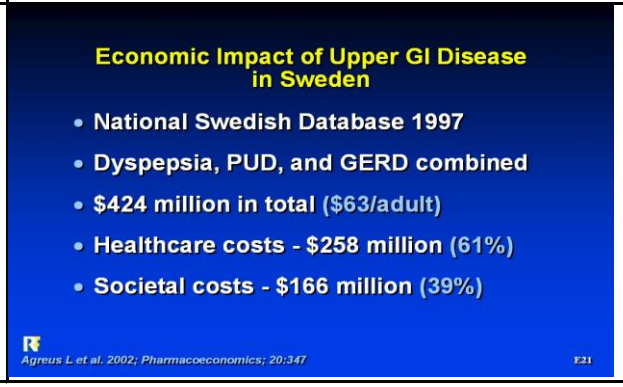
Specialty Modules for
Rome Slide Sets
Epidemiology

Slide Number	Slide Title	Slide Image
E13	Dyspepsia Prevalence with NSAIDs Use	
E14	Dyspepsia Prevalence According to H pylori Status	
E15	Incidence of Dyspepsia in the General Population	

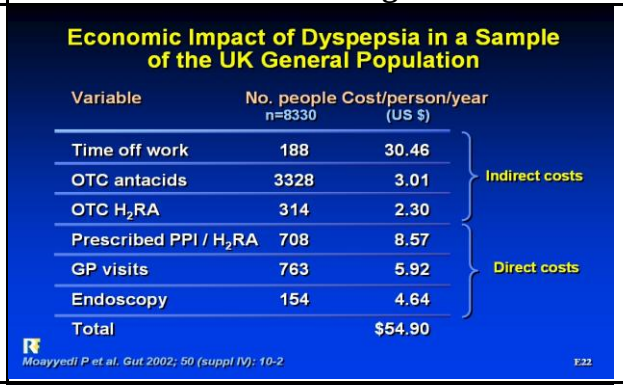
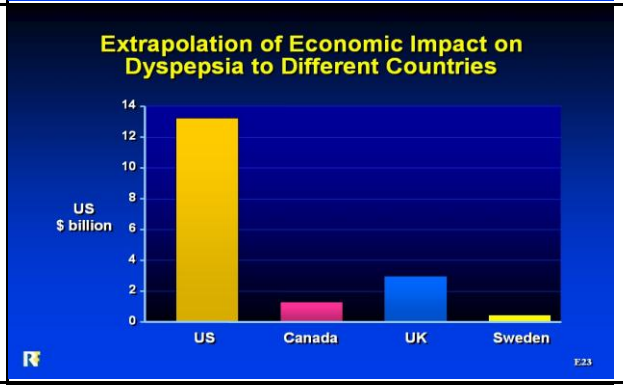
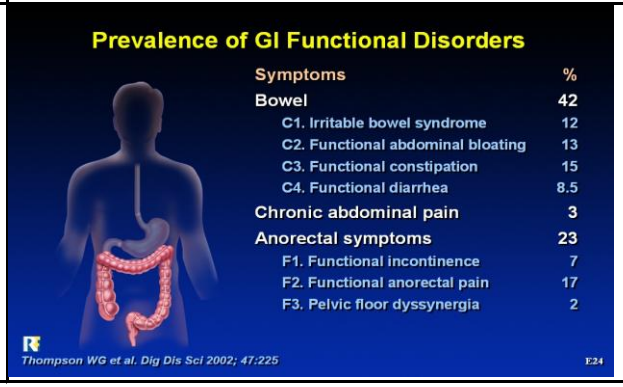
Specialty Modules for
Rome Slide Sets
Epidemiology

Slide Number	Slide Title	Slide Image
E16	Incidence of Dyspepsia in the UK General Population, Age 40 to 49 Years-Slide 1 of 2	
E17	Prognosis of Dyspepsia in the General Population-Slide 2 of 2	
E18	Quality of Life in the US and UK General Population in Those With and Without Dyspepsia	

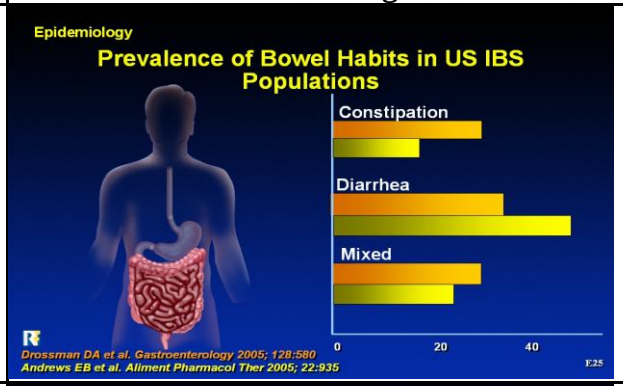
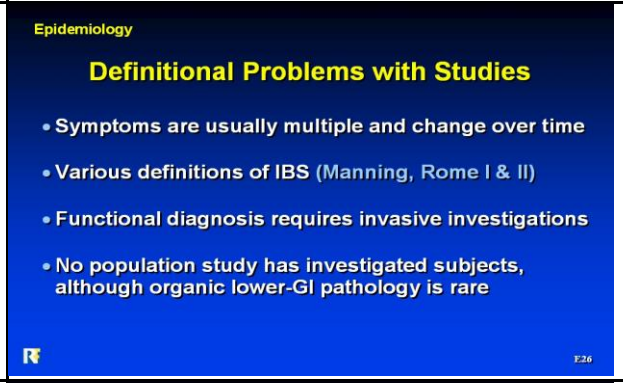
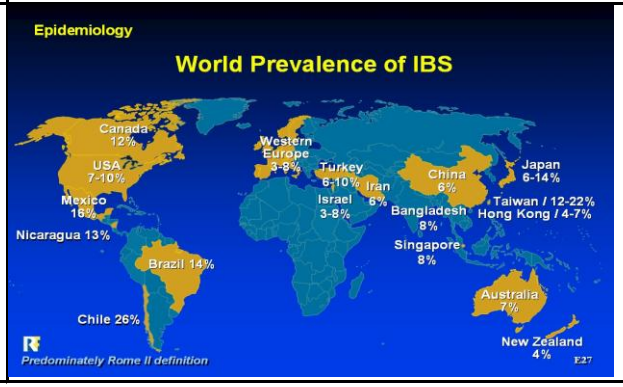
Specialty Modules for
Rome Slide Sets
Epidemiology

Slide Number	Slide Title	Slide Image
E19	Quality of Life and Dyspepsia	
E20	Quality of Life and Dyspepsia vs IBD	
E21	Economic Impact of Upper GI Disease in Sweden	

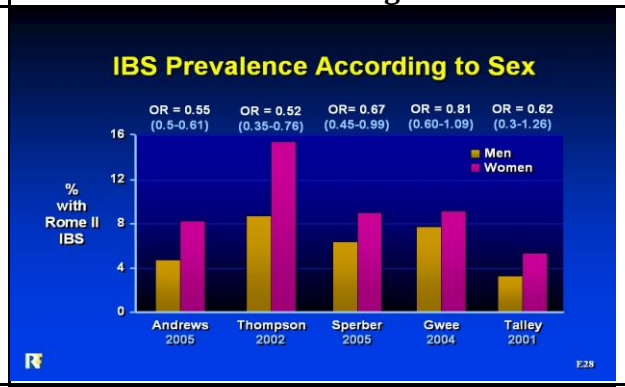
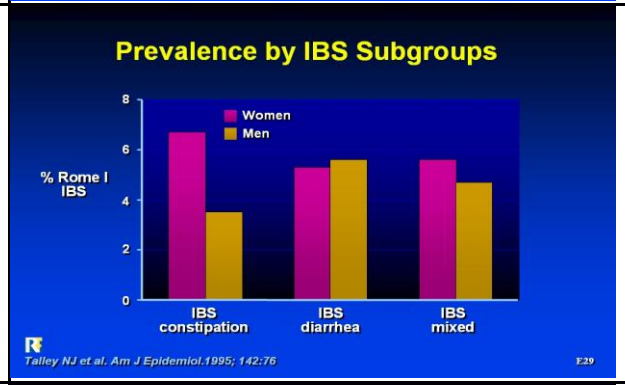
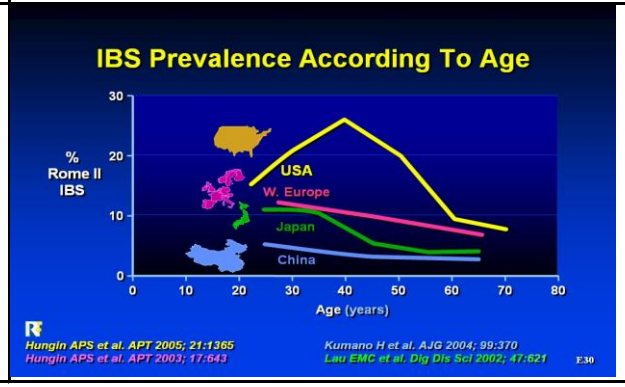
Specialty Modules for
Rome Slide Sets
Epidemiology

Slide Number	Slide Title	Slide Image
E22	Economic Impact of Dyspepsia in a Sample of the UK General Population	
E23	Extrapolation of Economic Impact on Dyspepsia to Different Countries	
E24	Prevalence of GI Functional Disorders	

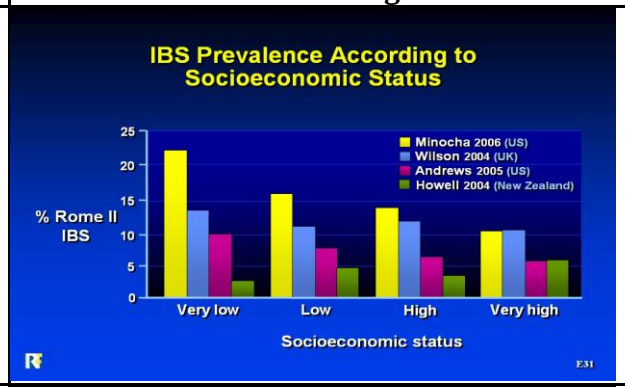
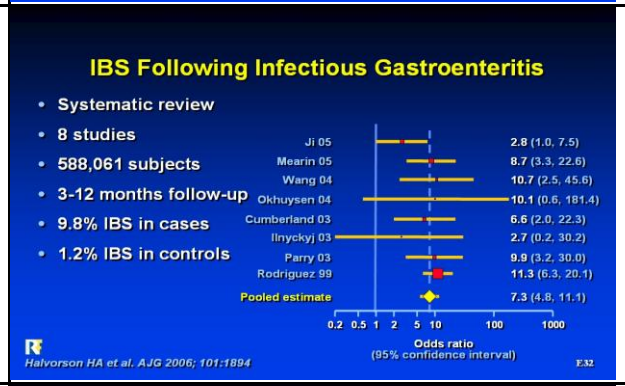
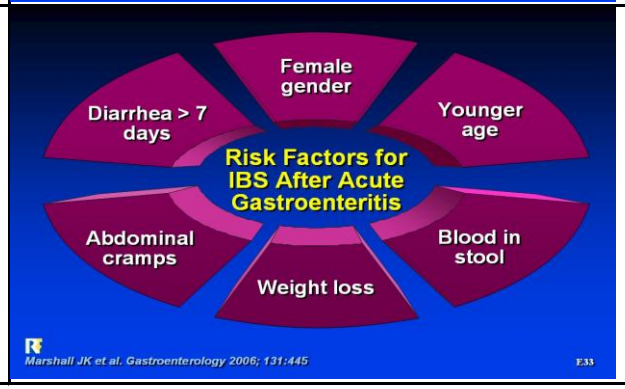
Specialty Modules for
Rome Slide Sets
Epidemiology

Slide Number	Slide Title	Slide Image
E25	Prevalence of Bowel Habits in US IBS Populations	
E26	Definitional Problems with Studies	
E27	World Prevalence of IBS	

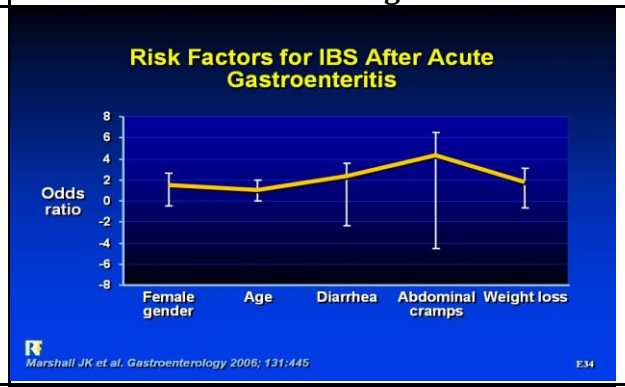
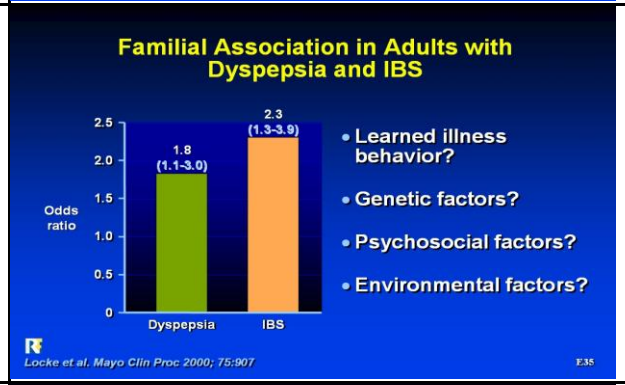
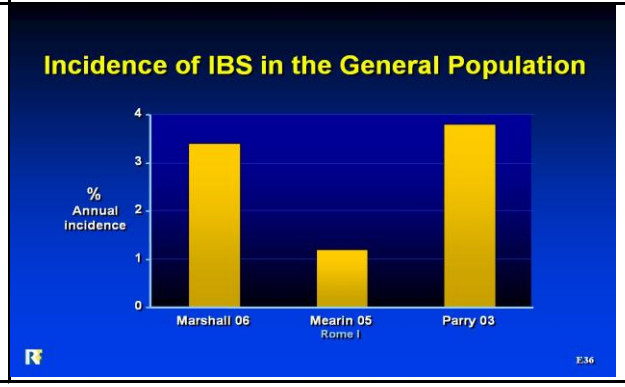
Specialty Modules for
Rome Slide Sets
Epidemiology

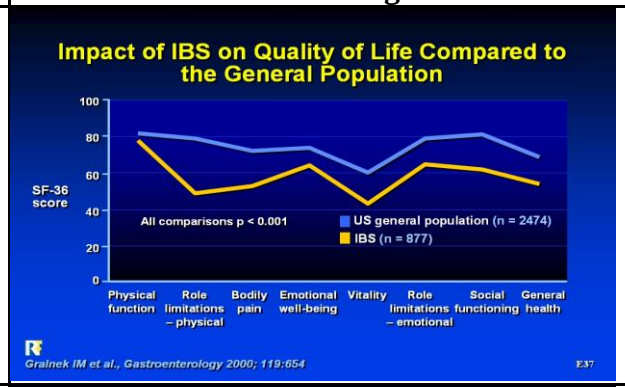
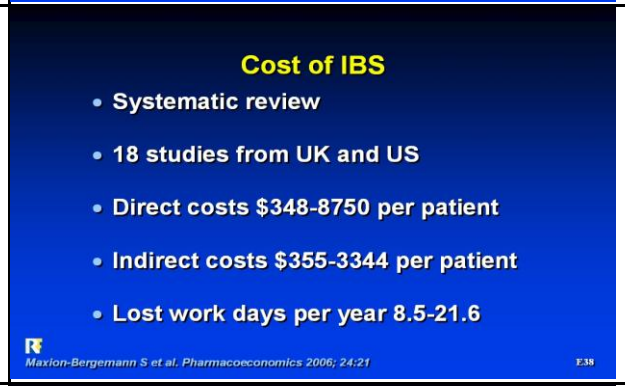
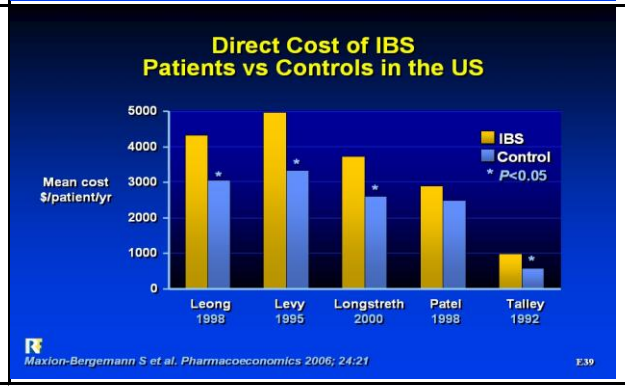
Slide Number	Slide Title	Slide Image
E28	IBS Prevalence According to Sex	
E29	Prevalence by IBS Subgroups	
E30	IBS Prevalence According To Age	

Specialty Modules for
Rome Slide Sets
Epidemiology

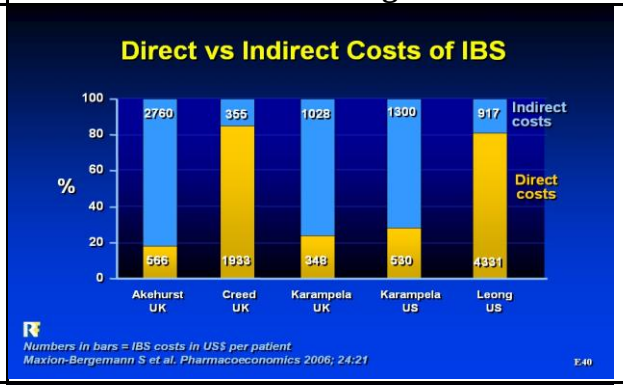
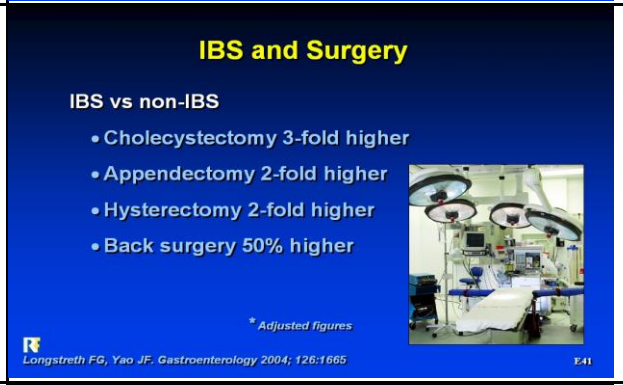
Slide Number	Slide Title	Slide Image
E31	IBS Prevalence According to Socioeconomic Status	
E32	IBS Following Infectious Gastroenteritis	
E33	Risk Factors for IBS After Acute Gastroenteritis-Slide 1 of 2	

Specialty Modules for
Rome Slide Sets
Epidemiology

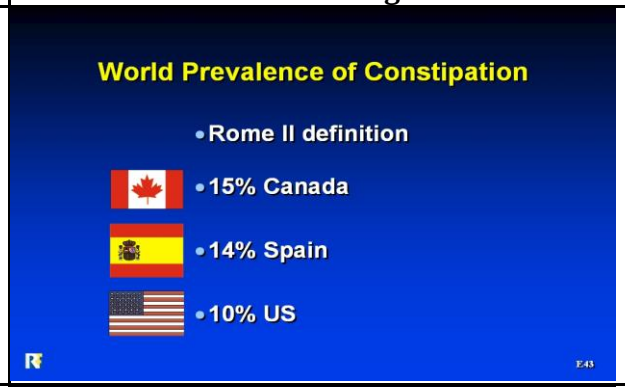
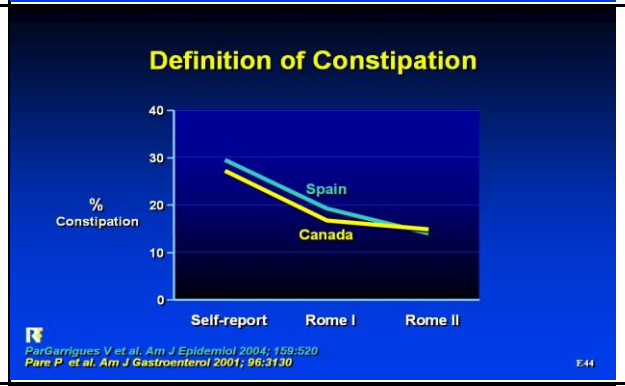
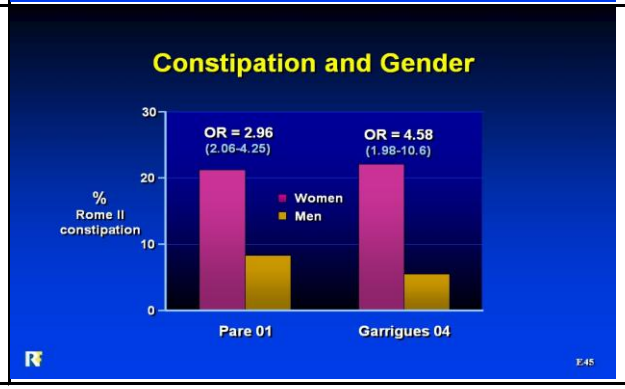
Slide Number	Slide Title	Slide Image
E34	Risk Factors for IBS After Acute Gastroenteritis-Slide 2 of 2	
E35	Familial Association in Adults with Dyspepsia and IBS	
E36	Incidence of IBS in the General Population	

Slide Number	Slide Title	Slide Image
E37	Impact of IBS on Quality of Life Compared to the General Population	
E38	Cost of IBS	
E39	Direct Cost of IBS: Patients vs Controls in the US	

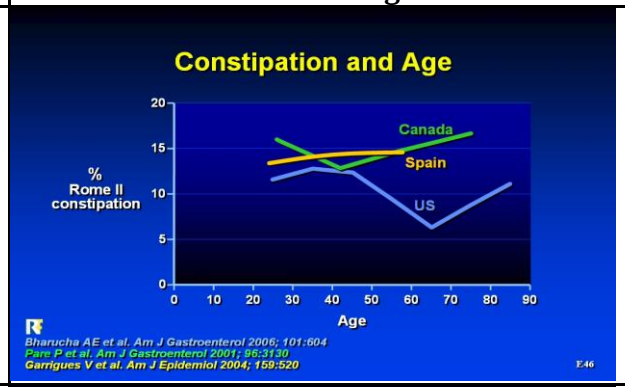
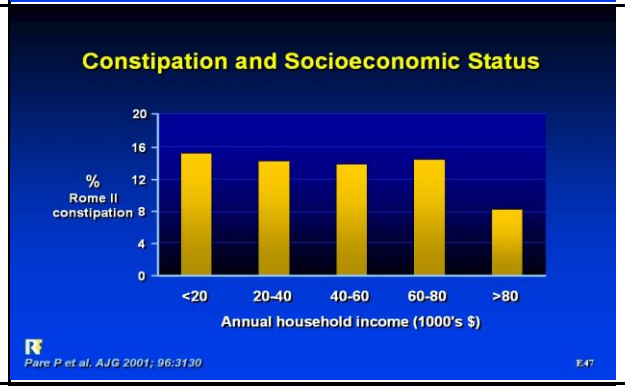
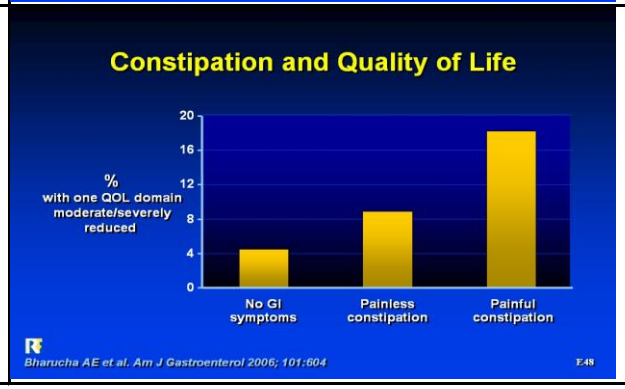
Specialty Modules for
Rome Slide Sets
Epidemiology

Slide Number	Slide Title	Slide Image
E40	Direct vs Indirect Costs of IBS	
E41	IBS and Surgery	
E42	US Annual Costs (US$ Millions)	

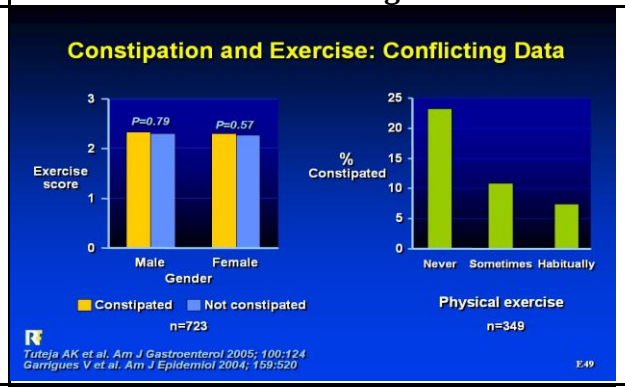
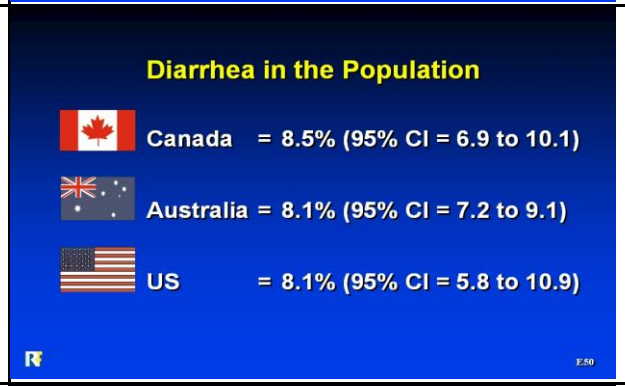
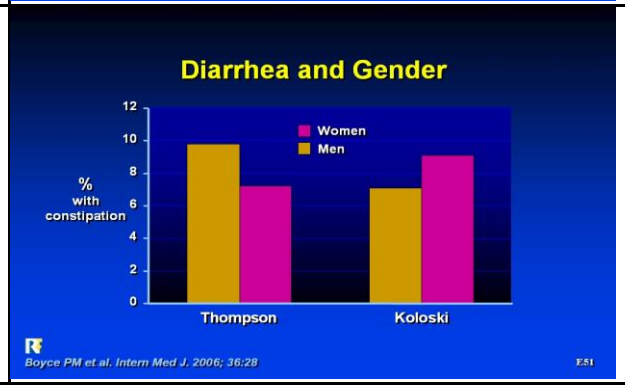
Specialty Modules for
Rome Slide Sets
Epidemiology

Slide Number	Slide Title	Slide Image
E43	World Prevalence of Constipation	
E44	Definition of Constipation	
E45	Constipation and Gender	

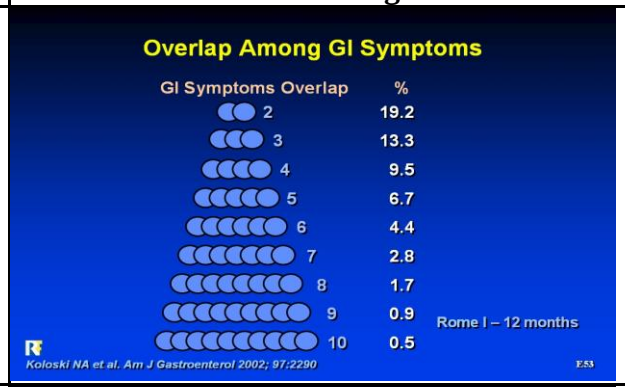
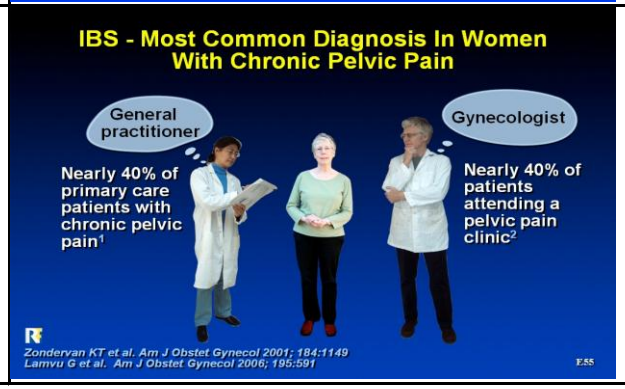
Specialty Modules for
Rome Slide Sets
Epidemiology

Slide Number	Slide Title	Slide Image
E46	Constipation and Age	
E47	Constipation and Socioeconomic Status	
E48	Constipation and Quality of life	

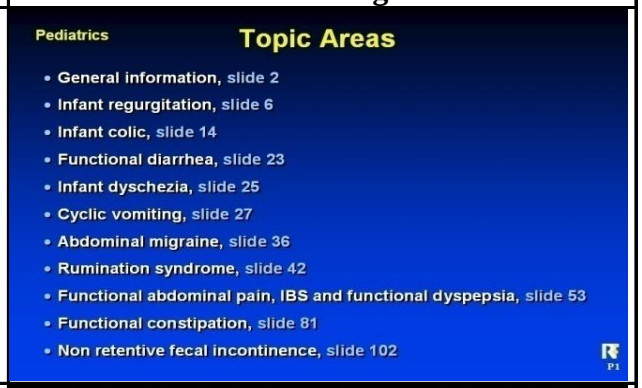
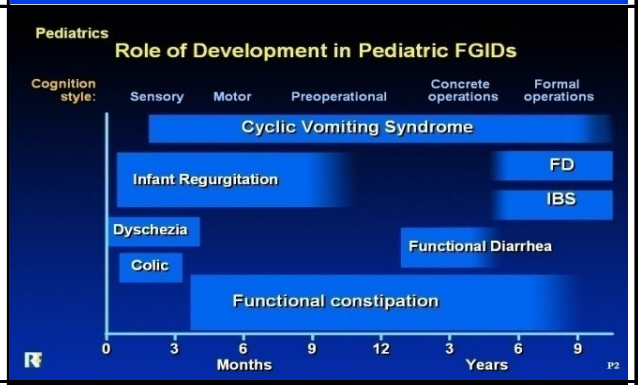
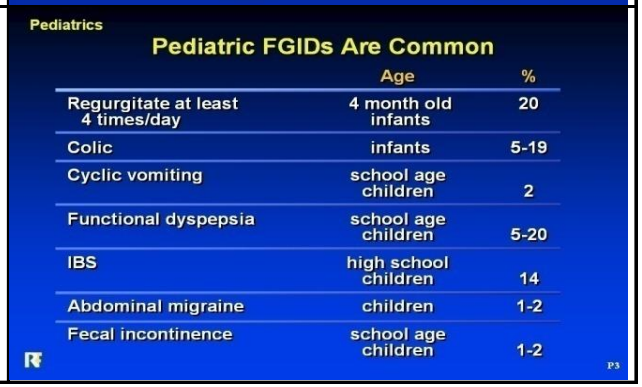
Specialty Modules for
Rome Slide Sets
Epidemiology

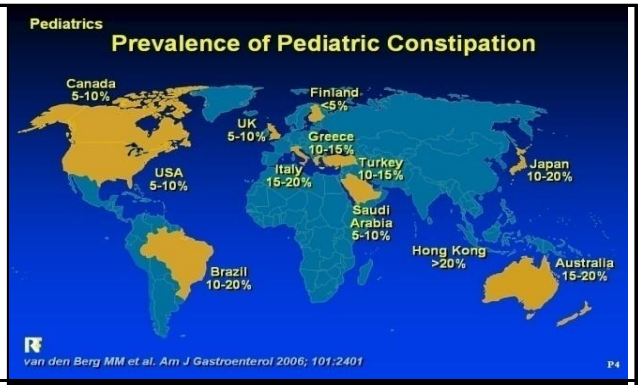
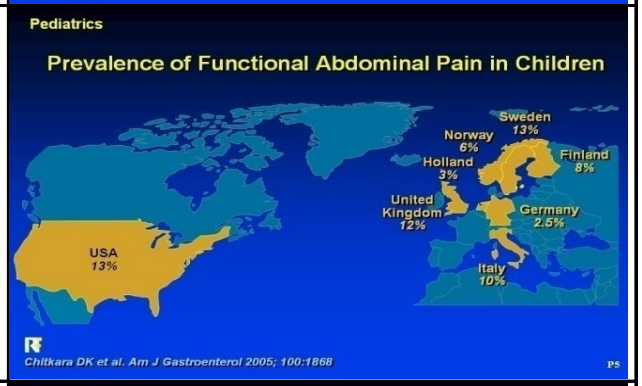
Slide Number	Slide Title	Slide Image
E49	Constipation and Exercise: Conflicting Data	
E50	Diarrhea in the Population	
E51	Diarrhea and Gender	
E52	Functional Disorders Overlap	ANAMATION

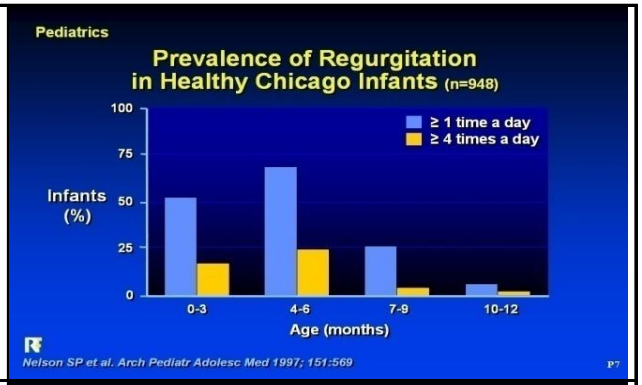
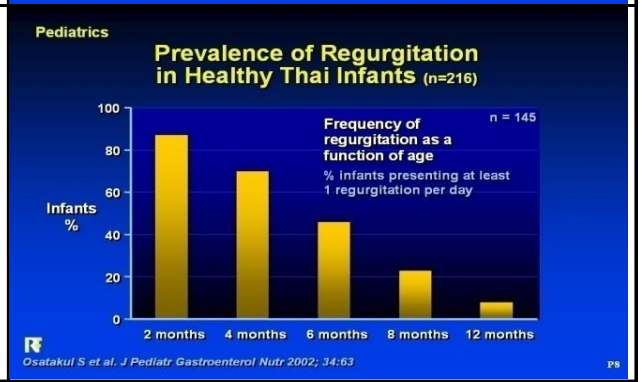
Specialty Modules for
Rome Slide Sets
Epidemiology

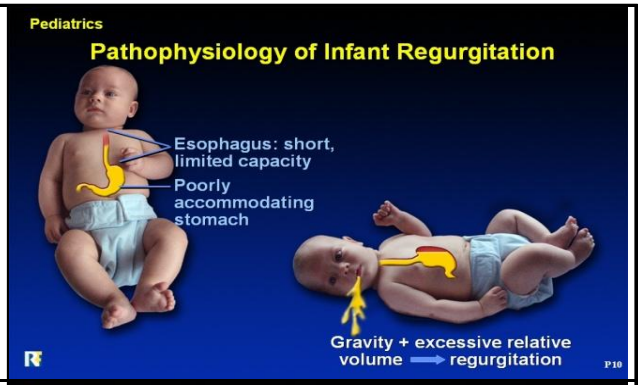
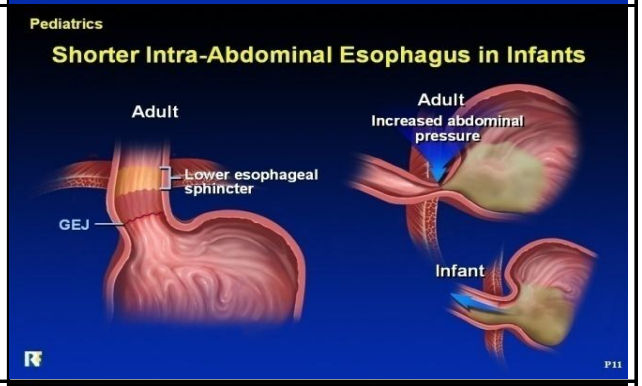
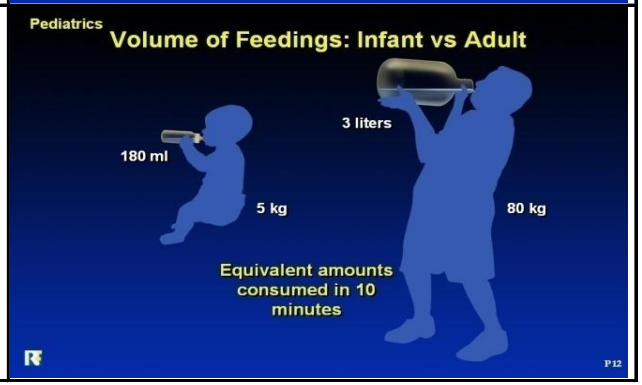
Slide Number	Slide Title	Slide Image
E53	Overlap Among GI Symptoms	
E54	IBS Coexists With Many Other Functional Symptoms	
E55	IBS - Most Common Diagnosis In Women With Chronic Pelvic Pain	

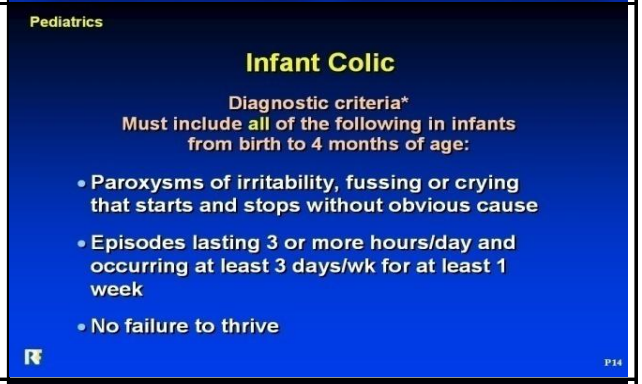
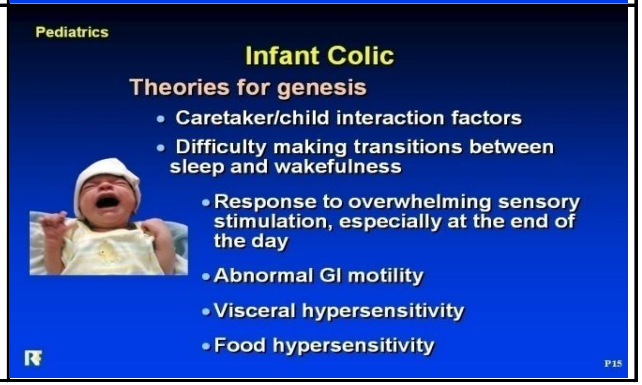
Computer-Based Learning Program
Pediatric

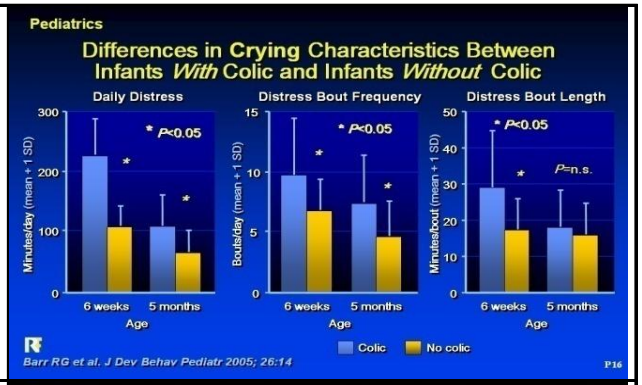
Slide Number	Slide Title	Slide Image
P1	Pediatrics - Topic Areas	
P2	Role of Development in Pediatric FGIDs	
P3	Pediatric FGIDs are Common	

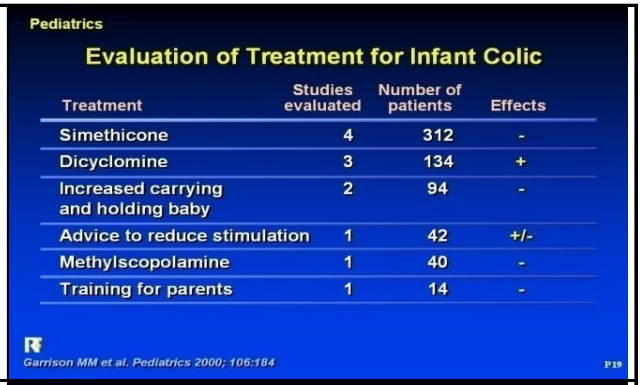
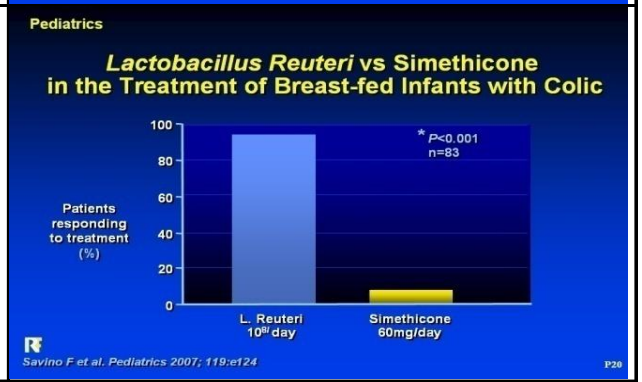
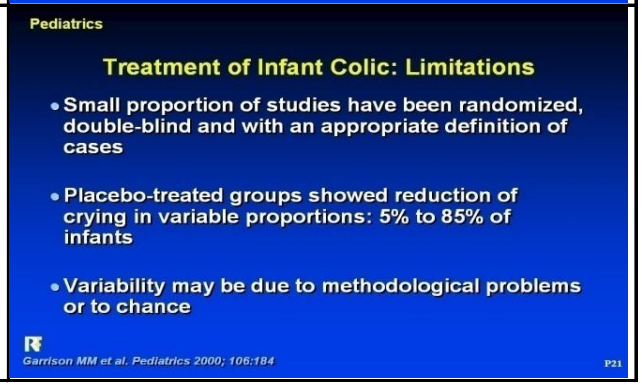
P4	Prevalence of Pediatric Constipation	
P5	Prevalence of Functional Abdominal Pain in Children	
P6	Infant Regurgitation: Diagnostic Criteria	

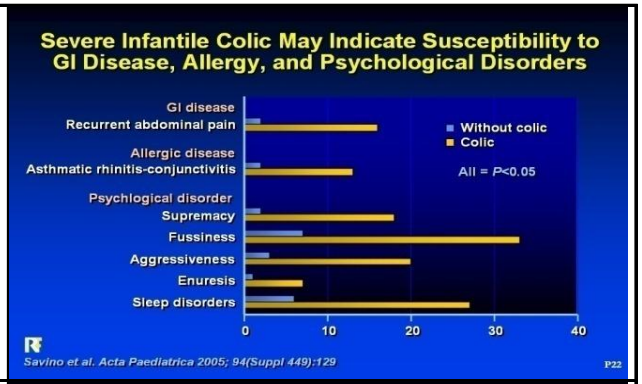
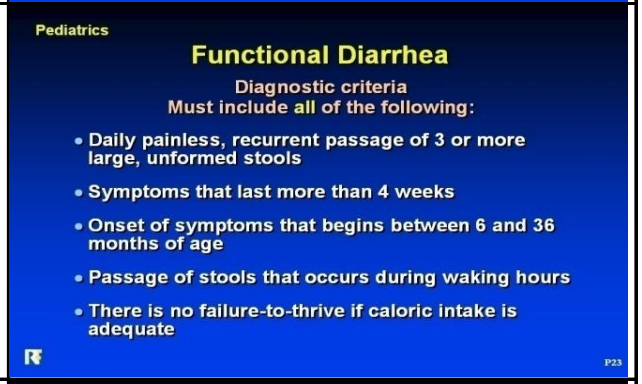
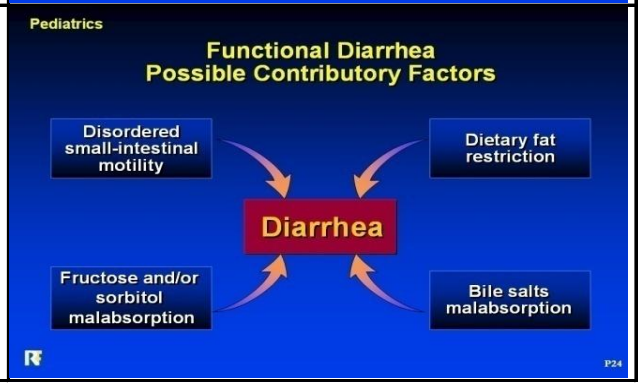
P7	Prevalence of Regurgitation in Healthy Chicago Infants	
P8	Prevalence of Regurgitation in Healthy Thai Infants	
P9	Pathophysiology of Infant Regurgitation	

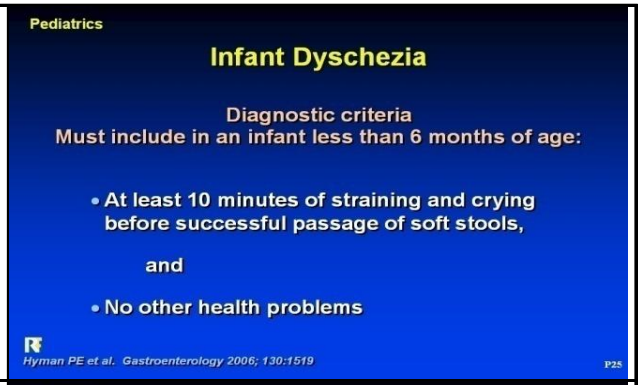
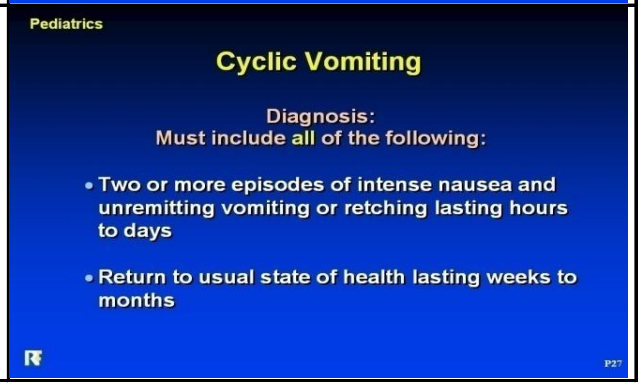
P10	Pathophysiology of Infant Regurgitation	
P11	Shorter Intra-Abdominal Esophagus in Infants	
P12	Volume of Feedings: Infant vs Adult	

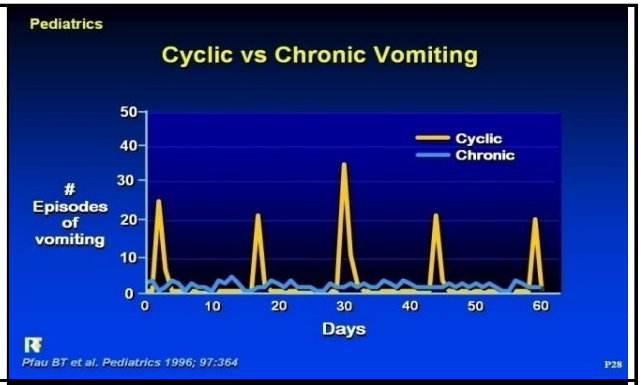
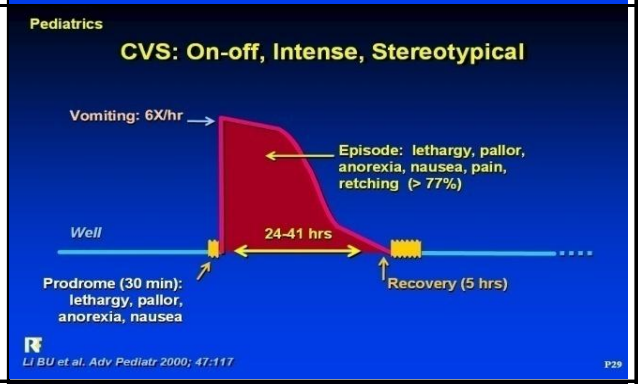
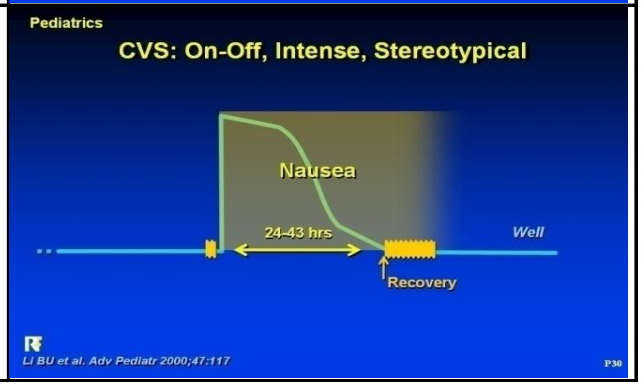
P13	Infant Regurgitation Treatment: Commandments	
P14	Infant Colic: Diagnostic Criteria	
P15	Infant Colic: Theories for Genesis	

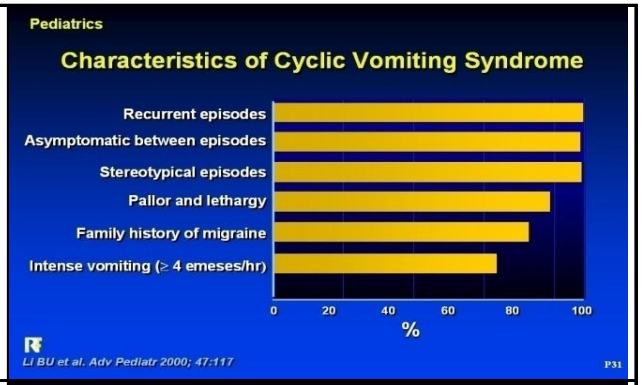
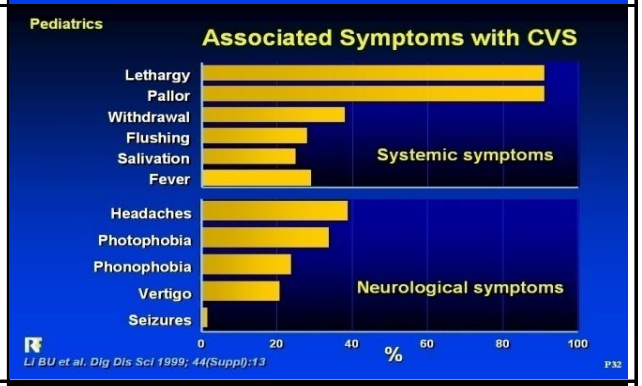
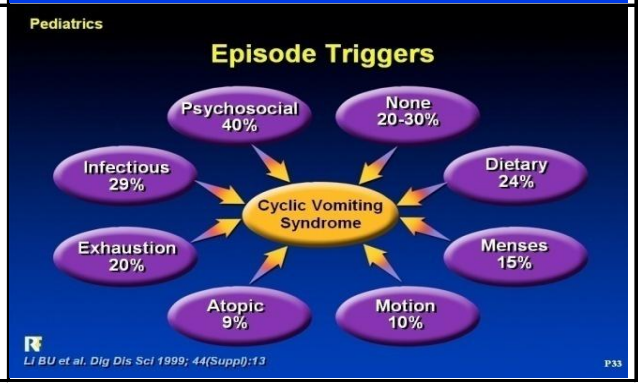
P16	Differences in Crying Characteristics Between Infants *With* Colic and Infants *Without* Colic	
P17	Reassuring Parents About Infant Crying: The Traffic Light Parable	
P18	Film: Inconsolable Crying Behavior	

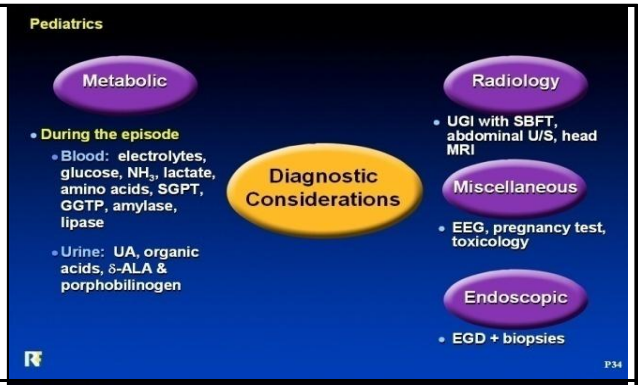
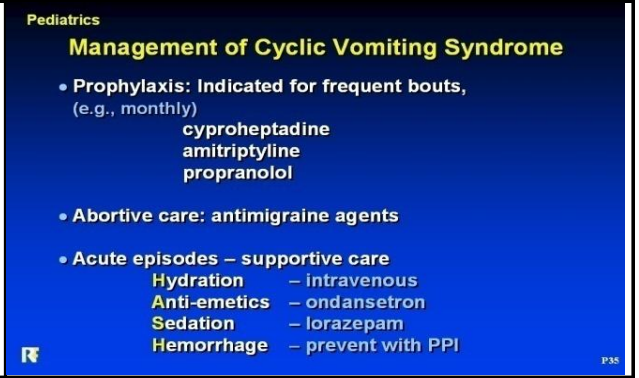
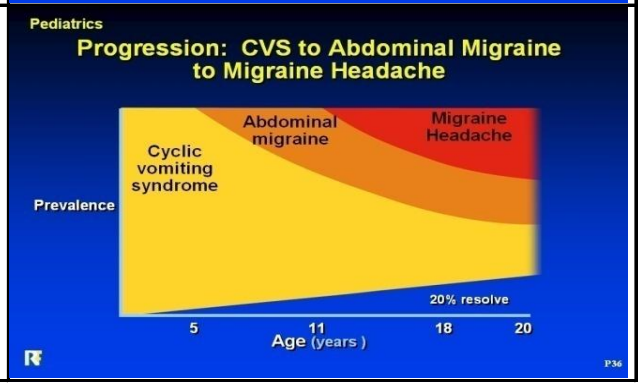
P19	Evaluation of Treatment for Infant Colic	
P20	*Lactobacillus reuteri* vs Simethicone in the Treatment of Breast-fed Infants with Colic	
P21	Treatment of Infant Colic: Limitations	

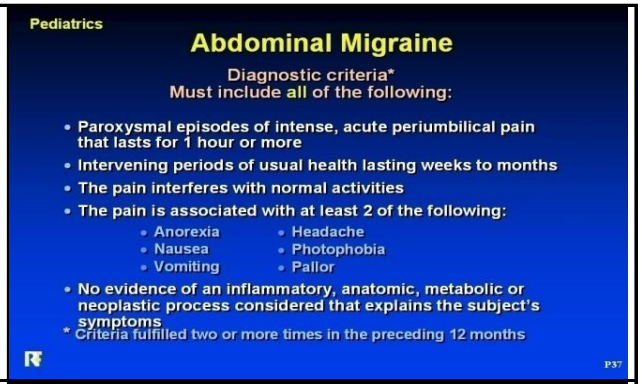
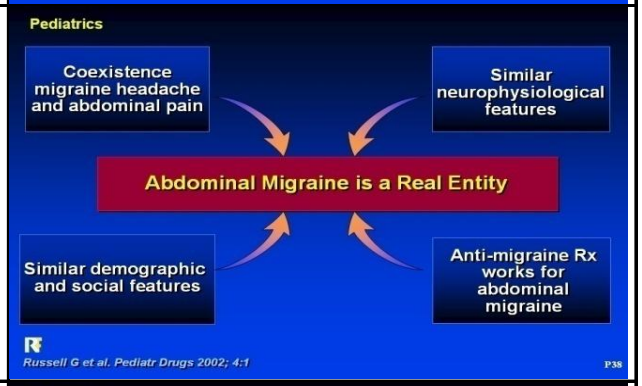
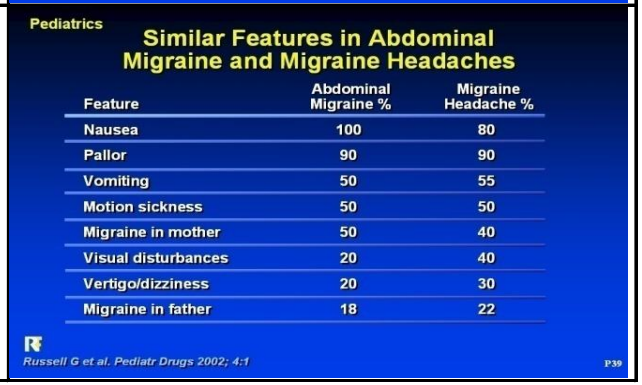
P22	Severe Infantile Colic May Indicate Susceptibility to GI Disease, Allergy, and Psychological Disorders	
P23	Pediatric Functional Diarrhea: Diagnostic Criteria	
P24	Pediatric Functional Diarrhea: Possible Contributory Factors	

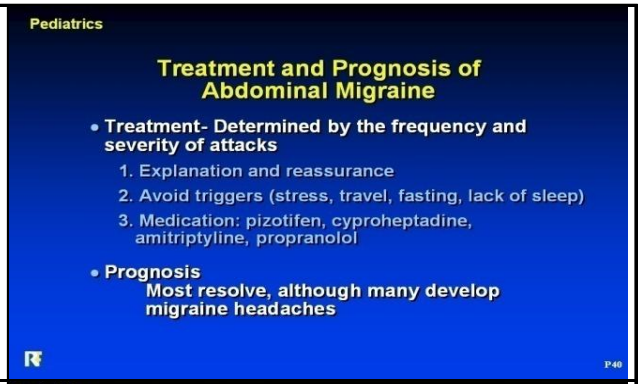
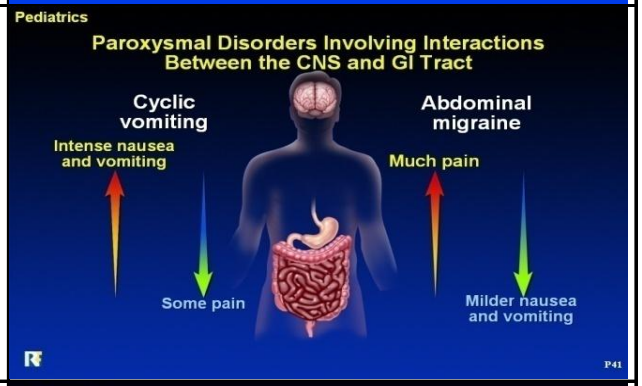
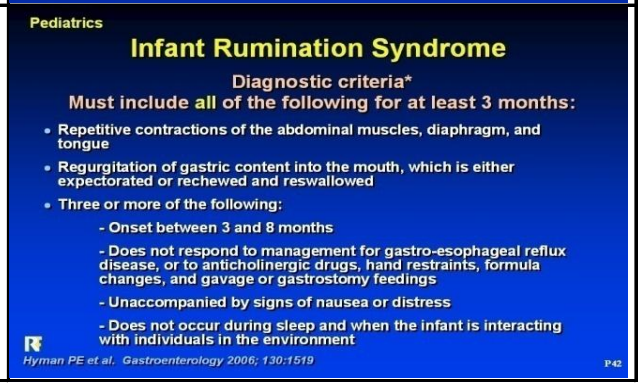
P25	Infant Dyschezia: Diagnostic Criteria	
P26	Infant Dyschezia: Treatment	
P27	Pediatric Cyclic Vomiting: Diagnostic Criteria	

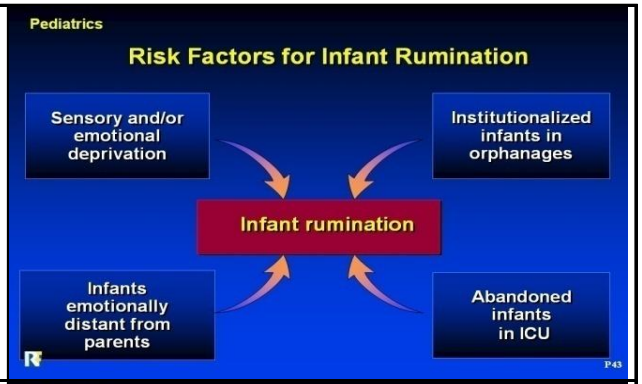
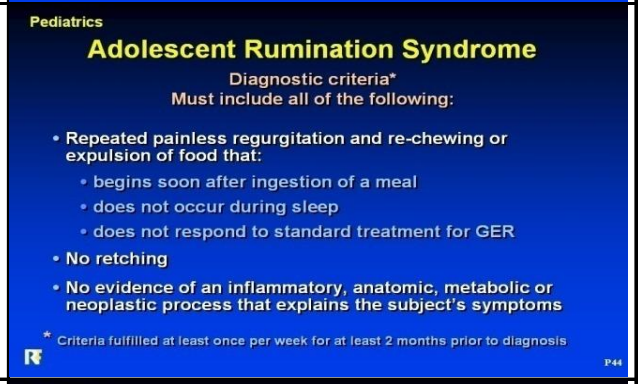
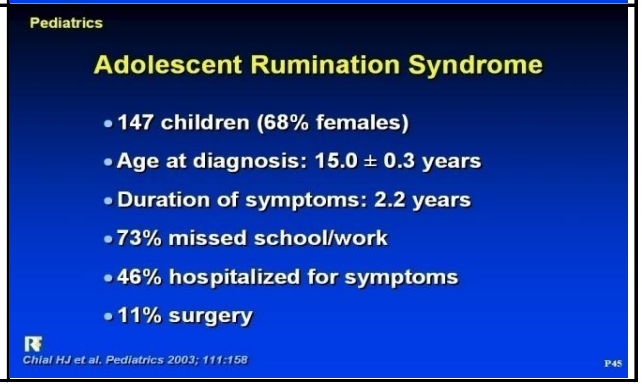
P28	Cyclic vs Chronic Vomiting in Children	
P29	Pediatric CVS: On-Off, Intense, Stereotypical-Slide 1 of 2	
P30	Pediatric CVS: On-Off, Intense, Stereotypical-Slide 2 of 2	

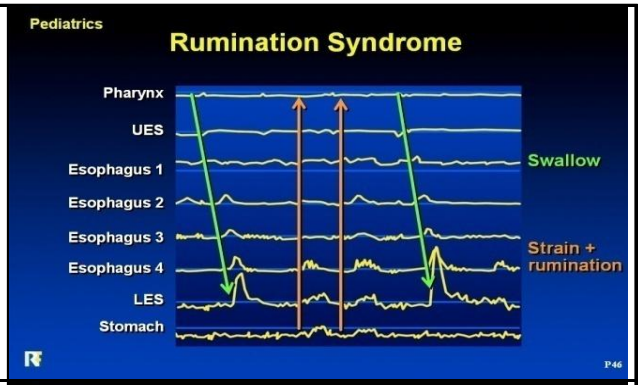
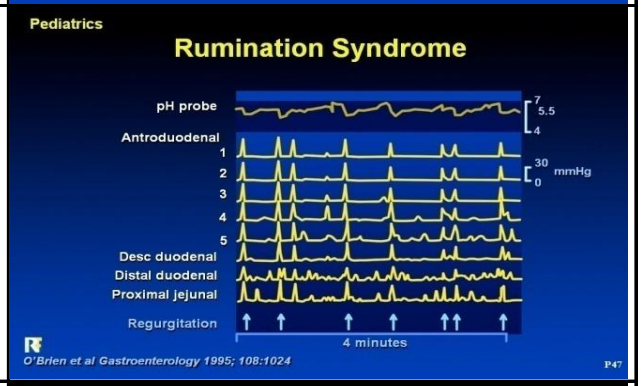
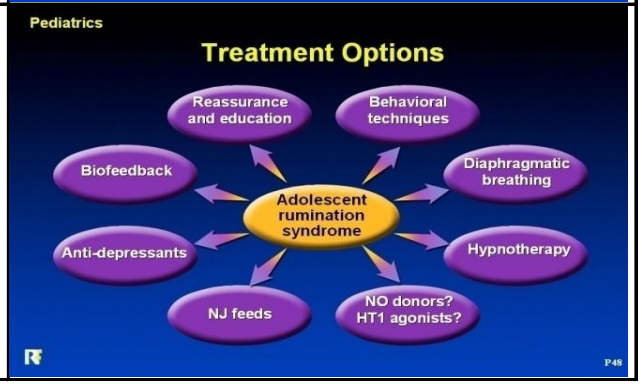
P31	Characteristics of Pediatric Cyclic Vomiting Syndrome	
P32	Symptoms Associated with Pediatric CVS	
P33	Pediatric Cyclic Vomiting Syndrome: Episode Triggers	

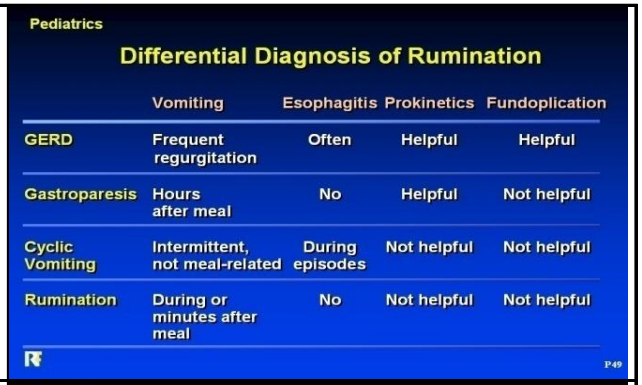
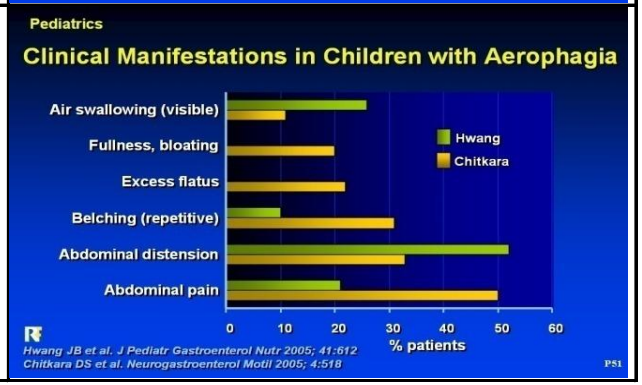
P34	Pediatric Cyclic Vomiting Syndrome: Diagnostic Considerations	
P35	Management of Pediatric Cyclic Vomiting Syndrome	
P36	Progression: CVS to Abdominal Migraine to Migraine Headache	

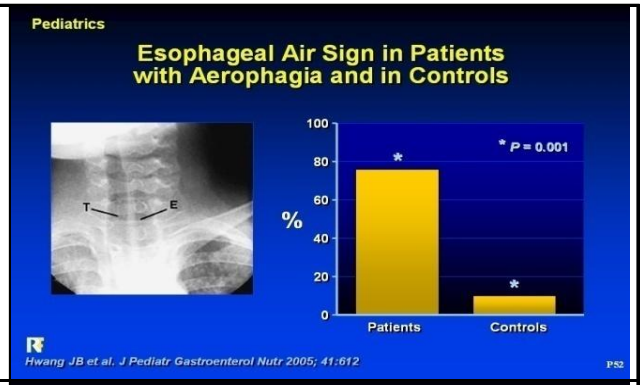
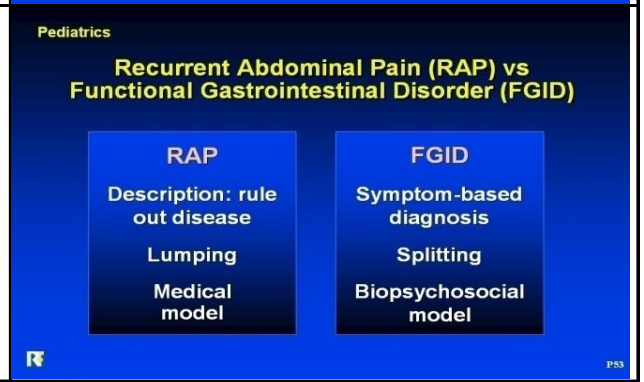
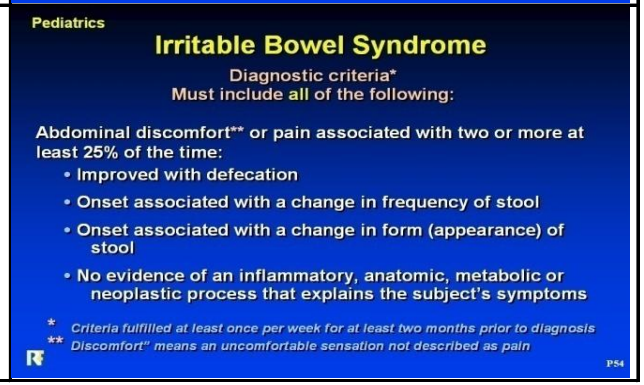
P37	Abdominal Migraine: Diagnostic Criteria	
P38	Abdominal Migraine is a Real Entity	
P39	Similar Features in Abdominal Migraine and Migraine Headaches	

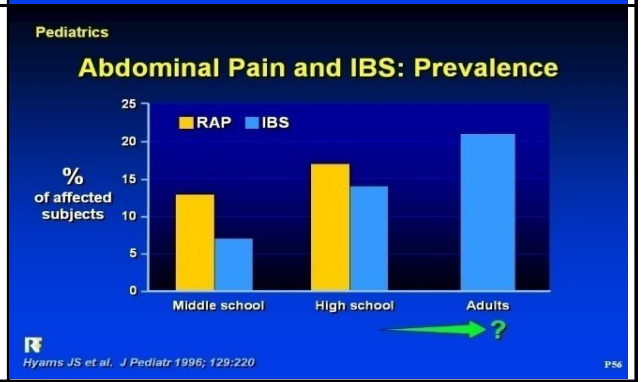
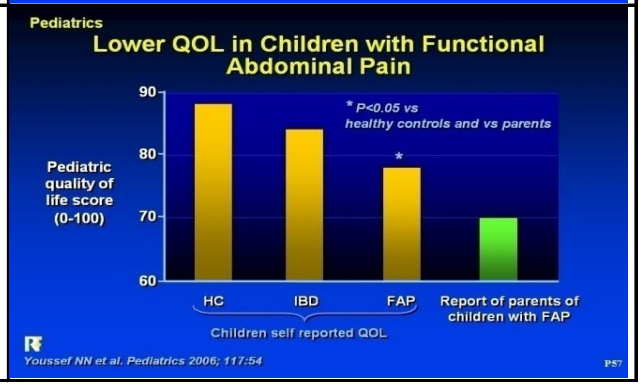
P40	Treatment and Prognosis of Abdominal Migraine	
P41	Paroxysmal Disorders Involving Interactions Between the CNS and GI Tract	
P42	Infant Rumination Syndrome: Diagnostic Criteria	

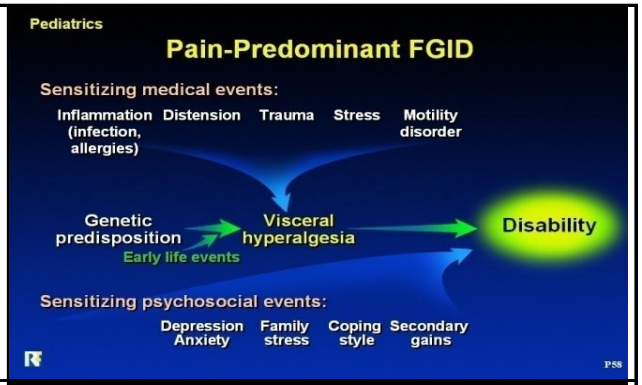
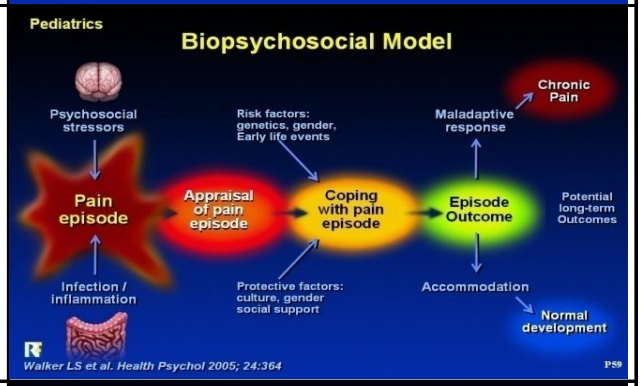
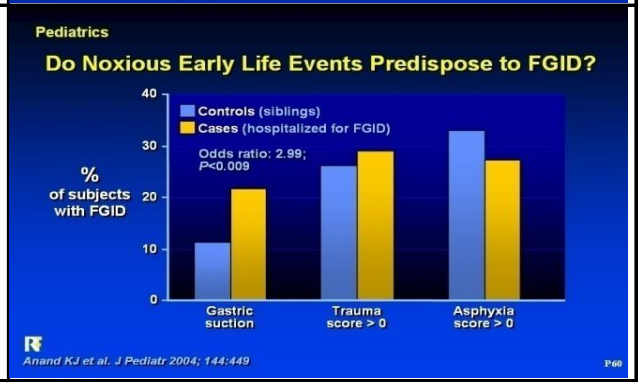
P43	Risk Factors for Infant Rumination	
P44	Adolescent Rumination Syndrome: Diagnostic Criteria	
P45	Adolescent Rumination Syndrome: Study Data	

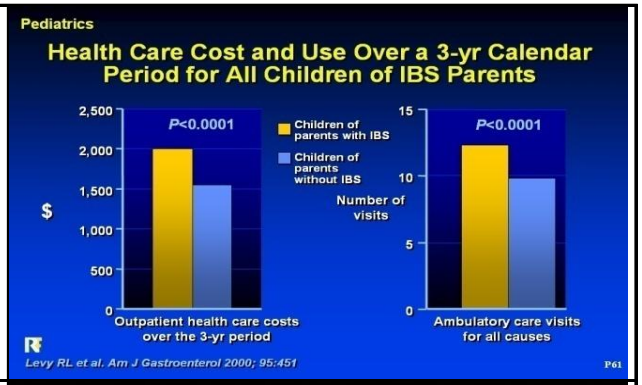
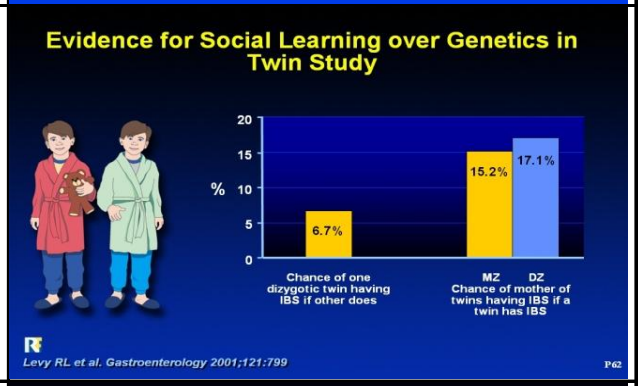
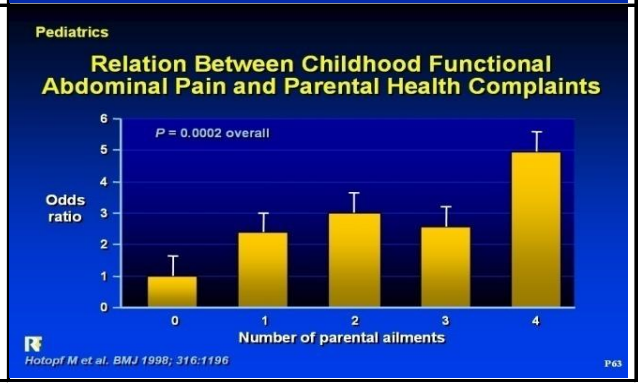
P46	Esophagogastric Manometry in the Rumination Syndrome	
P47	Antroduodenal Manometry and pH Monitoring of the Distal Esophagus in the Rumination Syndrome	
P48	Adolescent Rumination Syndrome: Treatment Options	

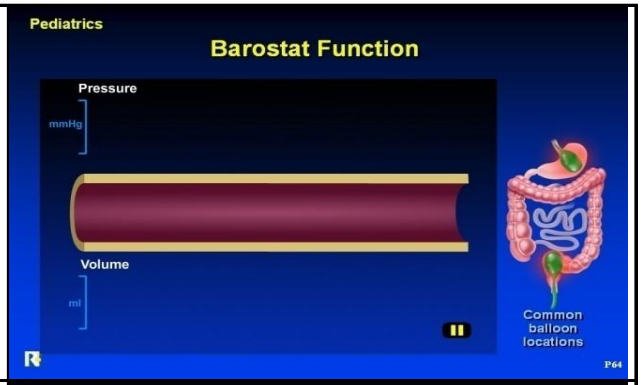
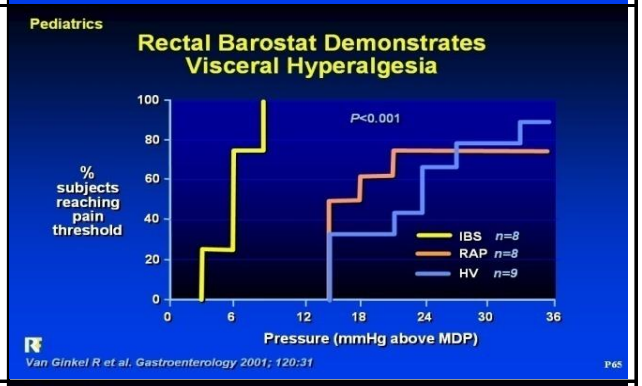
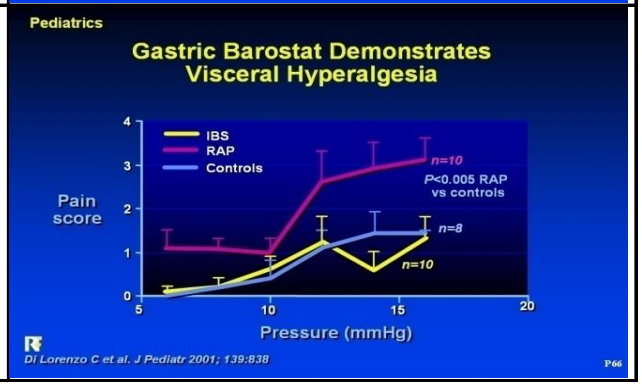
P49	Differential Diagnosis of Rumination	
P50	Aerophagia: Diagnostic Criteria	
P51	Clinical Manifestations in Children with Aerophagia	

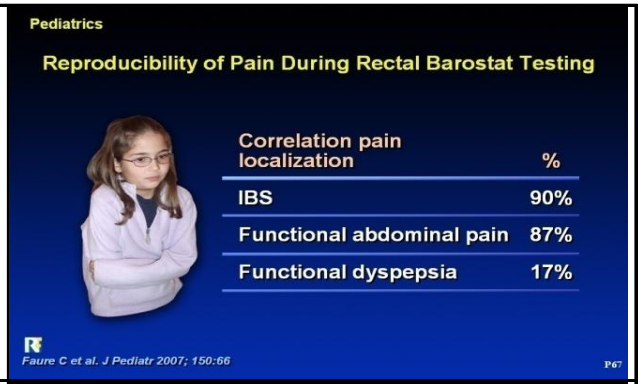
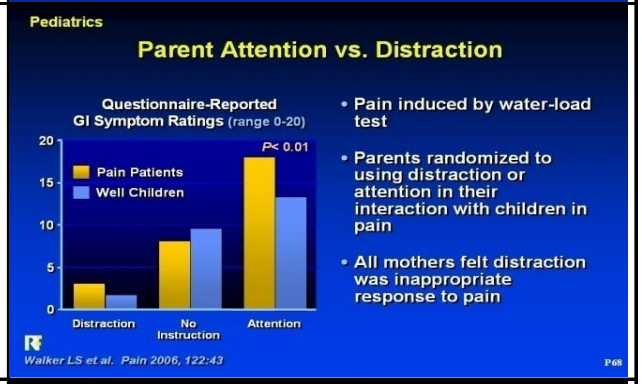
P52	Esophageal Air Sign in Patients with Aerophagia and in Controls	
P53	Recurrent Abdominal Pain (RAP) vs Functional Gastrointestinal Disorder (FGID)	
P54	Irritable Bowel Syndrome in Children and Adolescents: Diagnostic Criteria	

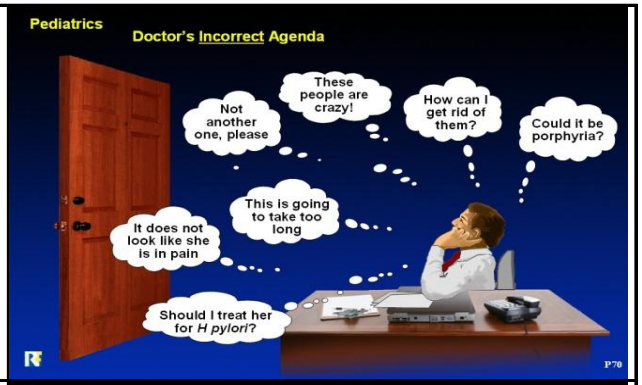
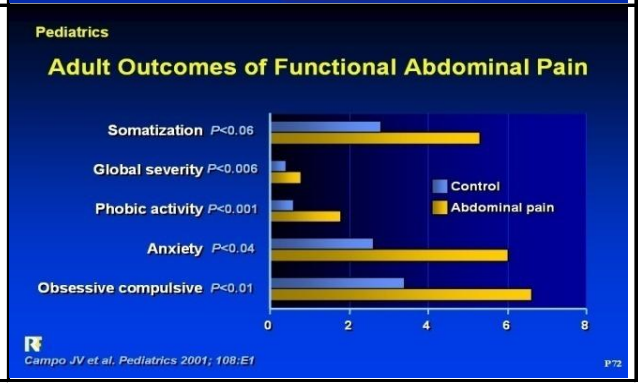
P55	Pediatric Functional Abdominal Pain: Diagnostic Criteria	
P56	Abdominal Pain and IBS: Prevalence in Adolescents	
P57	Lower QOL in Children with Functional Abdominal Pain	

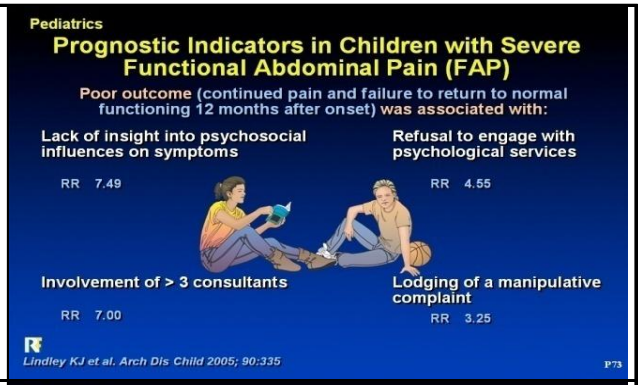
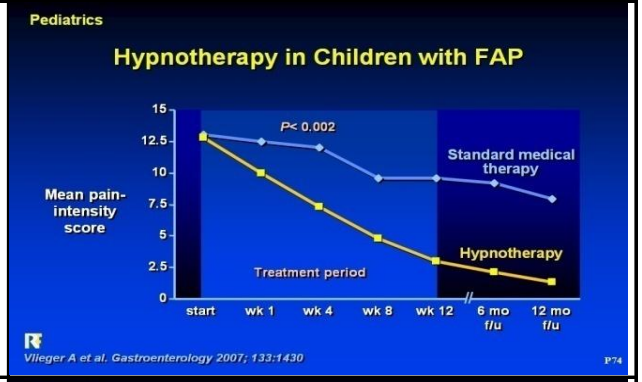
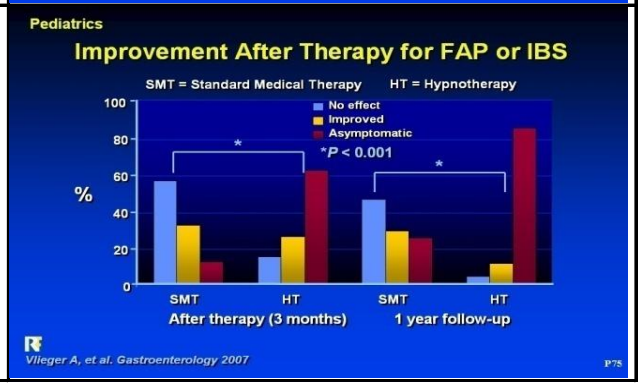
P58	Pain-Predominant FGID-Pediatric	
P59	Biopsychosocial Model of Pain & Coping in Children	
P60	Do Noxious Early Life Events Predispose to FGID?	

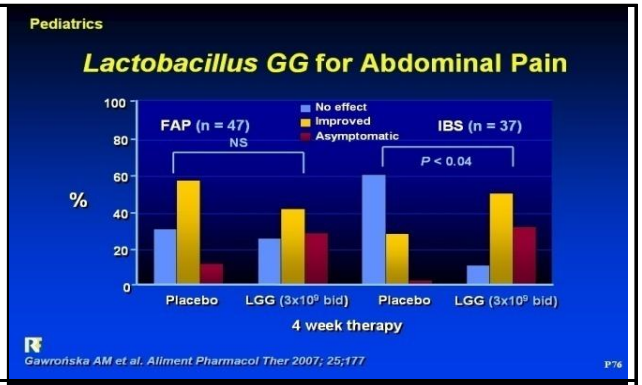
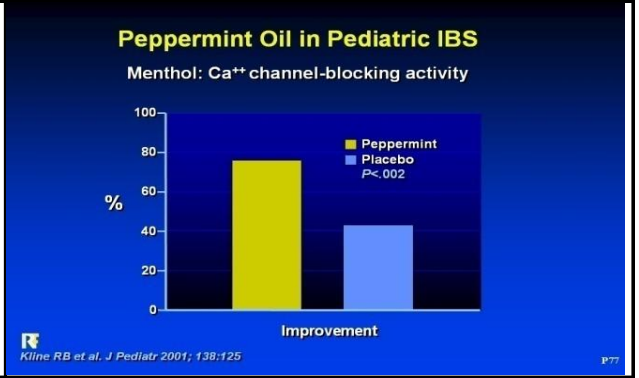
P61	Health Care Cost and Use Over a 3-year Calendar Period for All Children of IBS Parents	
P62	Evidence for Social Learning over Genetics in Twin Study	
P63	Relation Between Childhood Functional Abdominal Pain and Parental Health Complaints	

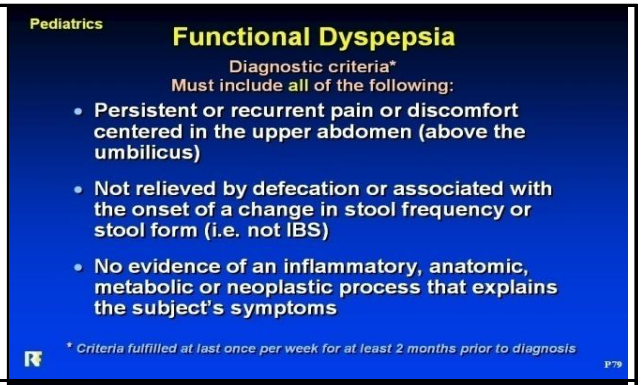
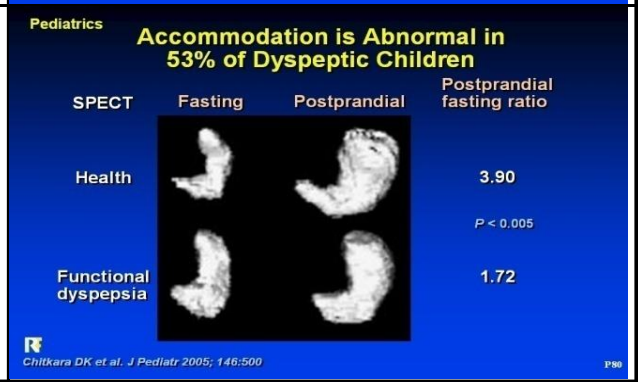
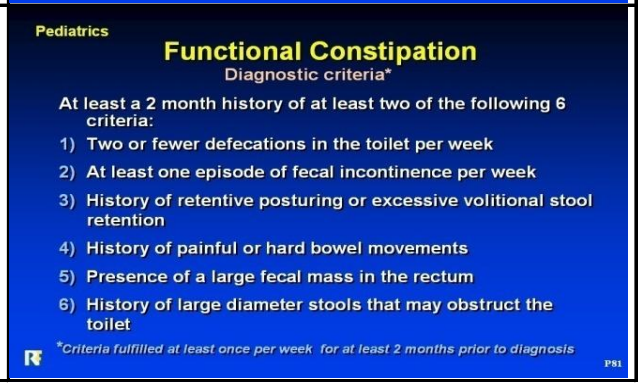
P64	Barostat Function	
P65	Rectal Barostat Demonstrates Visceral Hyperalgesia in Children	
P66	Gastric Barostat Demonstrates Visceral Hyperalgesia in Children	

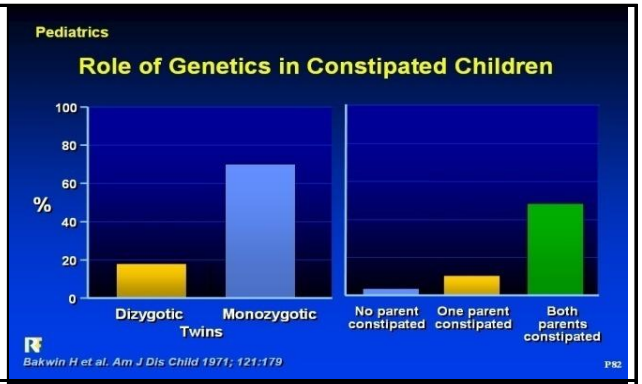
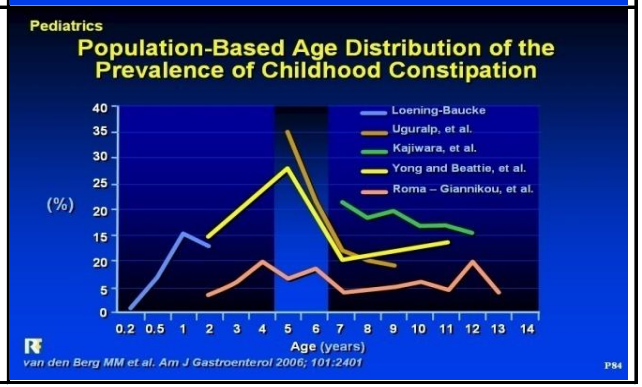
P67	Reproducibility of Pain During Rectal Barostat Testing in Children	
P68	Parent Attention vs Distraction-Pediatric	
P69	Mother's/Child's Agenda-Pediatric	

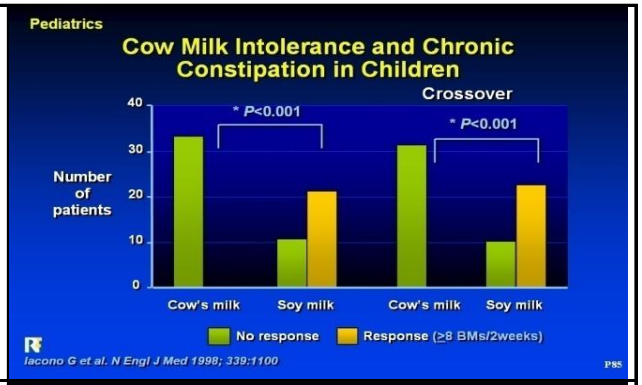
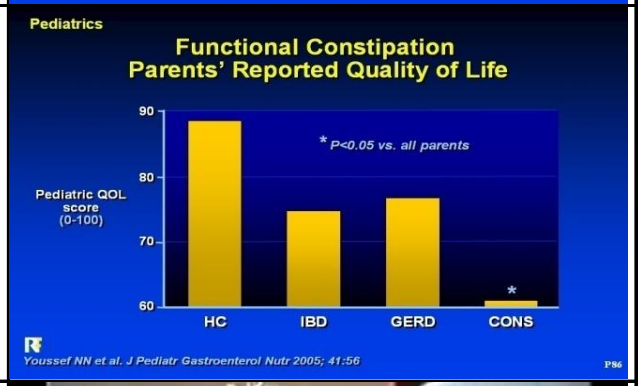
P70	Doctor's Incorrect Agenda-Pediatric	
P71	Doctor's Correct Agenda-Pediatric	
P72	Adult Outcomes of Functional Abdominal Pain	

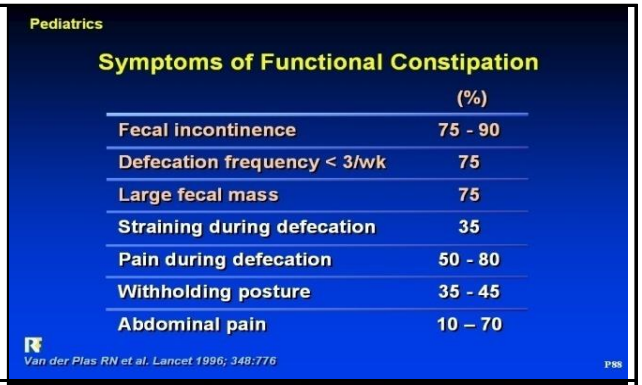
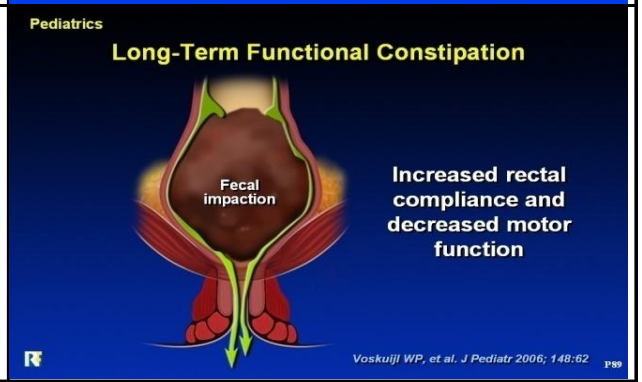
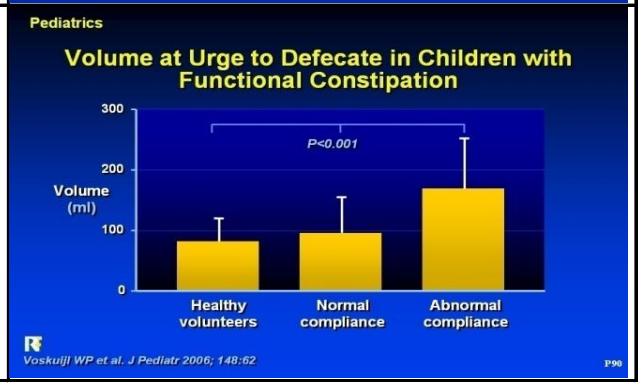
P73	Prognostic Indicators in Children with Severe Functional Abdominal Pain (FAP)	
P74	Hypnotherapy in Children with FAP-Slide 1 of 2	
P75	Hypnotherapy in Children with FAP-Improvement After Therapy-Slide 1 of 2	

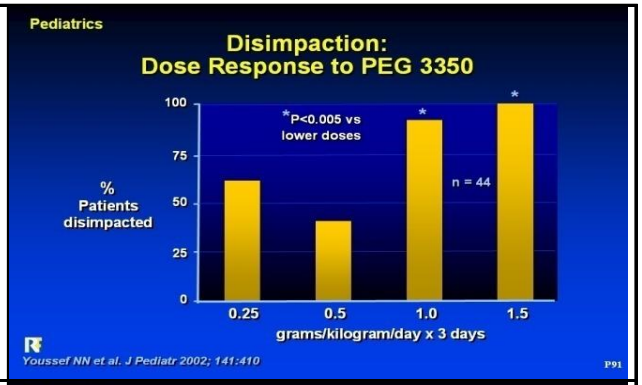
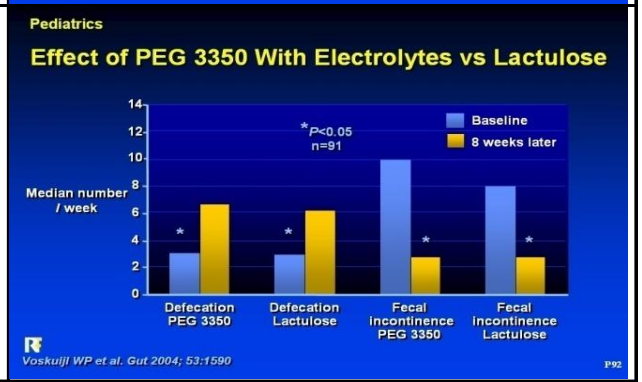
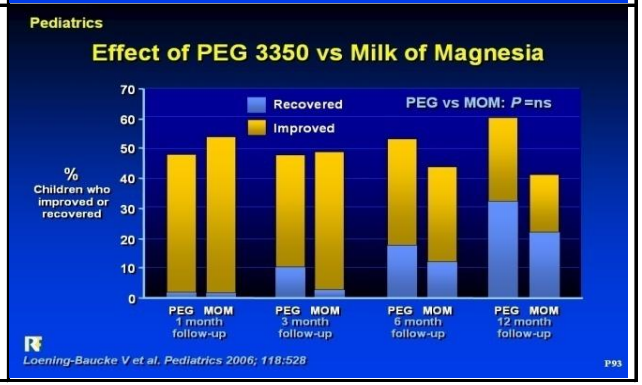
P76	*Lactobacillus GG* for Abdominal Pain in Children	
P77	Peppermint Oil in IBS in Children	
P78	Pain-Associated Disability Syndrome (PADS)	

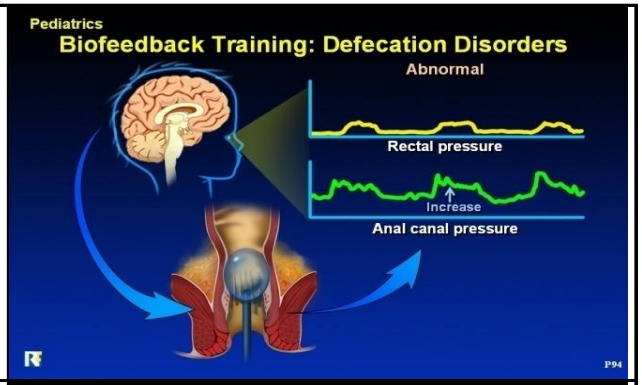
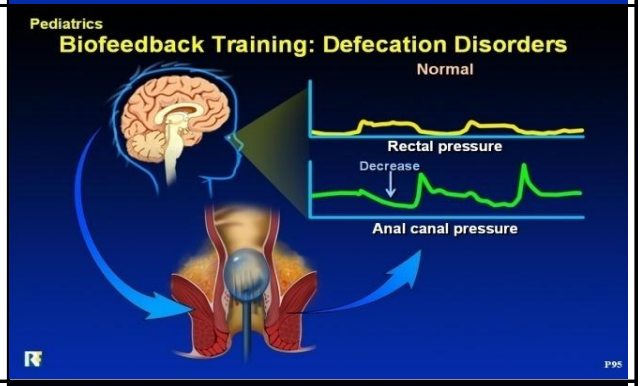
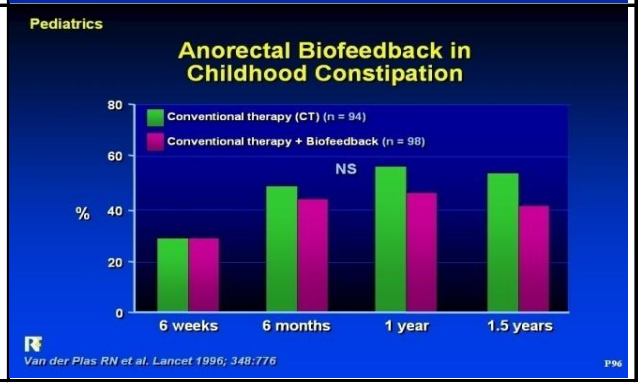
P79	Pediatric Functional Dyspepsia: Diagnostic Criteria	
P80	Accommodation is Abnormal in 53% of Dyspeptic Children	
P81	Pediatric Functional Constipation: Diagnostic Criteria	

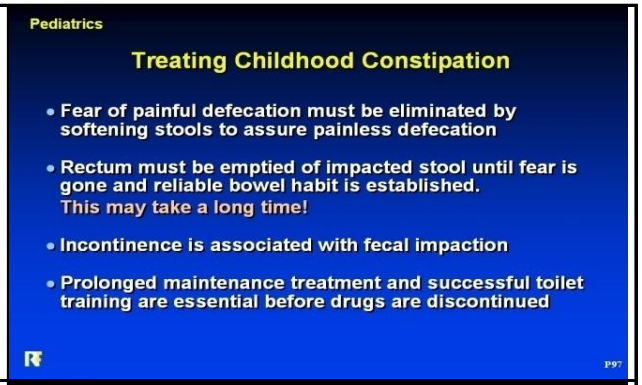
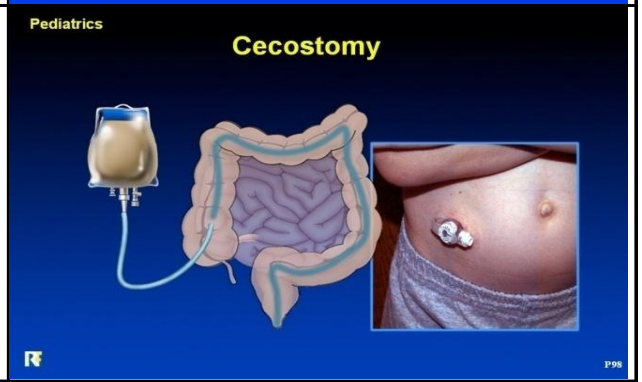
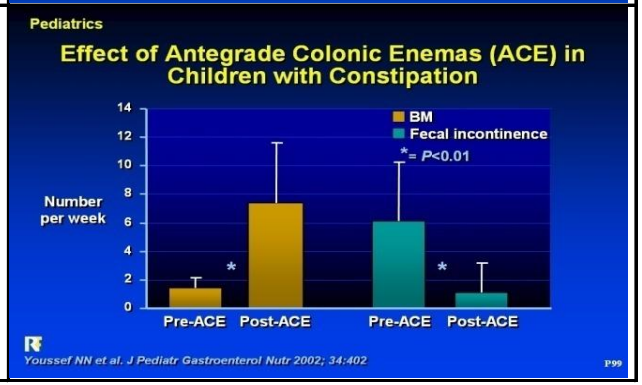
P82	Role of Genetics in Constipated Children	
P83	Age of Onset for Constipation	
P84	Population-Based Age Distribution of the Prevalence of Childhood Constipation	

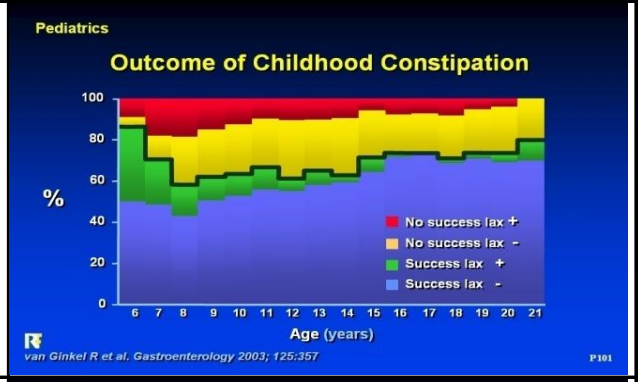
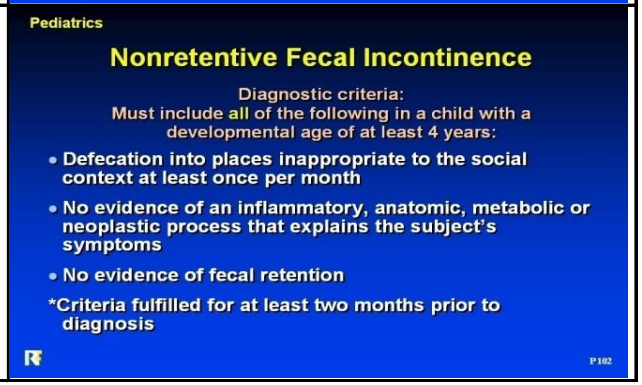
P85	Cow Milk Intolerance and Chronic Constipation in Children	
P86	Pediatric Functional Constipation: Parents' Reported Quality of Life	
P87	Retentive Posturing	

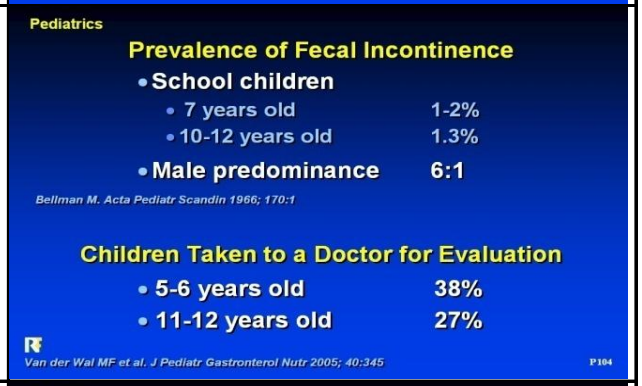
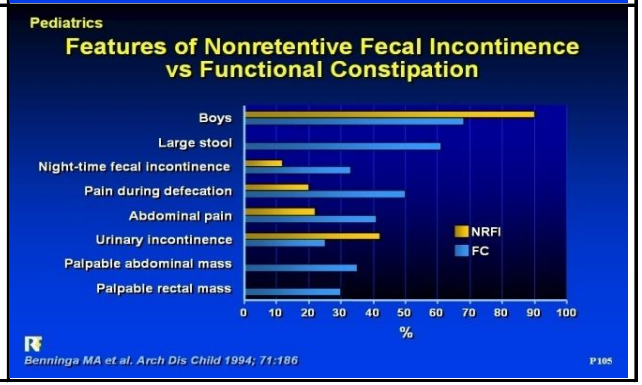
P88	Symptoms of Pediatric Functional Constipation	
P89	Long-Term Pediatric Functional Constipation	
P90	Volume at Urge to Defecate in Children with Functional Constipation	

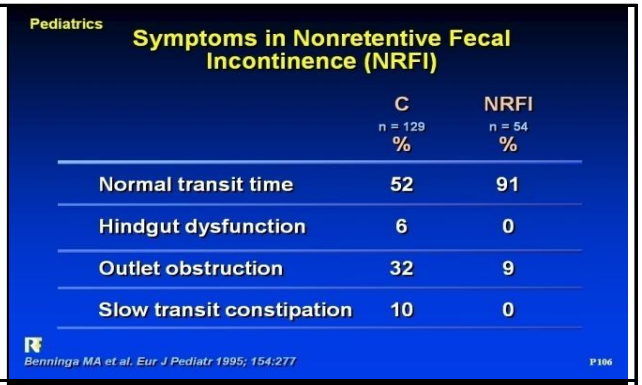
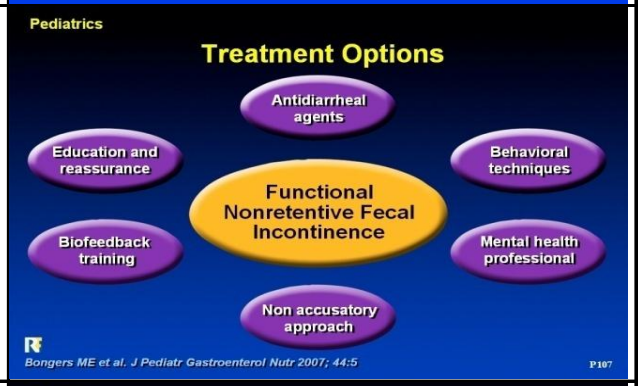
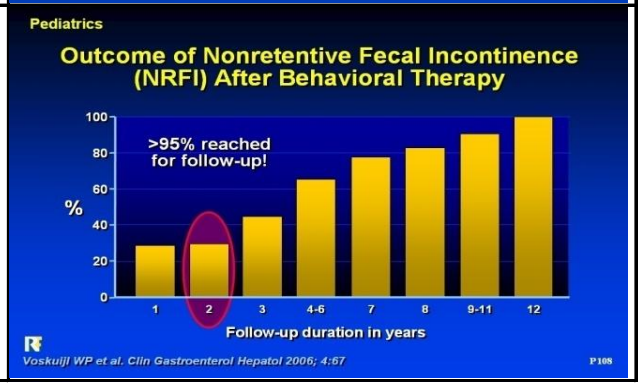
P91	Disimpaction: Dose Response to PEG 3350-Pediatric	
P92	Effect of PEG 3350 With Electrolytes vs Lactulose-Pediatric	
P93	Effect of PEG 3350 vs Milk of Magnesia-Pediatric	

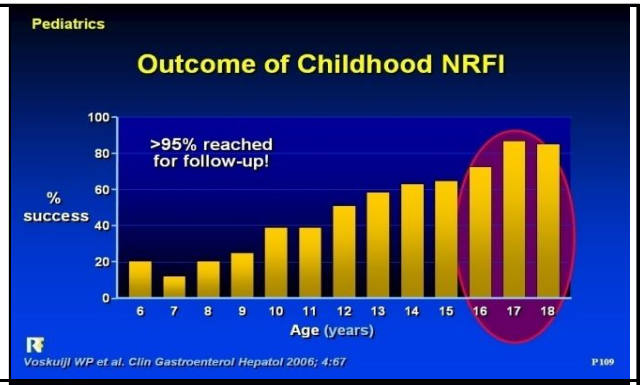
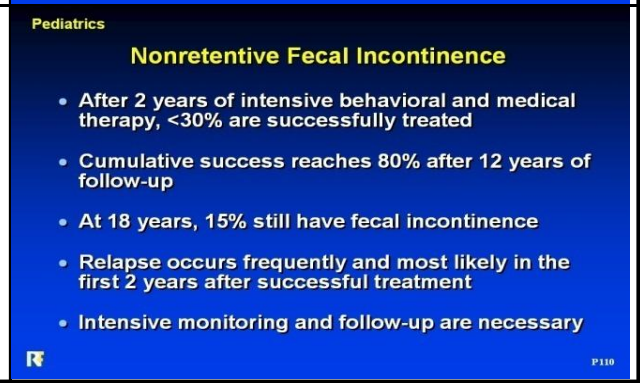
P94	Biofeedback Training: Defecation Disorders-Pediatric-Part 1	
P95	Biofeedback Training: Defecation Disorders-Pediatric-Part 2	
P96	Anorectal Biofeedback in Childhood Constipation	

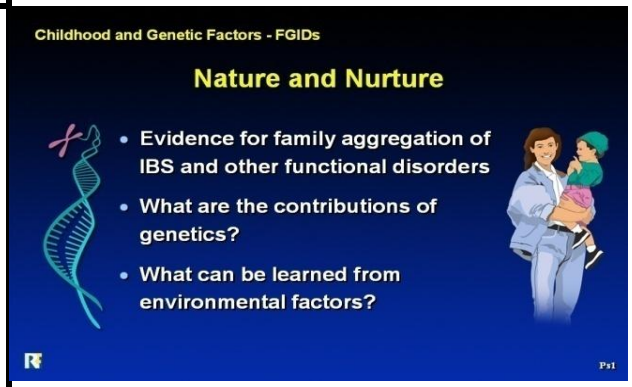
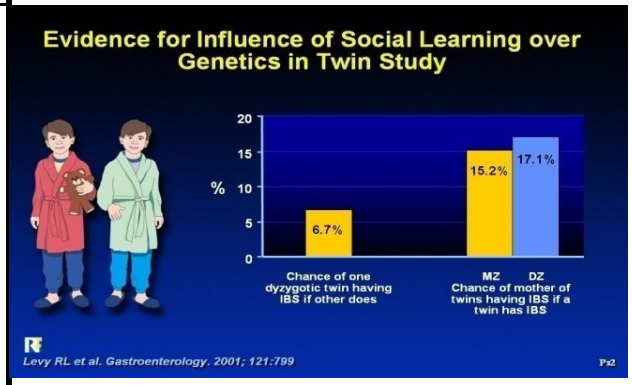
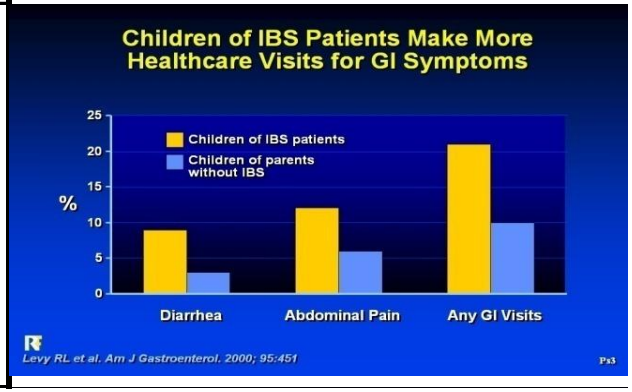
P97	Treating Childhood Constipation	
P98	Cecostomy	
P99	Effect of Antegrade Colonic Enemas (ACE) in Children with Constipation	

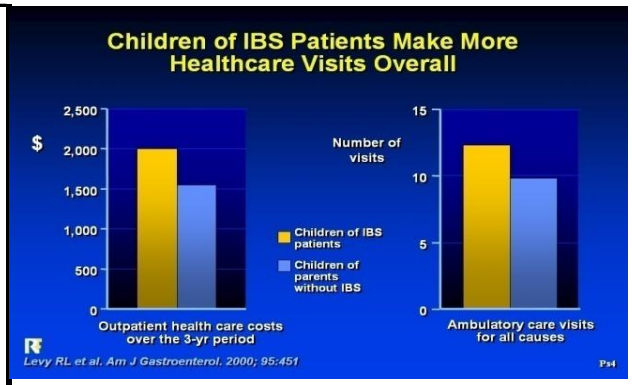
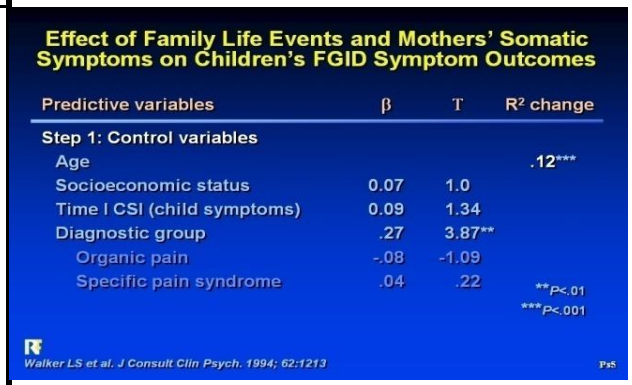
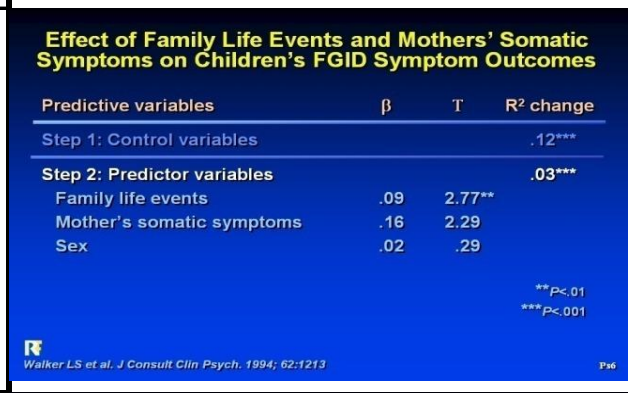
P100	Outcome of Child Constipation-Part 1	
P101	Outcome of Child Constipation-Part 2	
P102	Nonretentive Fecal Incontinence: Diagnostic Criteria	

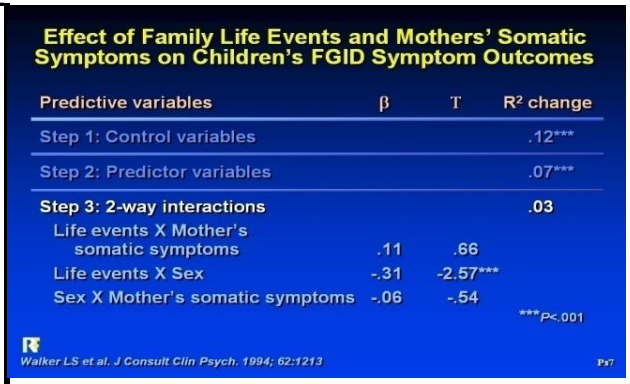
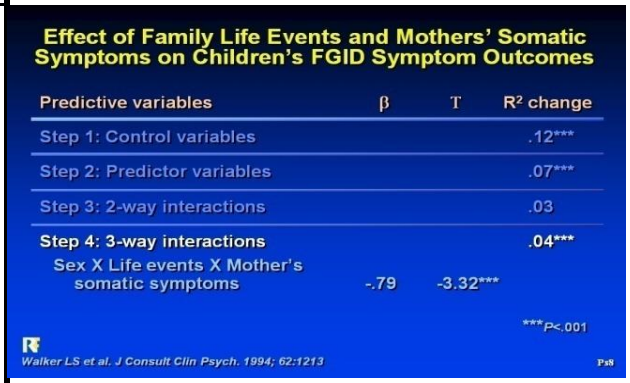
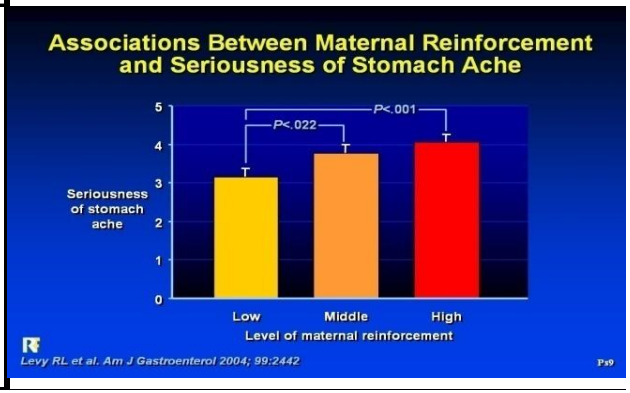
P103	Achievement of Bowel Control in Children	
P104	Prevalence of Fecal Incontinence in Children	
P105	Features of Nonretentive Fecal Incontinence (NRFI)	

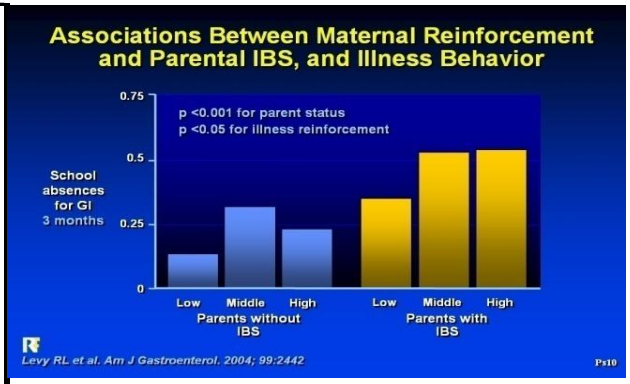
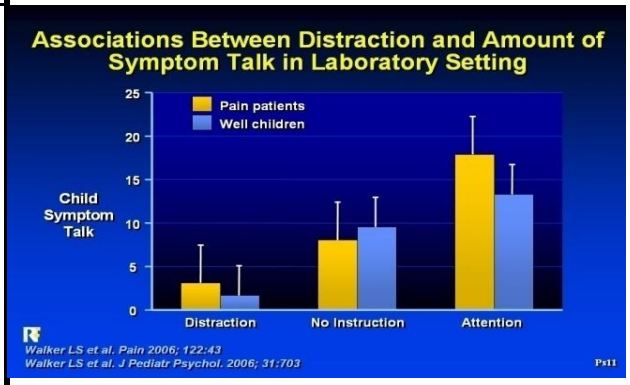
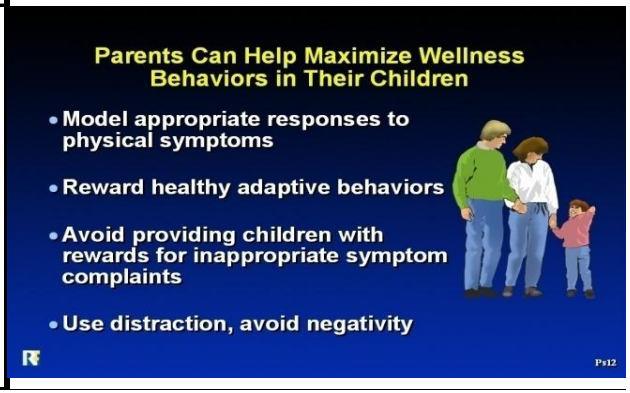
P106	Symptoms in Nonretentive Fecal Incontinence (NRFI)	
P107	Functional Nonretentive Fecal Incontinence: Treatment Options	
P108	Outcome of Nonretentive Fecal Incontinence (NRFI) After Behavioral Therapy	

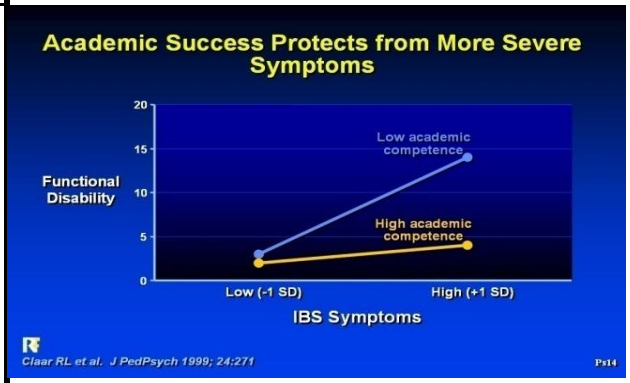
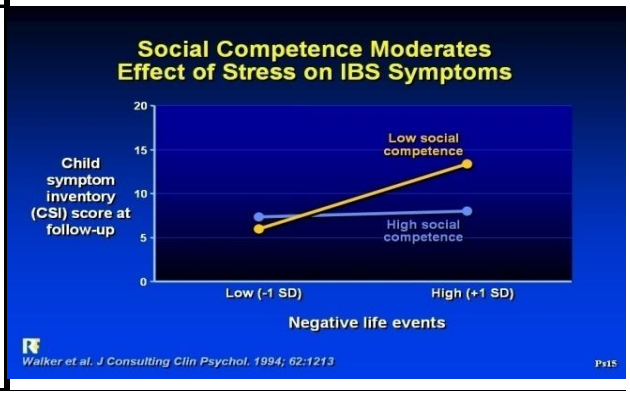
P109	Outcome of Childhood NRFI	
P110	Nonretentive Fecal Incontinence	

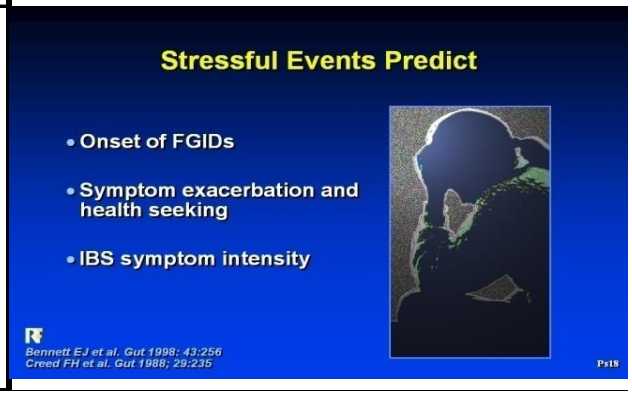
Slide Number	Slide Title	
Ps1	Nature and Nurture	
Ps2	Evidence for Influence of Social Learning Over Genetics in Twin Study	
Ps3	Children of IBS Patients Make More Health Care Visits for GI Symptoms	

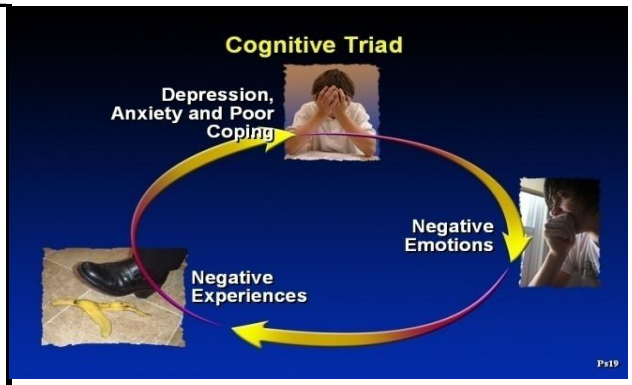
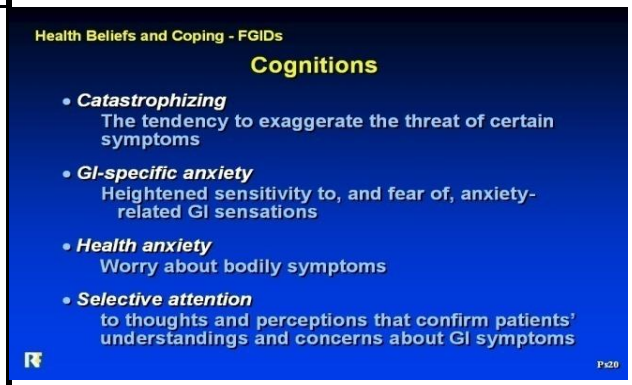
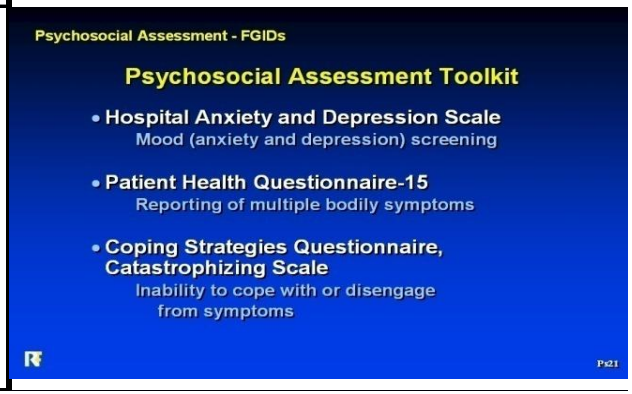
Ps4	Children of IBS Patients Make More Health Care Visits Overall	
Ps5	Effect of Family Life Events and Mothers' Somatic Symptoms on Children's FGID Symptom Outcomes-Slide 1 of 4	
Ps6	Effect of Family Life Events and Mothers' Somatic Symptoms on Children's FGID Symptom Outcomes-Slide 2 of 4	

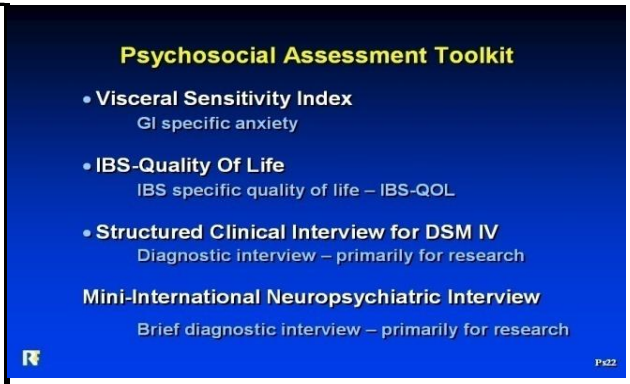
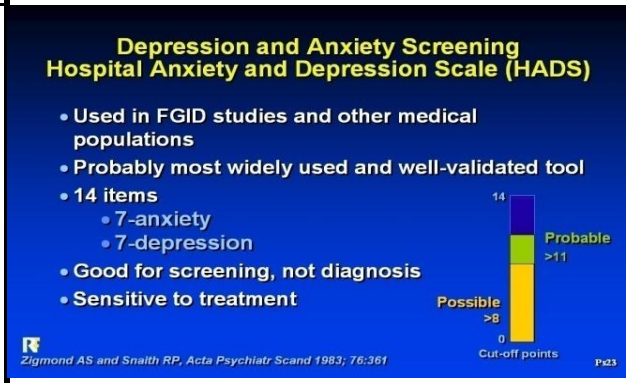
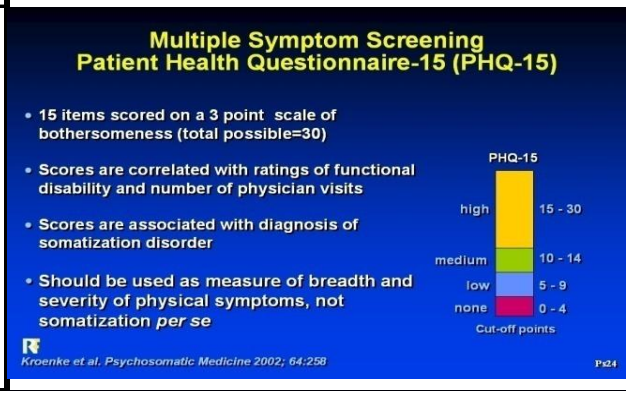
Ps7	Effect of Family Life Events and Mothers' Somatic Symptoms on Children's FGID Symptom Outcomes-Slide 3 of 4	
Ps8	Effect of Family Life Events and Mothers' Somatic Symptoms on Children's FGID Symptom Outcomes-Slide 4 of 4	
Ps9	Associations Between Maternal Reinforcement and Seriousness of Stomach Ache-Slide 1 of 2	

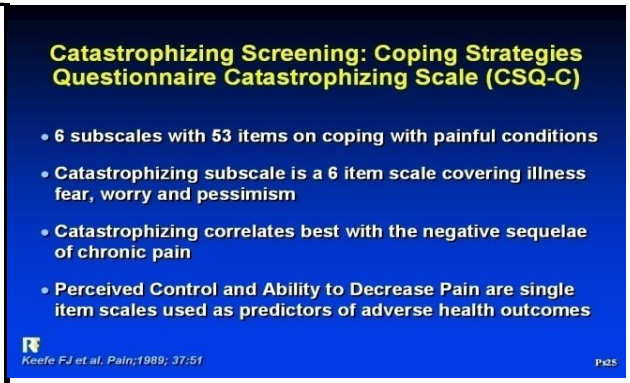
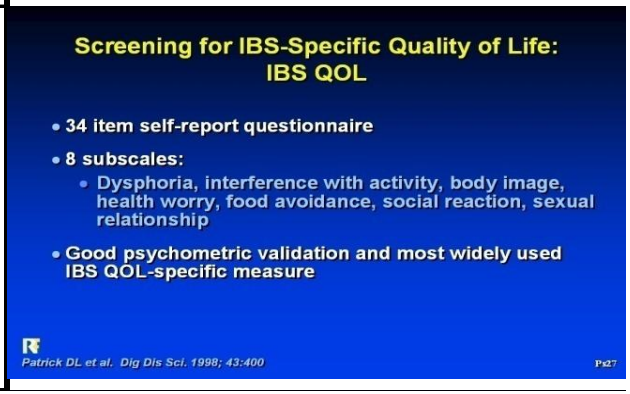
Ps10	Associations Between Maternal Reinforcement and Parental IBS, and Illness Behavior-Slide 2 of 2	
Ps11	Associations Between Distraction and Amount of Symptom Talk in Laboratory Setting	
Ps12	Parents Can Help Maximize Wellness Behaviors in Their Children	

Ps13	Associations Between Outcomes in FGIDs and Psychological Background in Adolescents	
Ps14	Academic Success Protects from More Severe Symptoms	
Ps15	Social Competence Moderates Effect of Stress on IBS Symptoms	

Ps16	Relationships Among Risk Factors and Outcomes in Children with FAP	
Ps17	Sexual and Physical Abuse	
Ps18	Stressful Events Predict: Onset of FGIDs, Symptom exacerbation & health seeking, & IBS symptom intensity	

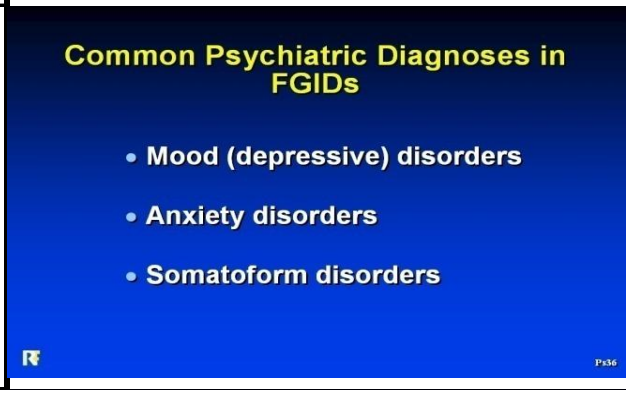
Ps19	Cognitive Triad	
Ps20	Health Beliefs & Coping-FGIDs-Cognitions	
Ps21	Psychosocial Assessment Toolkit-Slide 1 of 2	

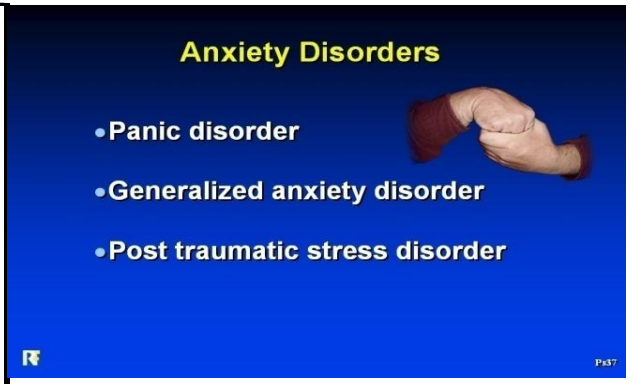
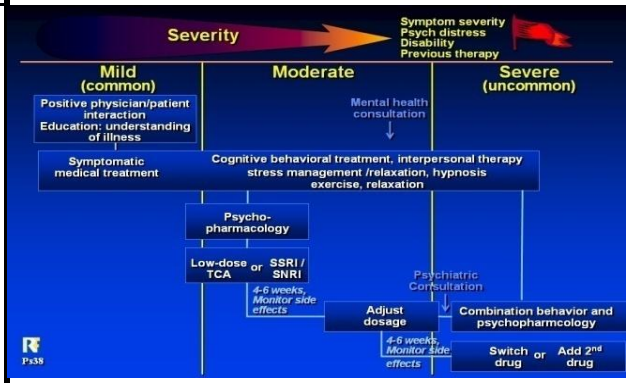
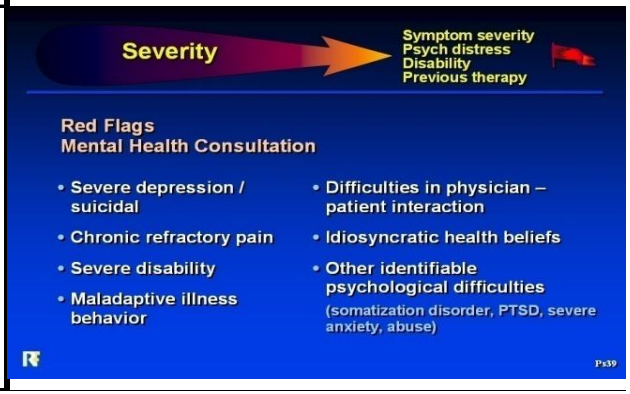
Ps22	Psychosocial Assessment Toolkit-Slide 2 of 2	
Ps23	Depression and Anxiety Screening: Hospital Anxiety and Depression Scale (HADS)	
Ps24	Multiple Symptom Screening: Patient Health Questionnaire-15 (PHQ-15)	

Ps25	Catastrophizing Screening: Coping Strategies Questionnaire-Catastrophizing Scale (CSQ-C)	
Ps26	Symptom-Specific Anxiety: Visceral Sensitivity Index (VSI)	
Ps27	Screening for IBS-Specific Quality of Life: IBS QOL	

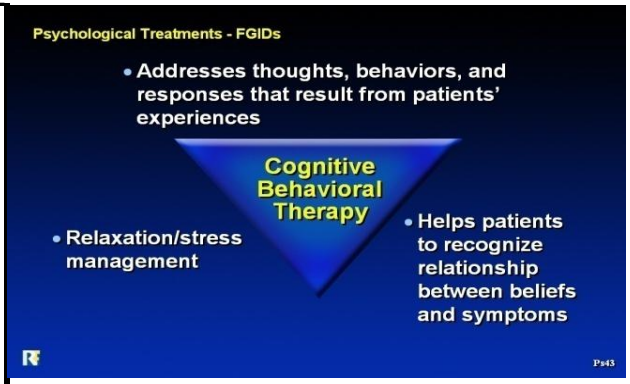
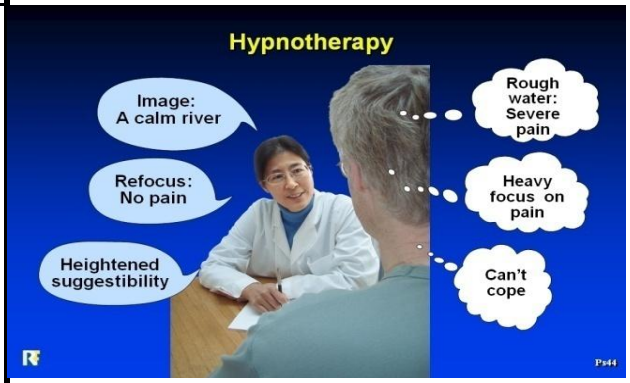
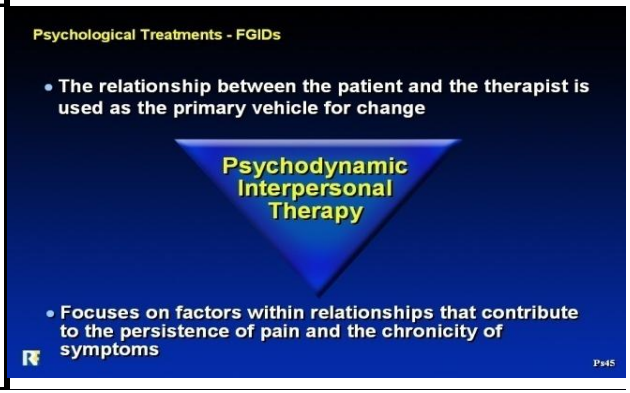
Ps28	Structured Clinical Interview for DSM (SCID)	
Ps29	Mini-International Neuropsychiatric Interview (MINI)	
Ps30	IBS - Patient's Agenda	

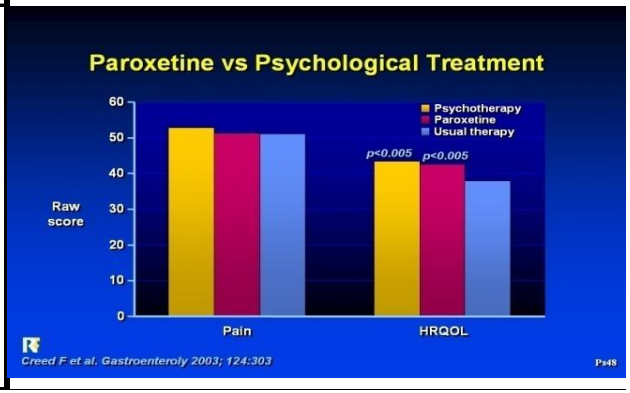
Ps31	IBS - Doctor's Agenda	
Ps32	A Typical Scenario: Physician Reaction	
Ps33	Psychological Comorbidity: Let's Get Focused	

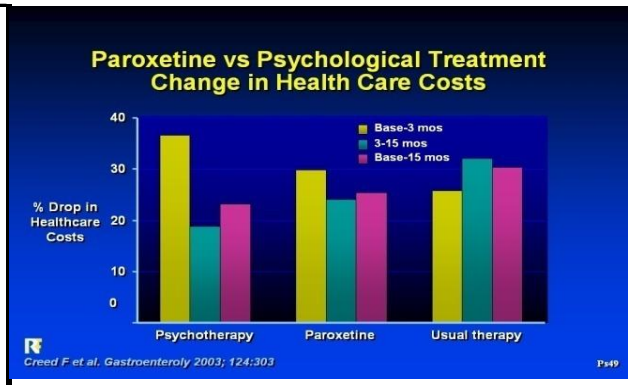
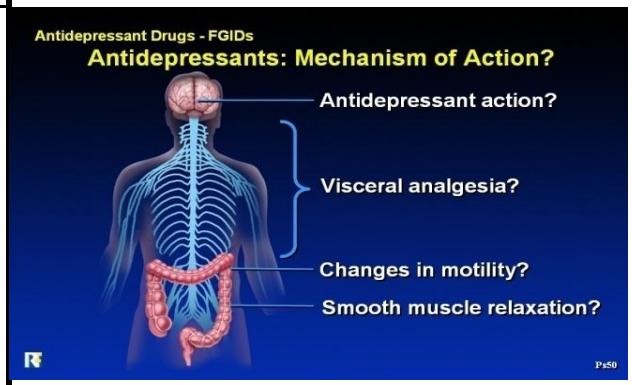
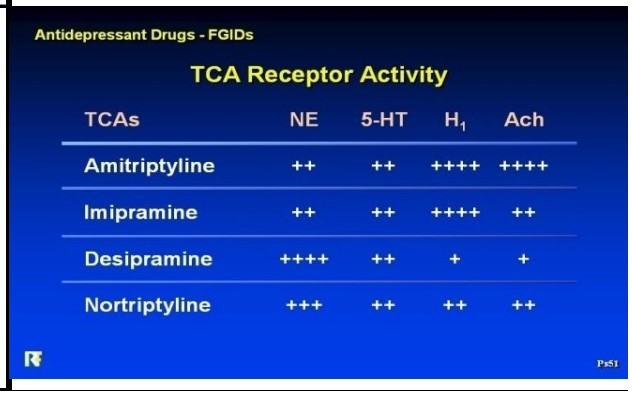
Ps34	Psychological Comorbidity: Approach	
Ps35	What the Doctor Says - What the Patient Hears	
Ps36	Common Psychiatric Diagnoses in FGIDs	

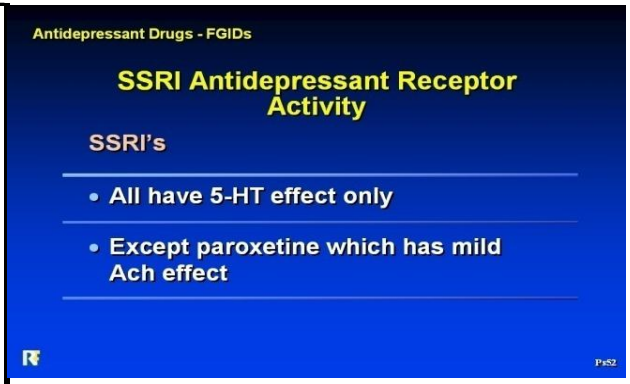
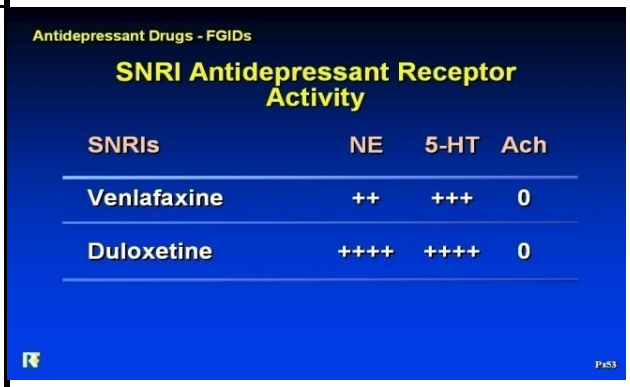
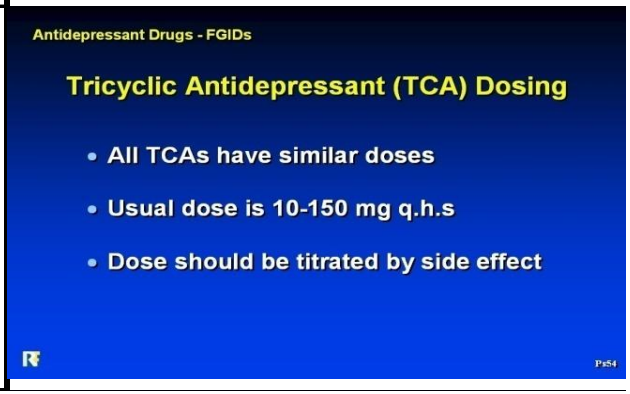
Ps37	Anxiety Disorders	
Ps38	A Treatment Algorithm for Patients with FGIDs	
Ps39	Red Flags – Mental Health Consultation	

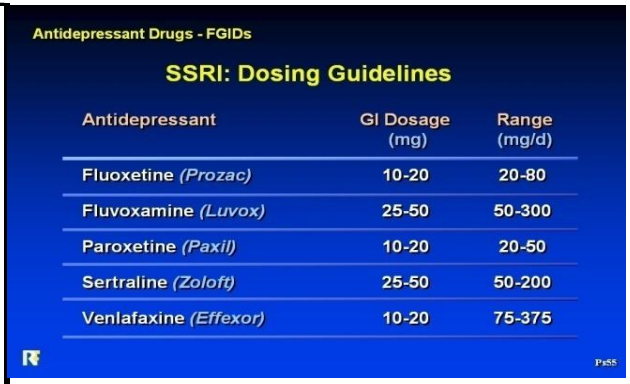
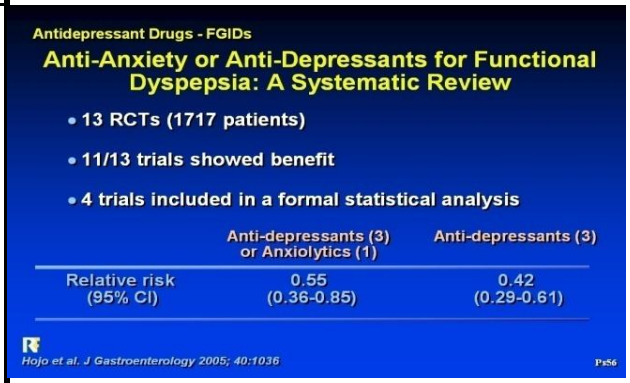
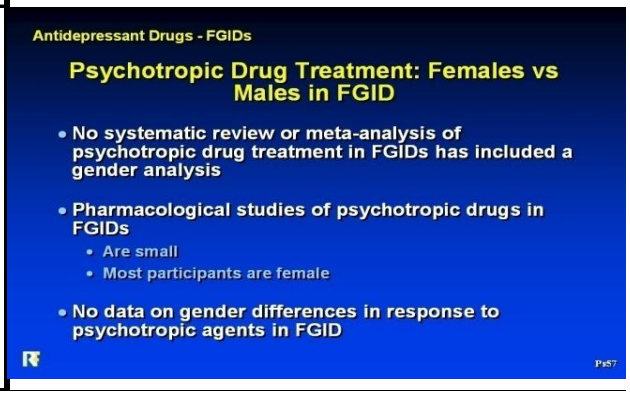
Ps40	Targets for Psychological Treatment of FGIDs	
Ps41	Psychological Treatment Components	
Ps42	Barriers to Psychotherapy	

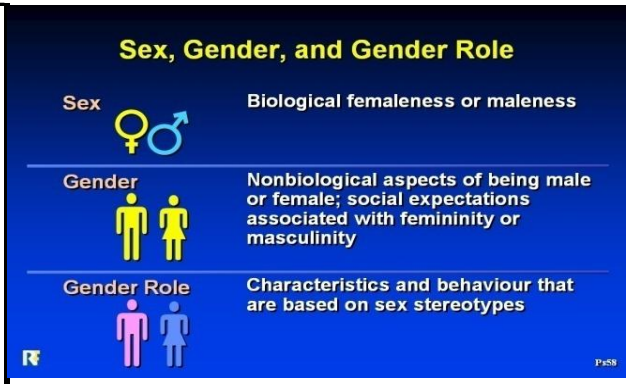
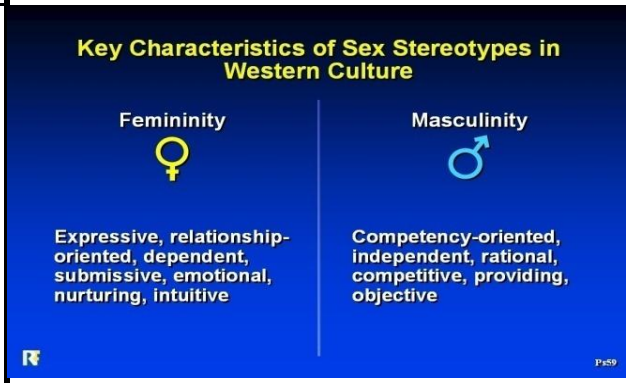
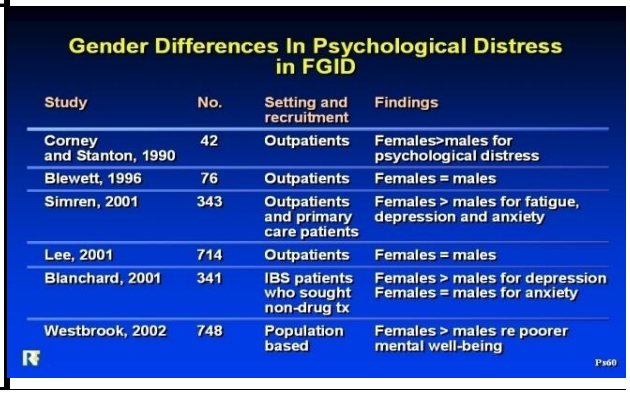
Ps43	Cognitive Behavioral Therapy	
Ps44	Hypnotherapy	
Ps45	Psychodynamic Interpersonal Therapy	

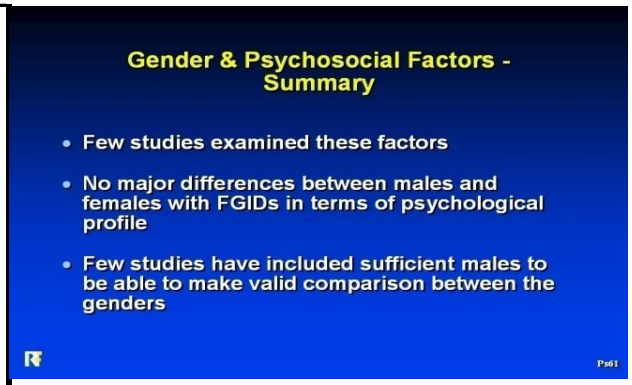
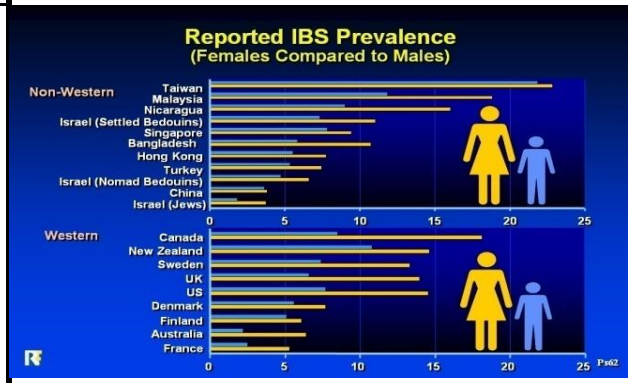
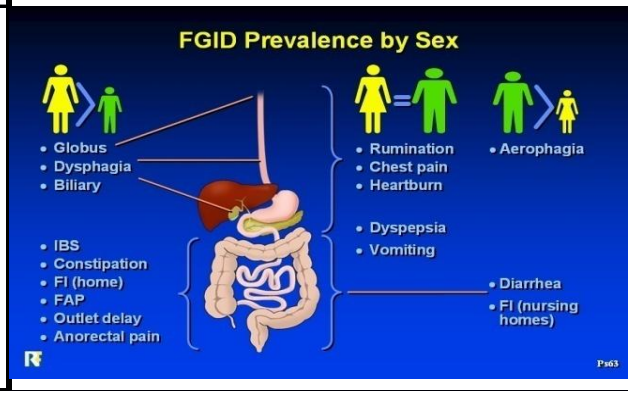
Ps46	Response to Psychological Treatment: Women versus Men	
Ps47	Future Research Directions	
Ps48	Paroxetine vs Psychological Treatment-Slide 1 of 2	

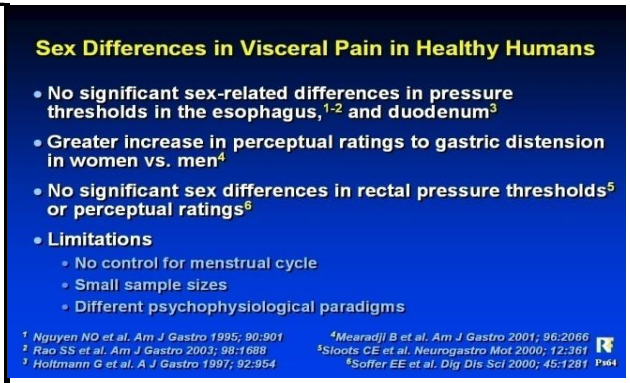
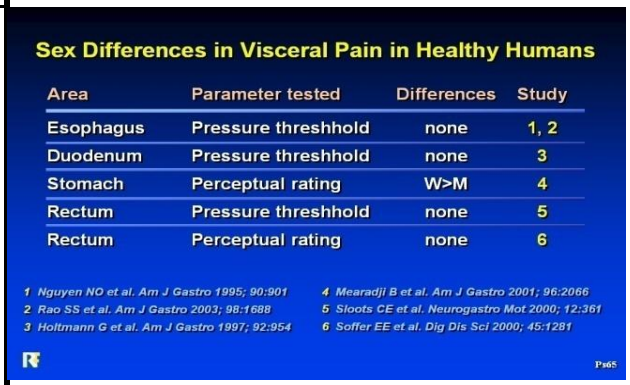
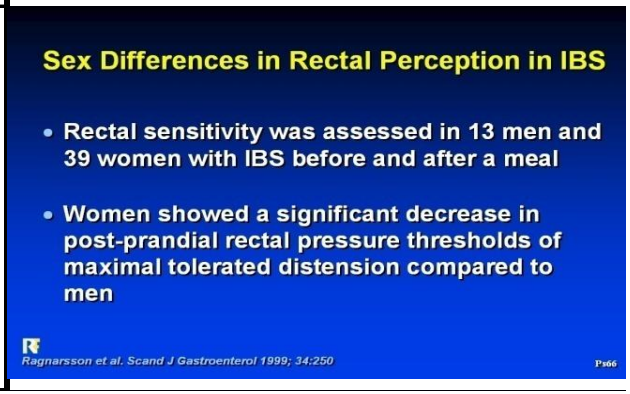
Ps49	Paroxetine vs Psychological Treatment Change in Health Care Costs-Slide 2 of 2	
Ps50	Antidepressants: Mechanism of Action?	
Ps51	TCA Receptor Activity	

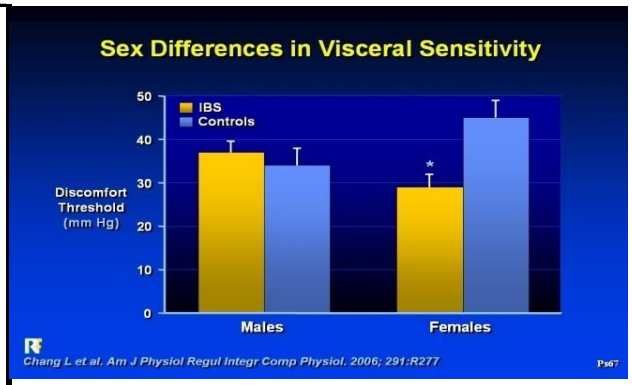
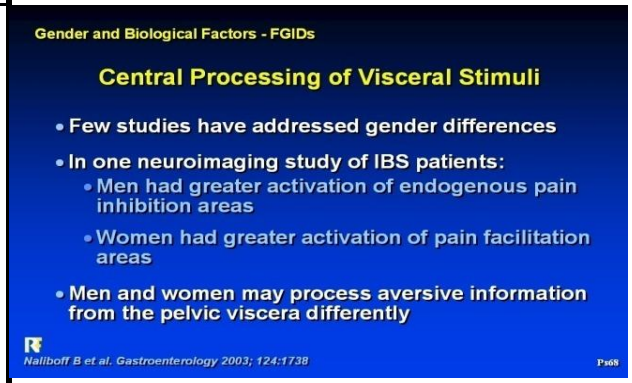
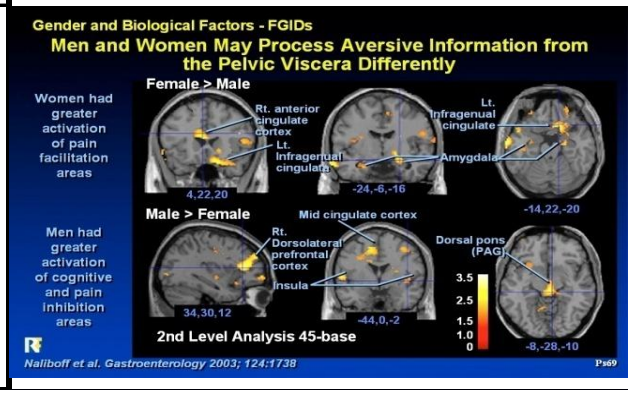
Ps52	SSRI Antidepressant Receptor Activity	
Ps53	SNRI Antidepressant Receptor Activity	
Ps54	Tricyclic Antidepressant (TCA) Dosing	

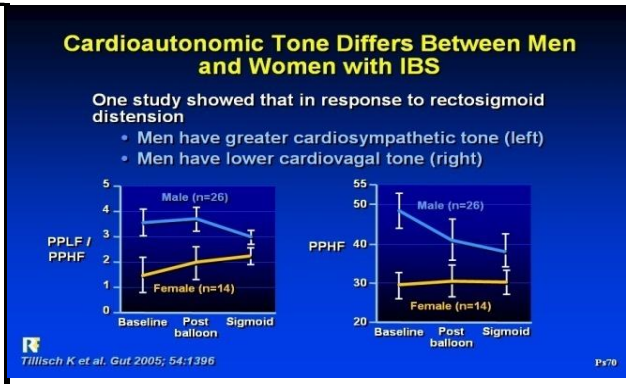
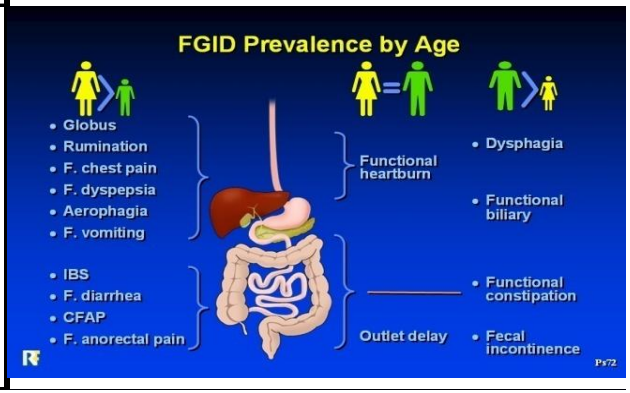
Ps55	SSRI: Dosing Guidelines	
Ps56	Anti-anxiety or Antidepressants for Functional Dyspepsia: A Systematic Review	
Ps57	Psychotropic Drug Treatment: Females vs Males in FGIDs	

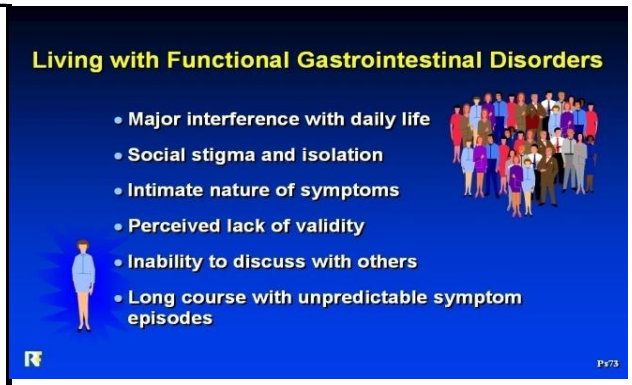
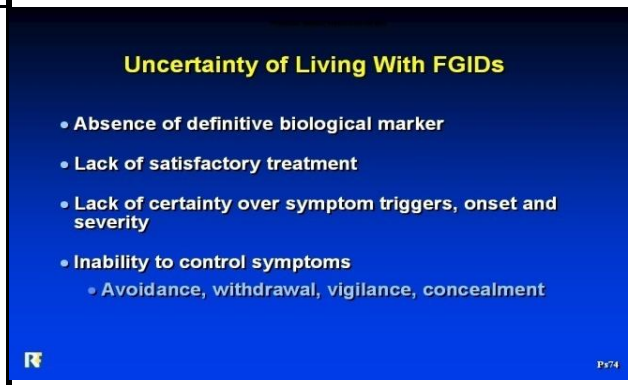
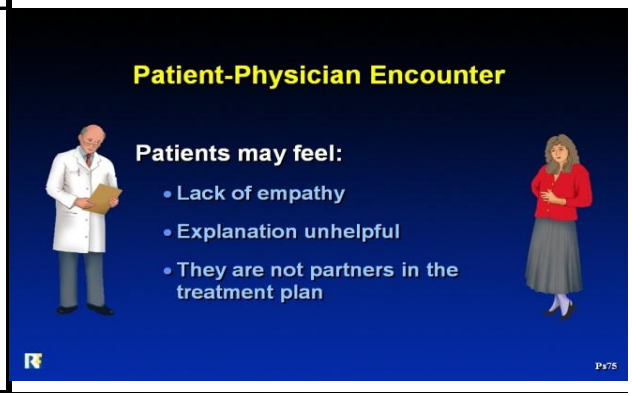
Ps58	Sex, Gender, and Gender Role	
Ps59	Key Characteristics of Sex Stereotypes in Western Culture	
Ps60	Gender Differences in Psychological Distress in FGIDs	

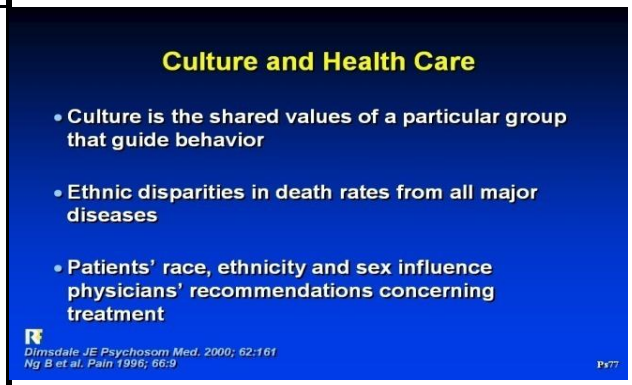
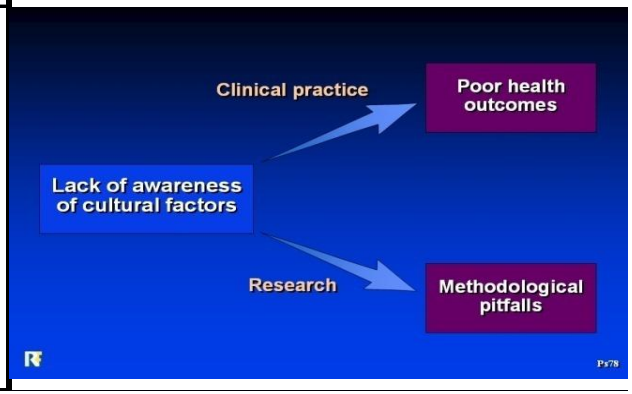
Ps61	Gender & Psychosocial Factors - Summary	
Ps62	Reported IBS Prevalence: Females Compared to Males	
Ps63	FGID Prevalence by Sex	

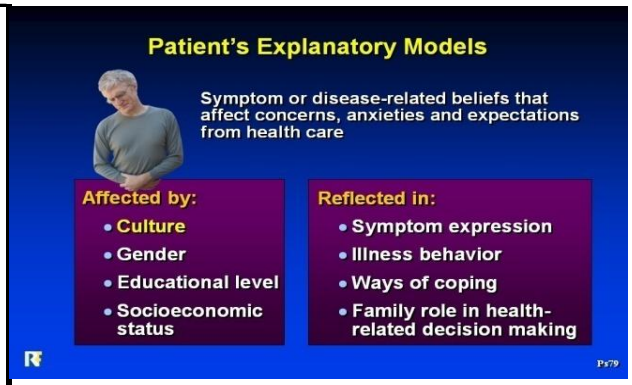
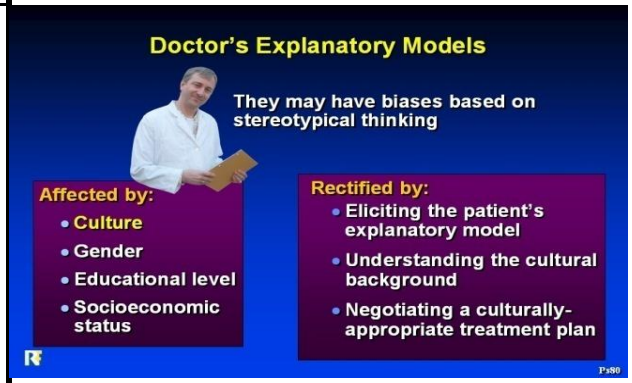
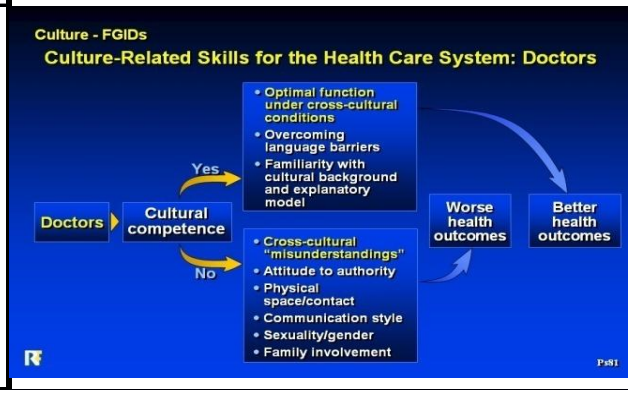
Ps64	Sex Differences in Visceral Pain in Healthy Humans-Slide 1 of 2	
Ps65	Sex Differences in Visceral Pain in Healthy Humans-Slide 2 of 2	
Ps66	Sex Differences in Rectal Perception in IBS	

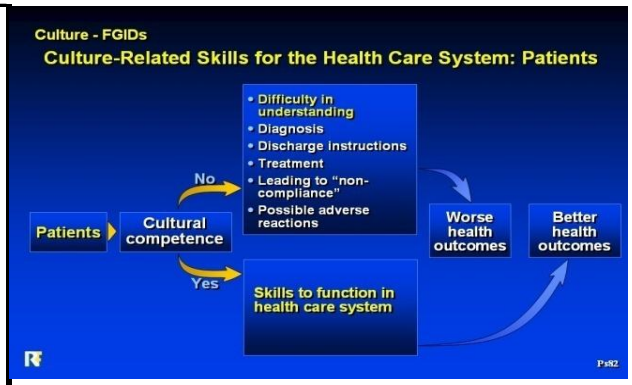
Ps67	Sex Differences in Visceral Sensitivity	
Ps68	Central Processing of Visceral Stimuli	
Ps69	Men and Women May Process Aversive Information from the Pelvic Viscera Differently	

Ps70	Cardioautonomic Tone Differs Between Men and Women with IBS	
Ps71	Social Factors	
Ps72	FGID Prevalence by Age	

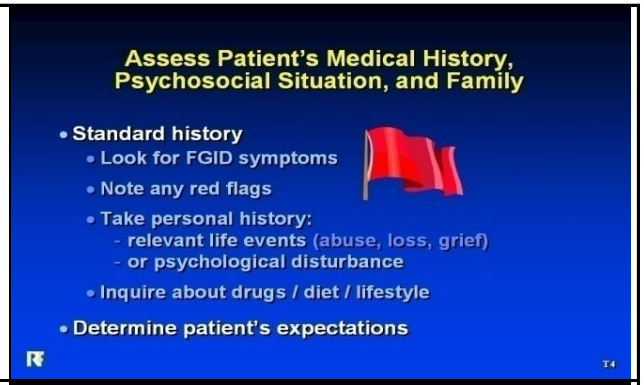
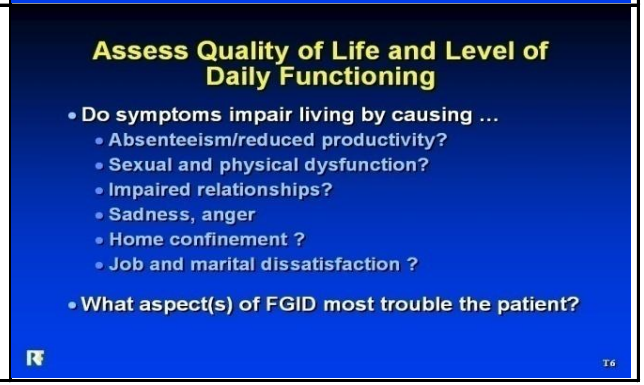
Ps73	Living with Functional Gastrointestinal Disorders	
Ps74	Uncertainty of Living With FGIDs	
Ps75	Patient-Physician Encounter	

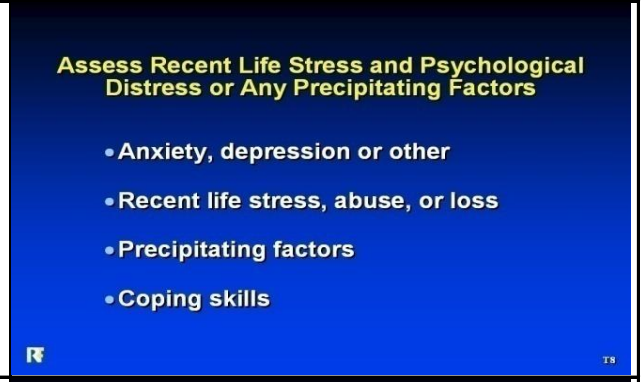
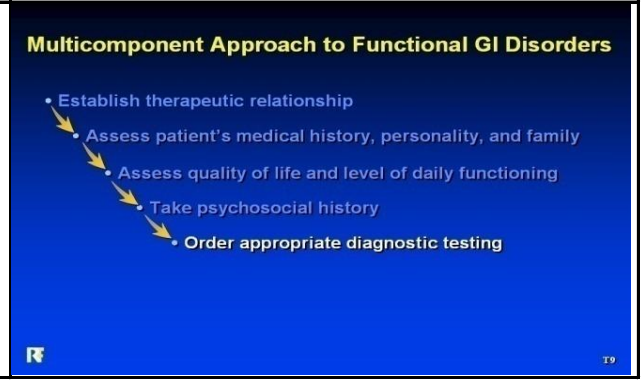
Ps76	Patient-Physician Partnership	
Ps77	Culture and Health Care	
Ps78	Lack of Awareness of Cultural Factors	

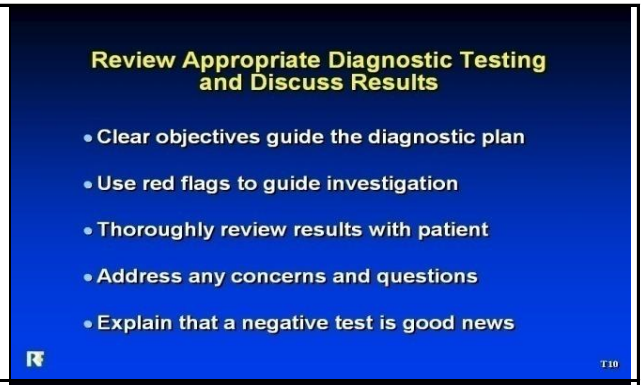
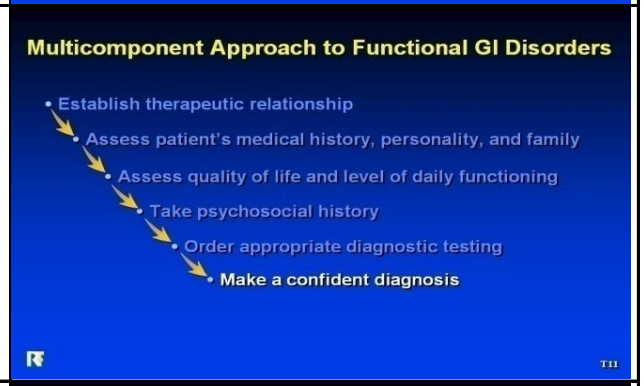
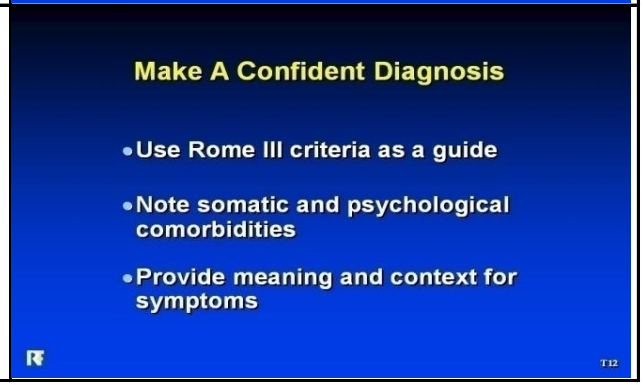
Ps79	Patients' Explanatory Models	
Ps80	Doctors' Explanatory Models	
Ps81	Culture-Related Skills for the Health Care System: Doctors	

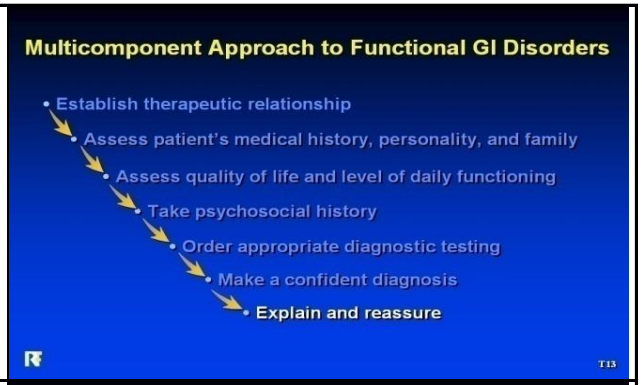
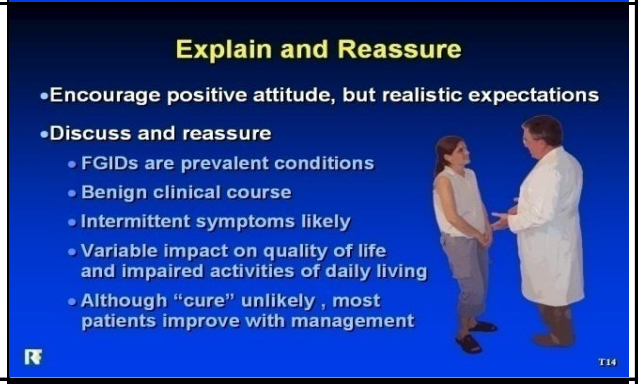
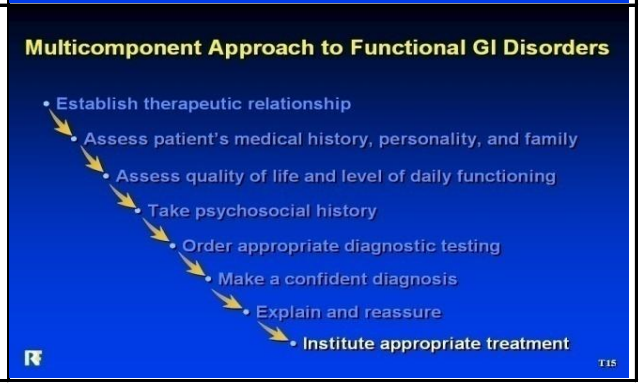
Ps82	Culture-Related Skills for the Health Care System: Patients	
Ps83	Cross-Cultural Research Competence	
Ps84	Summary	

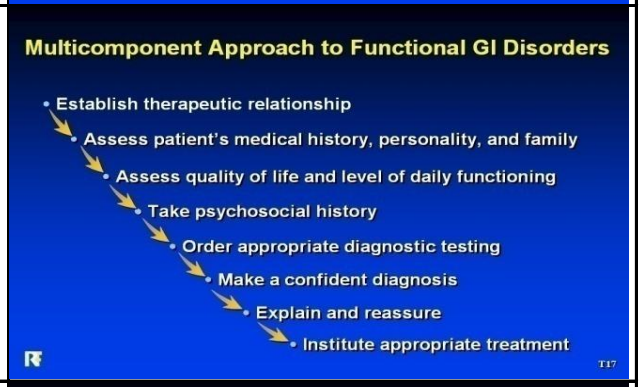
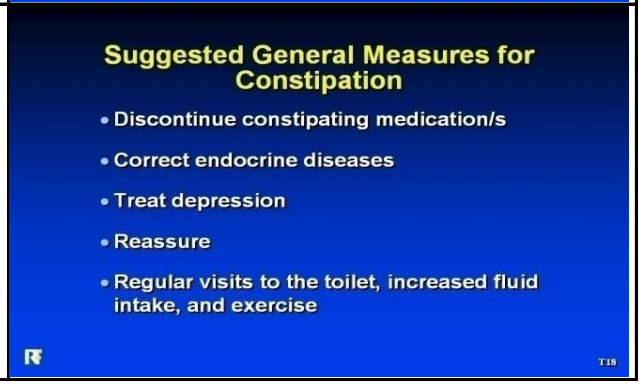
Slide Number	Slide Title	Slide Image
T1	Multicomponent Approach to Functional GI Disorders-Slide 1 of 9	
T2	Establish Therapeutic Relationship	
T3	Multicomponent Approach to Functional GI Disorders-Slide 2 of 9	

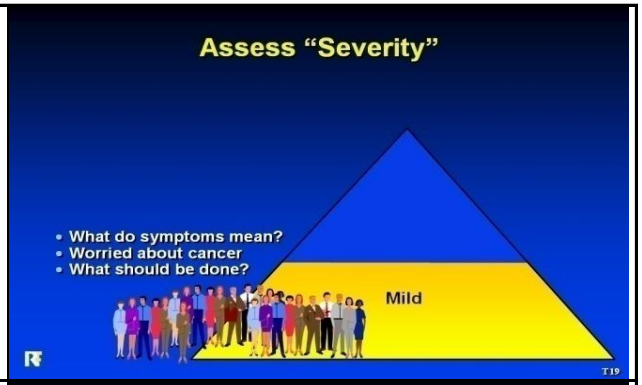
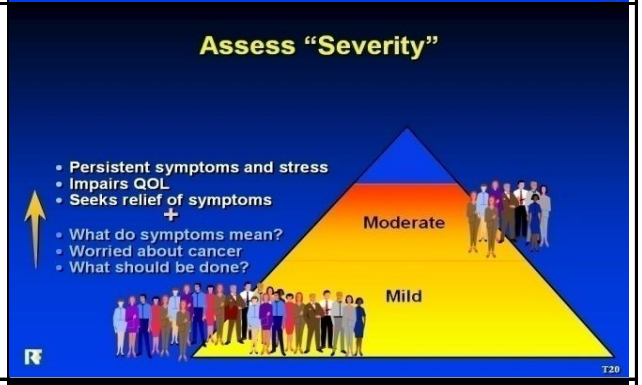
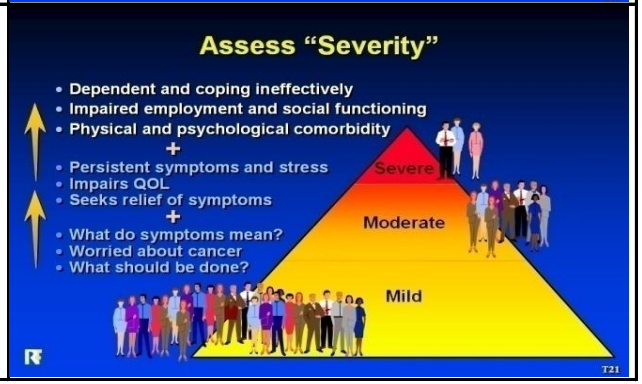
T4	Assess Patient's Medical History, Psychosocial Situation, and Family	
T5	Multicomponent Approach to Functional GI Disorders-Slide 3 of 9	
T6	Assess Quality of Life and Level of Daily Functioning	

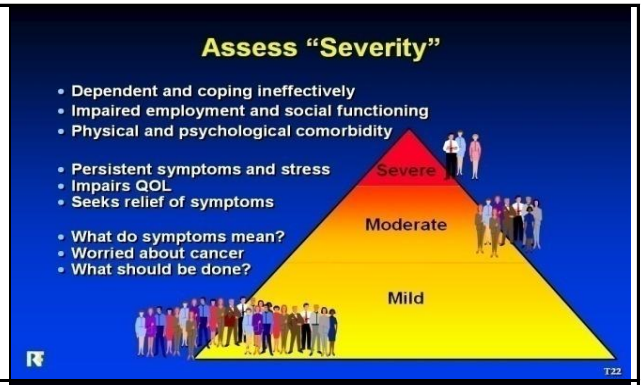
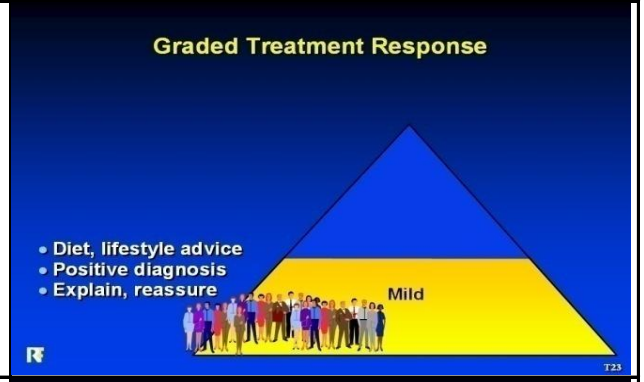
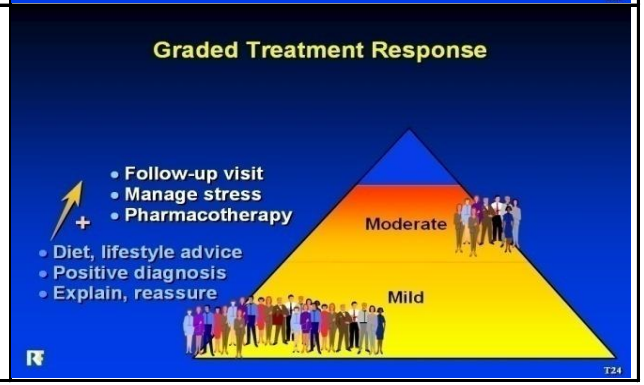
T7	Multicomponent Approach to Functional GI Disorders-Slide 4 of 9	
T8	Assess Recent Life Stress and Psychological Distress or Any Precipitating Factors	
T9	Multicomponent Approach to Functional GI Disorders-Slide 5 of 9	

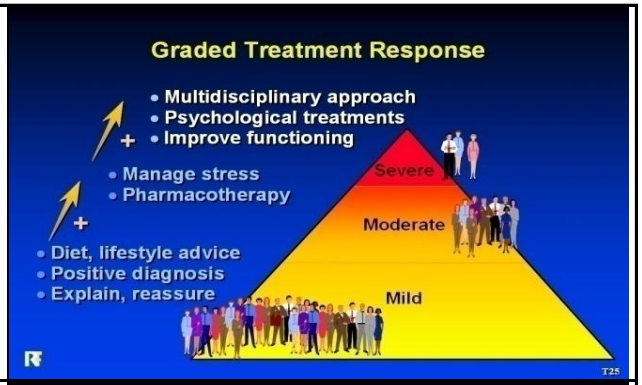
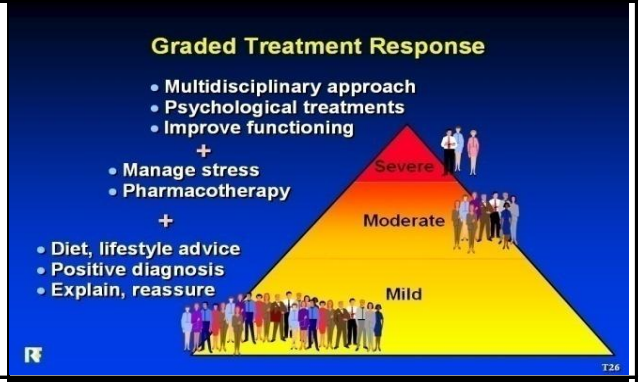
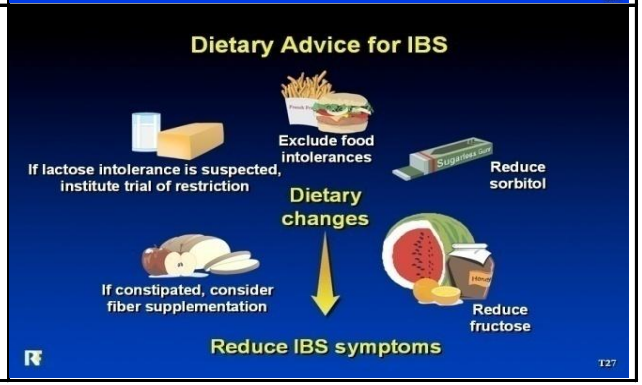
T10	Review Appropriate Diagnostic Testing and Discuss Results	
T11	Multicomponent Approach to Functional GI Disorders-Slide 6 of 9	
T12	Make A Confident Diagnosis	

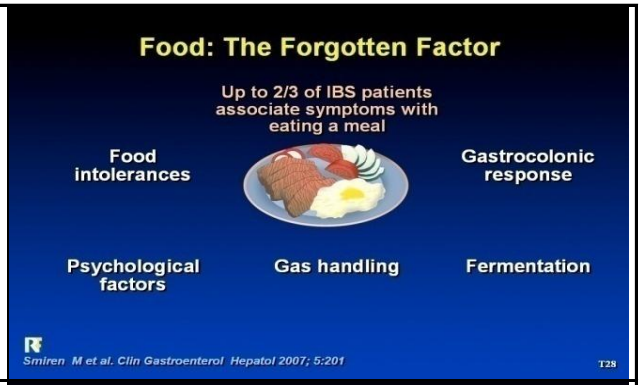
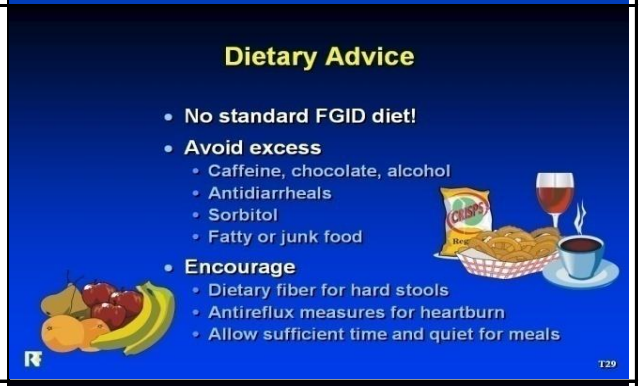
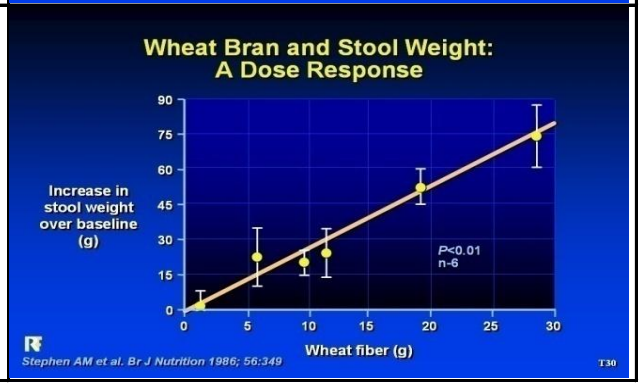
T13	Multicomponent Approach to Functional GI Disorders-Slide 7 of 9	
T14	Explain and Reassure	
T15	Multicomponent Approach to Functional GI Disorders-Slide 8 of 9	

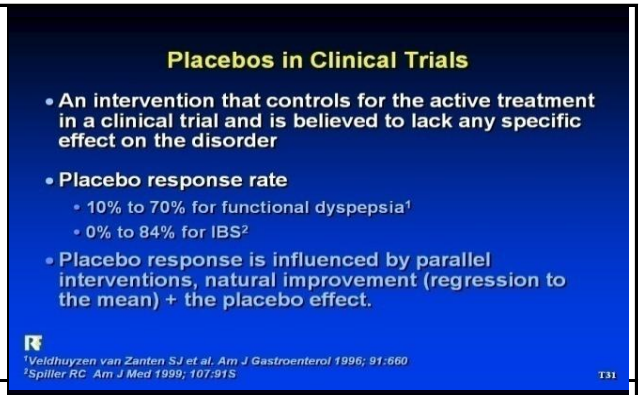
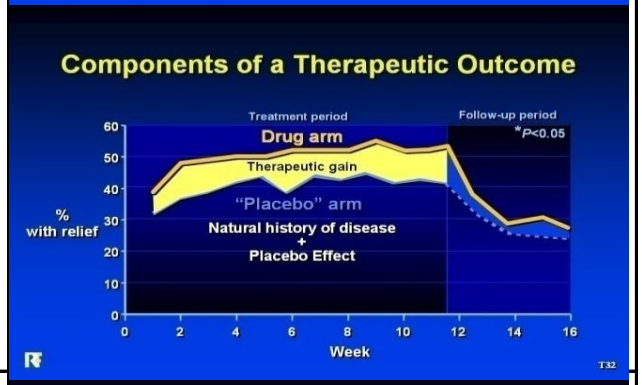
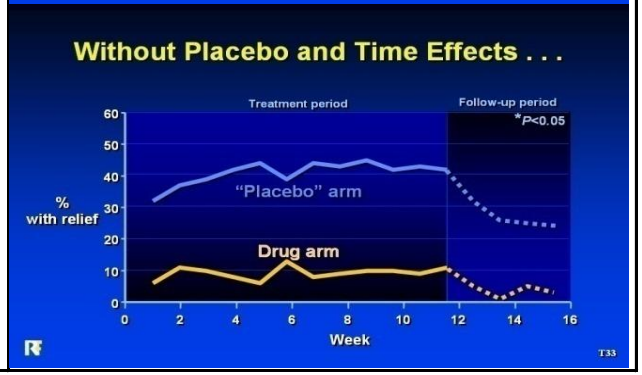
T16	Institute Appropriate Treatment	
T17	Multicomponent Approach to Functional GI Disorders: Summary Slide-Slide 9 of 9	
T18	Suggested General Measures for Constipation	

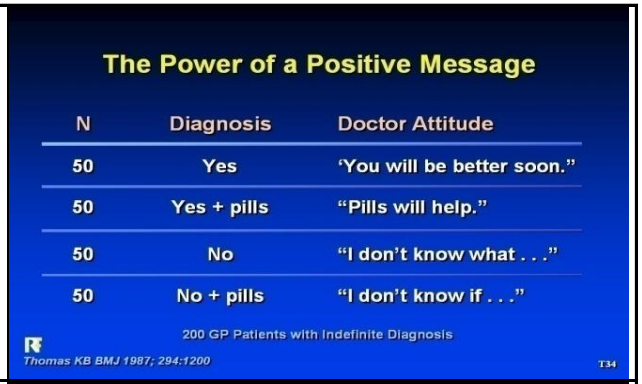
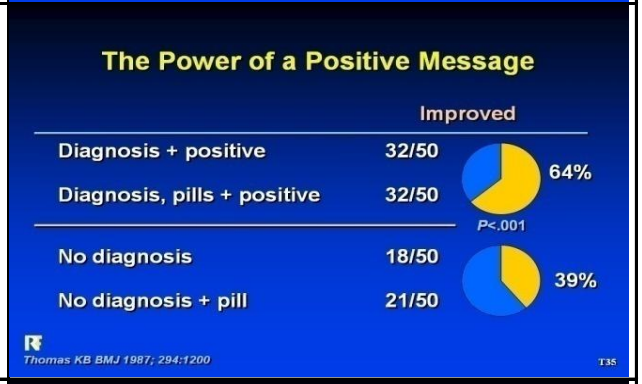
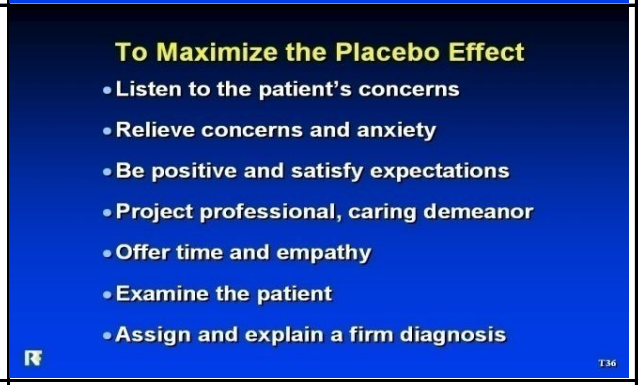
T19	Assess “Severity”: Mild-Slide 1 of 4	
T20	Assess “Severity”: Moderate-Slide 2 of 4	
T21	Assess “Severity”: Severe-Slide 3 of 4	

T22	Assess “Severity”: Mild, Moderate, Severe-Slide 4 of 4	
T23	Graded Treatment-Slide 1 of 4	
T24	Graded Treatment Response-Slide 2 of 4	

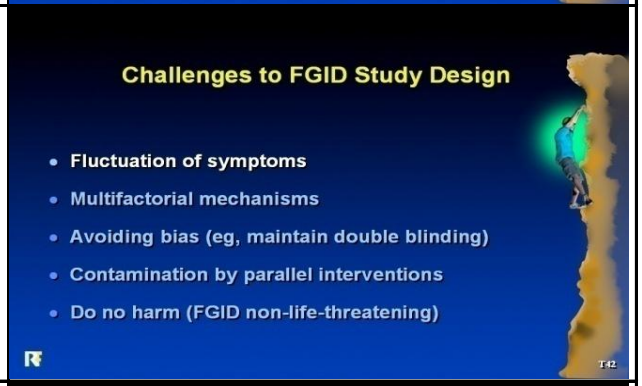
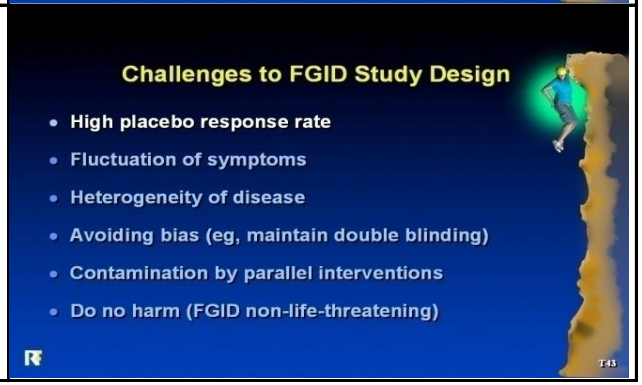
T25	Graded Treatment Response-Slide 3 of 4	
T26	Graded Treatment Response-Slide 4 of 4	
T27	Dietary Advice for IBS	

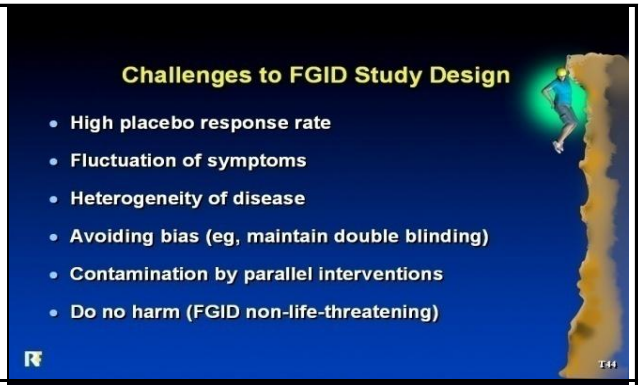
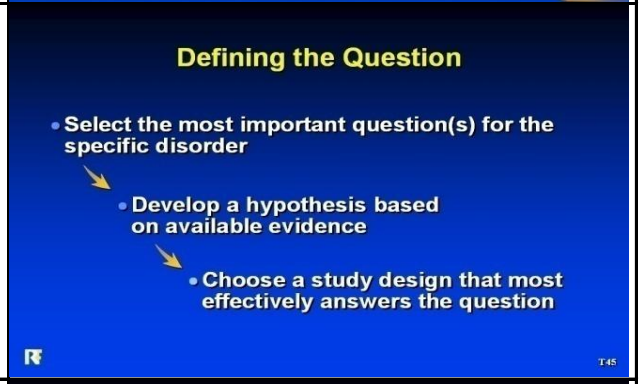
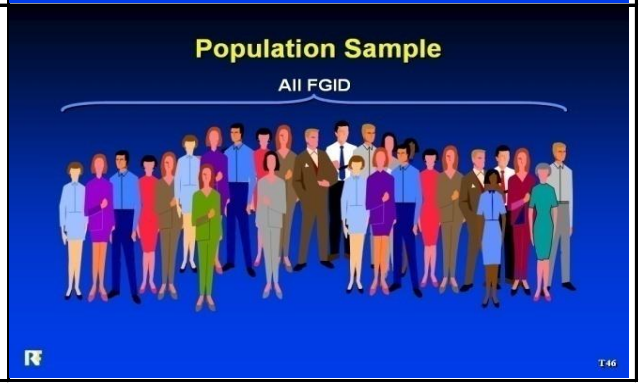
T28	Food: The forgotten Factor	
T29	Dietary Advice	
T30	Wheat Bran and Stool Weight: A Dose Response	

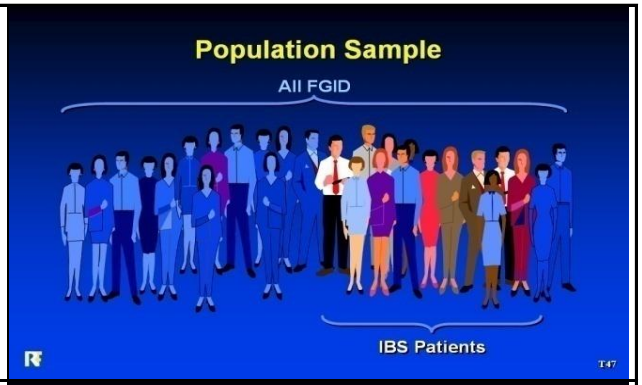
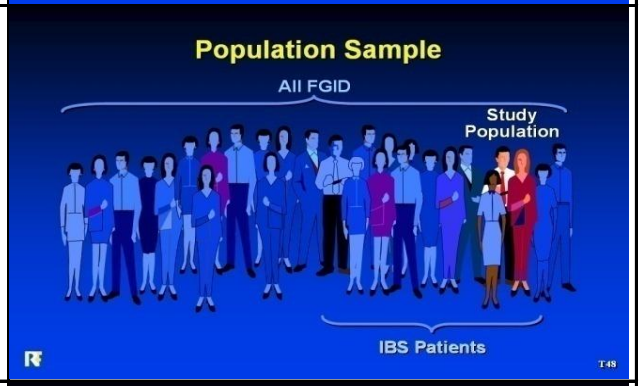
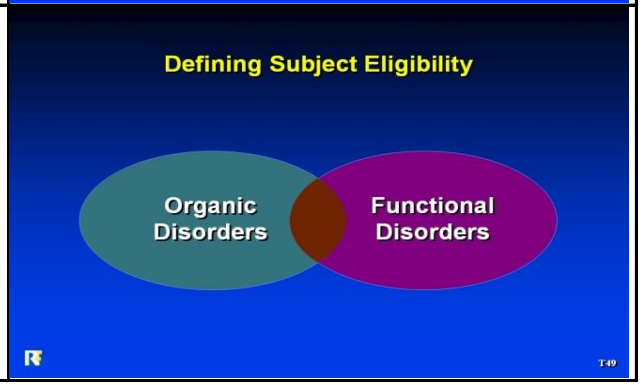
T31	Placebos in Clinical Trials	
T32	Components of a Therapeutic Outcome-Slide 1 of 2	
T33	Without Placebo and Time Effects . . .-Slide 2 of 2	

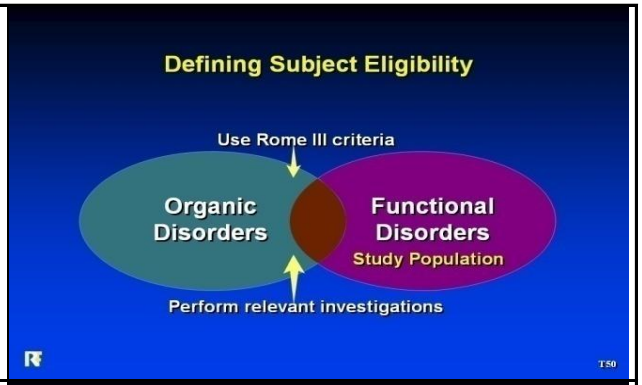
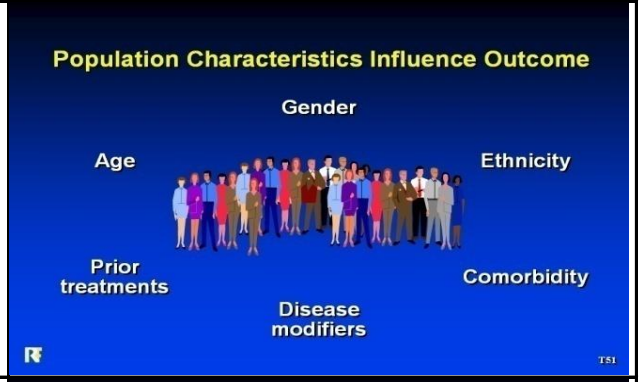
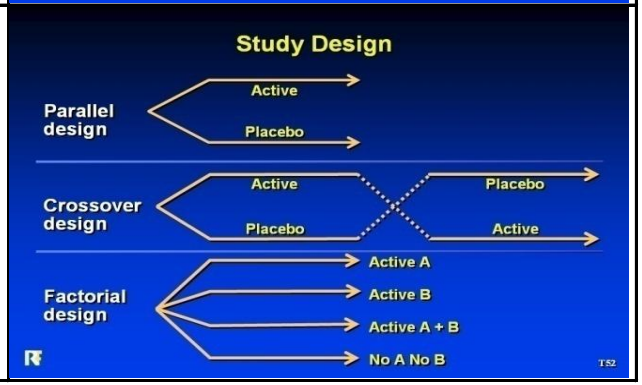
T34	The Power of a Positive Message-Slide 1 of 2	
T35	The Power of a Positive Message-Slide 2 of 2	
T36	To Maximize the Placebo Effect	
T37	Section Title-Design of Treatment Trials	

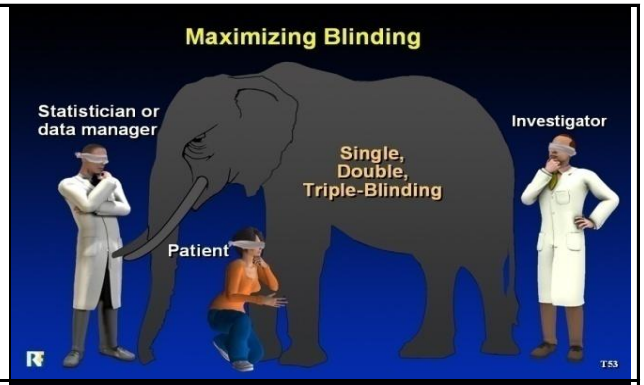
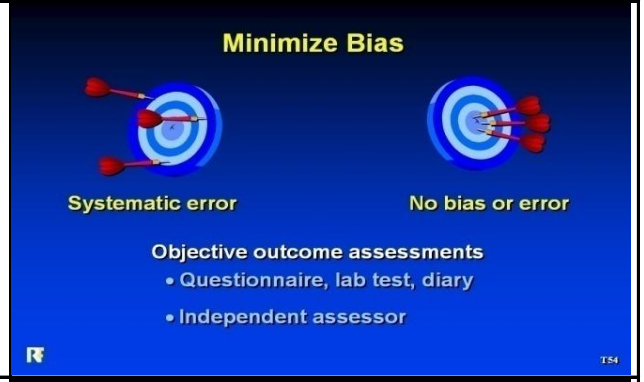
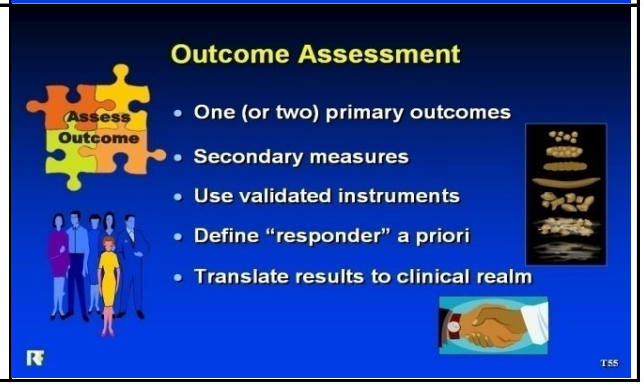
T38	Challenges to FGID Study Design-Slide 1 of 7	
T39	Challenges to FGID Study Design-Slide 2 of 7	
T40	Challenges to FGID Study Design-Slide 3 of 7	

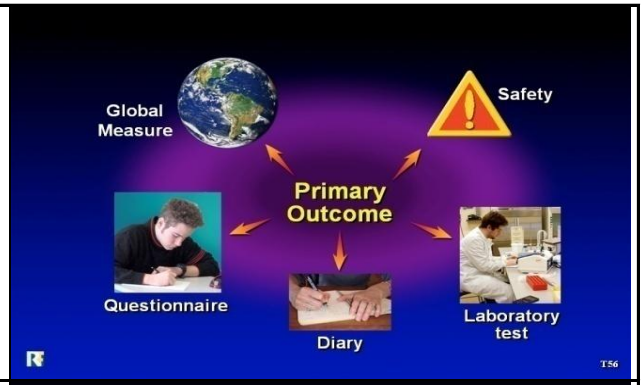
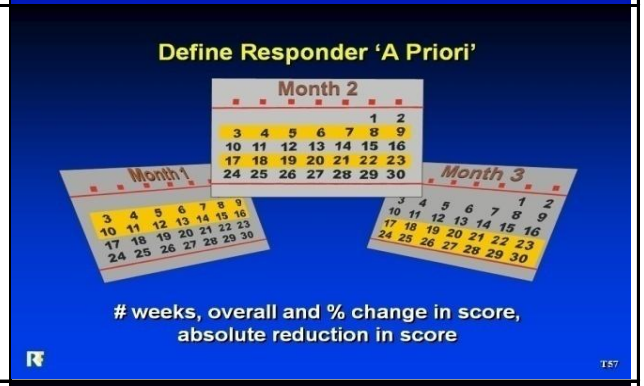
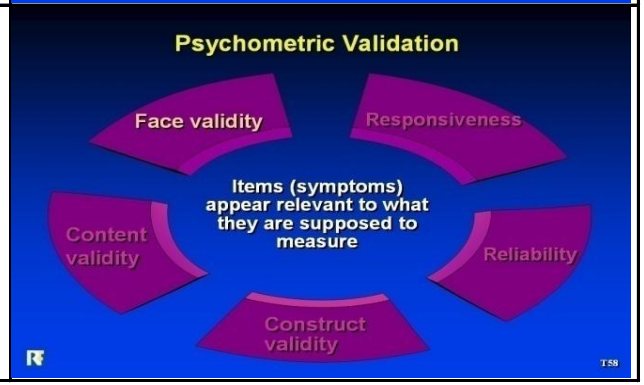
T41	Challenges to FGID Study Design-Slide 4 of 7	
T42	Challenges to FGID Study Design-Slide 5 of 7	
T43	Challenges to FGID Study Design-Slide 6 of 7	

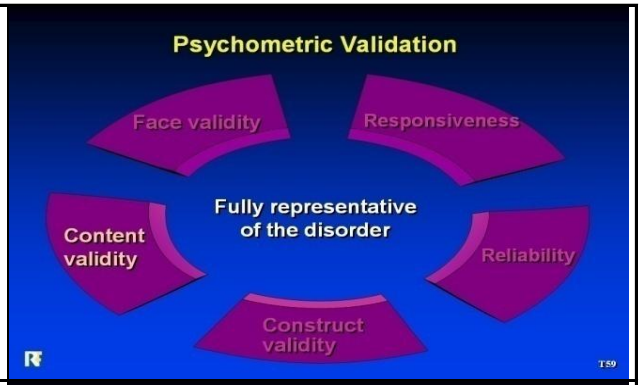
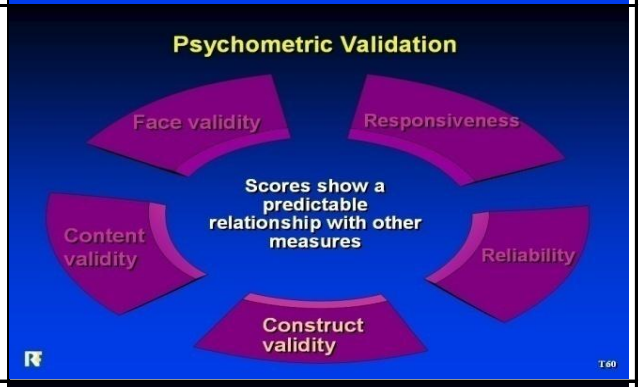
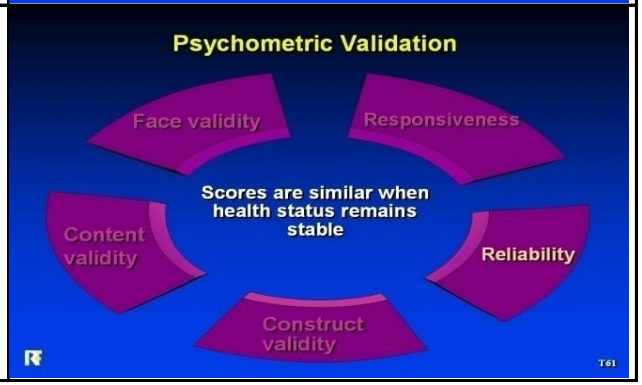
T44	Challenges to FGID Study Design-Slide 7 of 7	
T45	Defining the Question for a Treatment Trial	
T46	Population Sample-Slide 1 of 3	

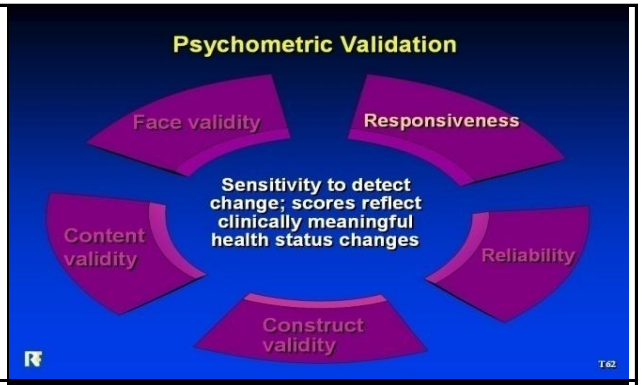
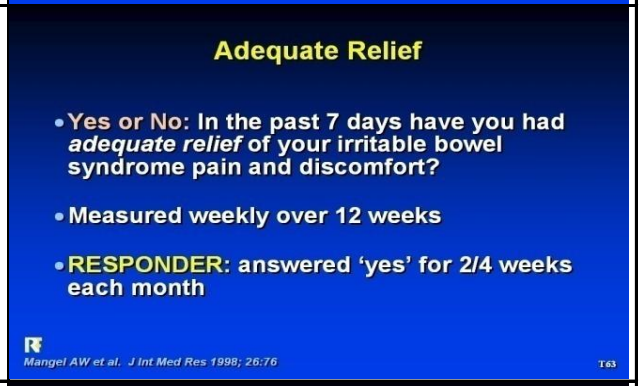
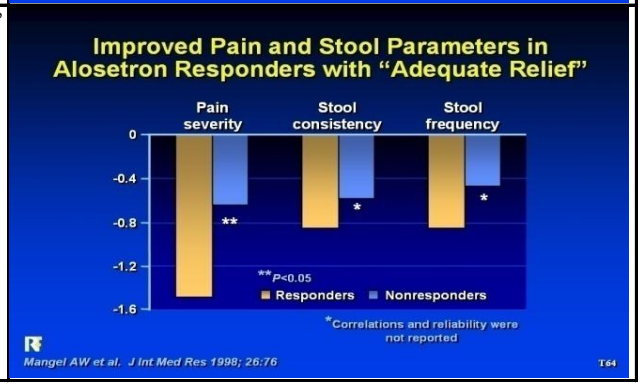
T47	Population Sample-Slide 2 of 3	
T48	Population Sample-Slide 3 of 3	
T49	Defining Subject Eligibility-Slide 1 of 2	

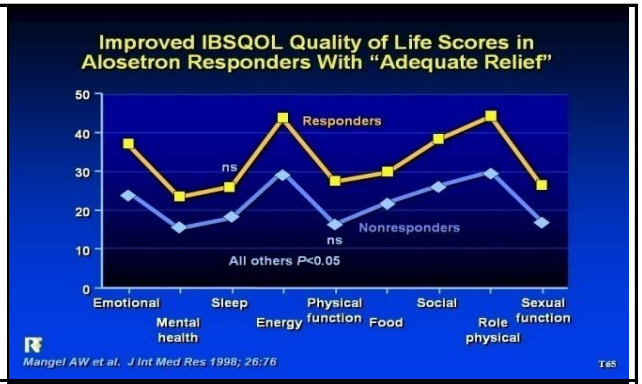
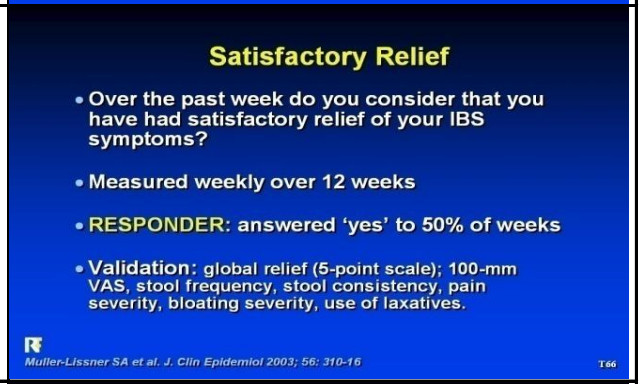
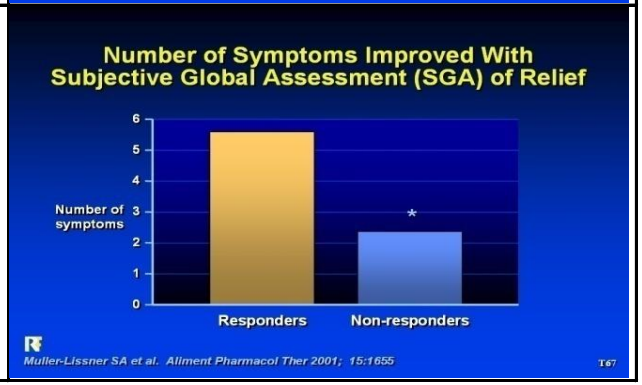
T50	Defining Subject Eligibility-Slide 2 of 2	
T51	Population Characteristics Influence Outcome	
T52	Study Design	

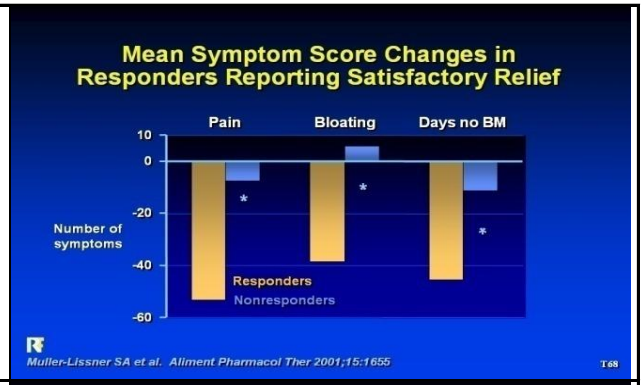
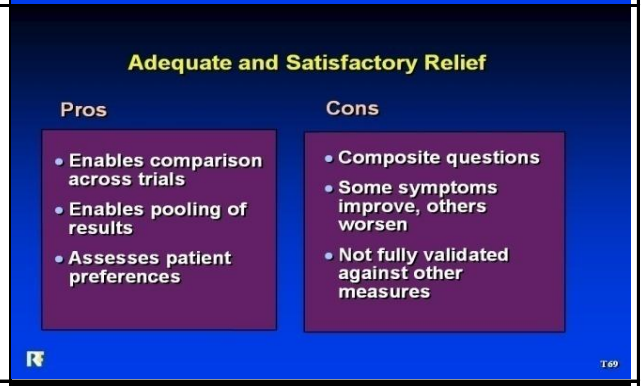
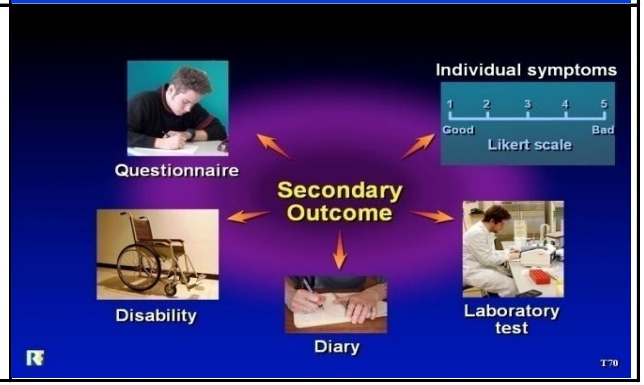
T53	Maximizing Blinding	
T54	Minimize Bias	
T55	Outcome Assessment	

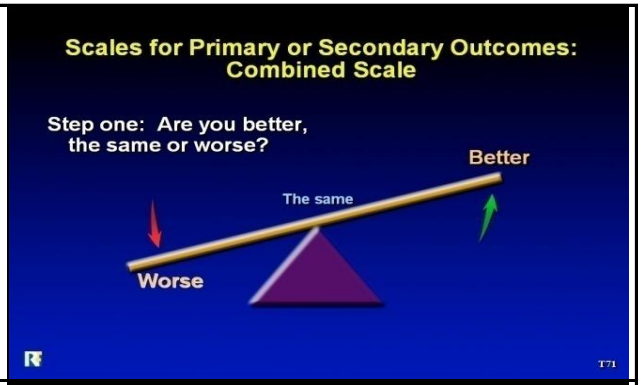
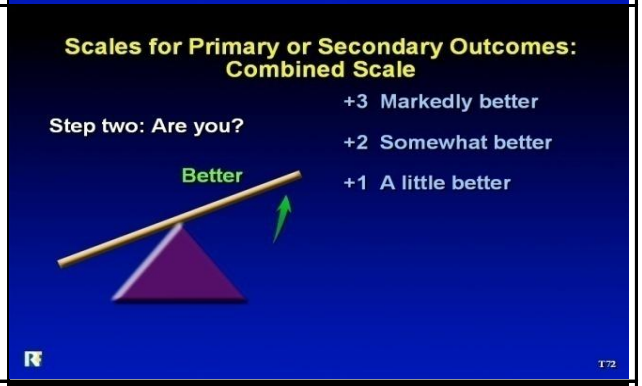
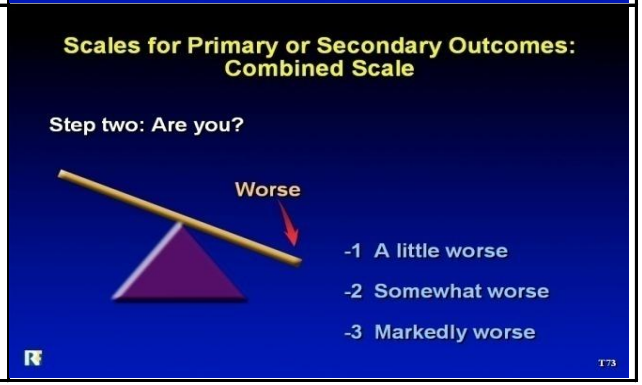
T56	Primary Outcome	
T57	Define Responder ‘A Priori’	
T58	Psychometric Validation: Face Validity	

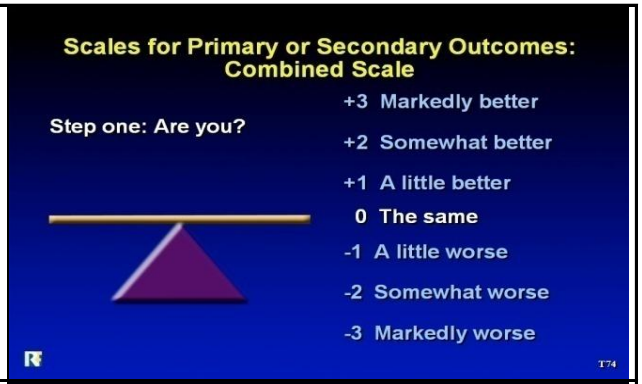
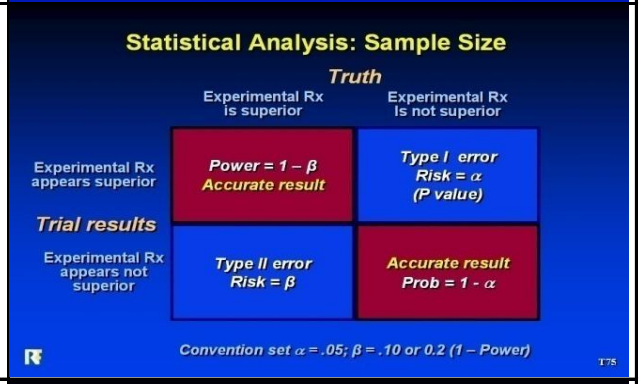
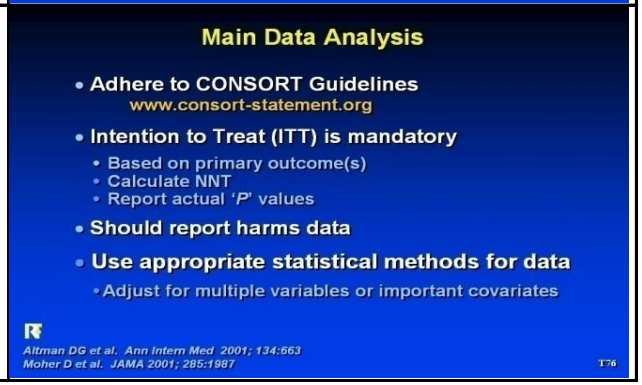
T59	Psychometric Validation: Content Validity	
T60	Psychometric Validation: Construct Validity	
T61	Psychometric Validation: Reliability	

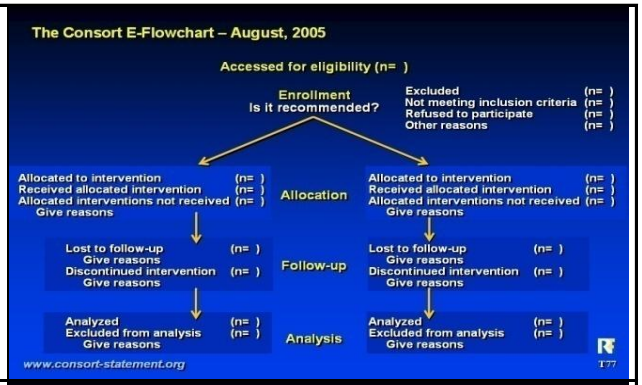
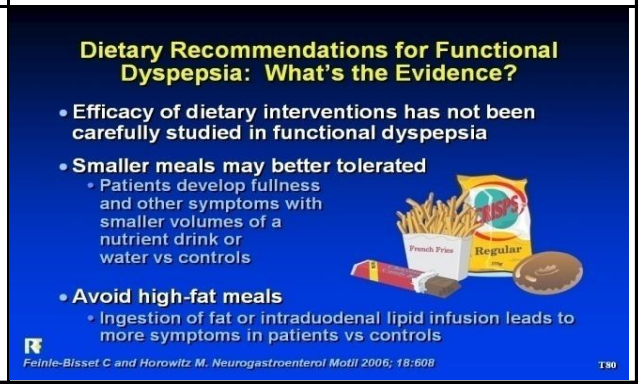
T62	Psychometric Validation: Responsiveness	
T63	Adequate Relief	
T64	Improved Pain and Stool Parameters in Alosetron Responders with "Adequate Relief"	

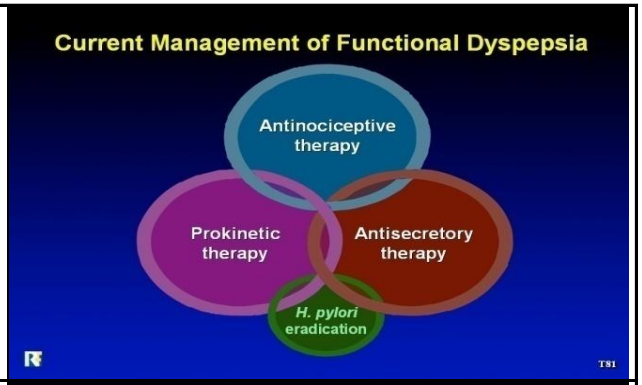
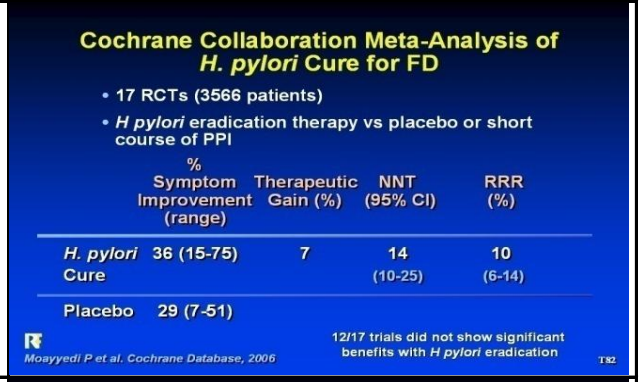
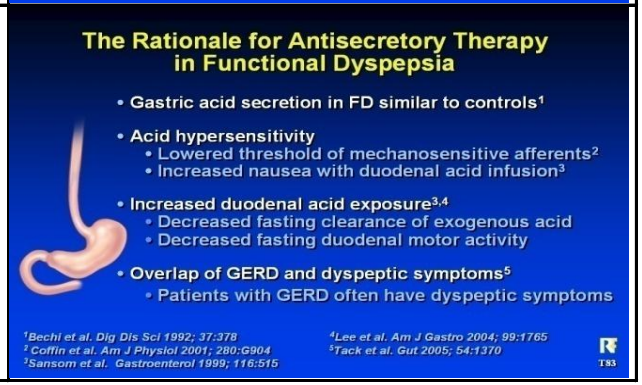
T65	Improved IBSQOL Quality of Life Scores in Alosetron Responders With "Adequate Relief"	
T66	Satisfactory Relief	
T67	Number of Symptoms Improved With Subjective Global Assessment (SGA) of Relief	

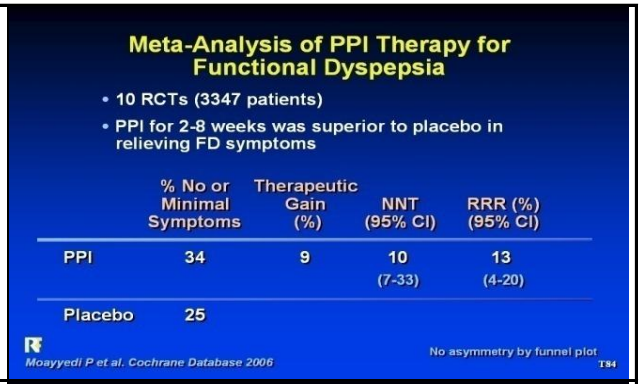
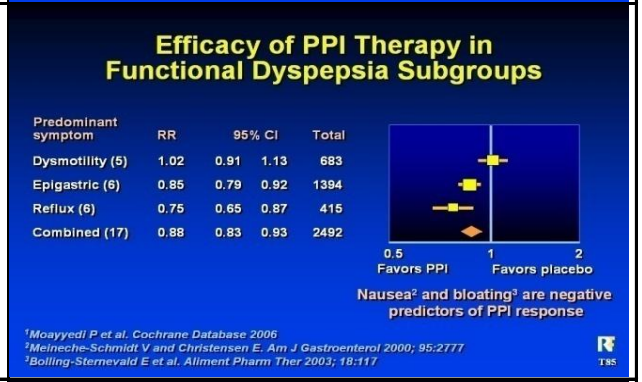
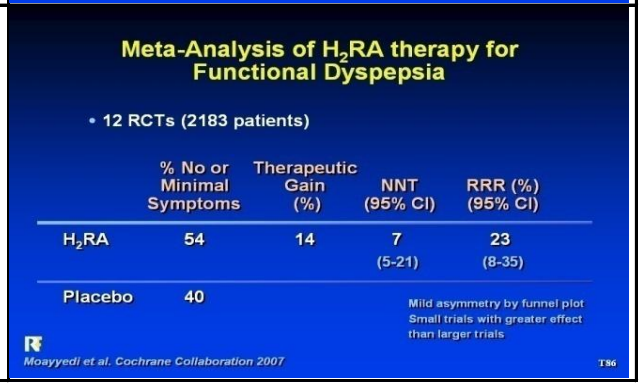
T68	Mean Symptom Score Changes in Responders Reporting Satisfactory Relief	
T69	Adequate and Satisfactory Relief	
T70	Secondary Outcome	

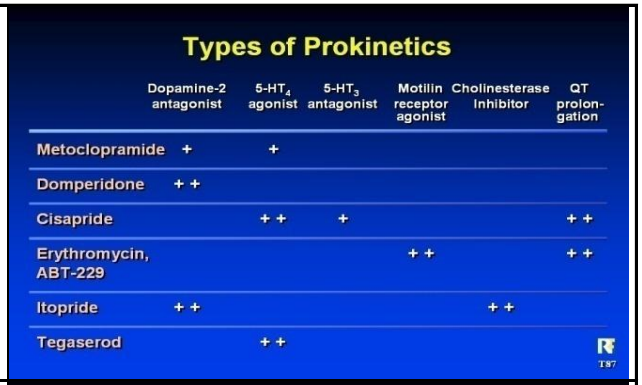
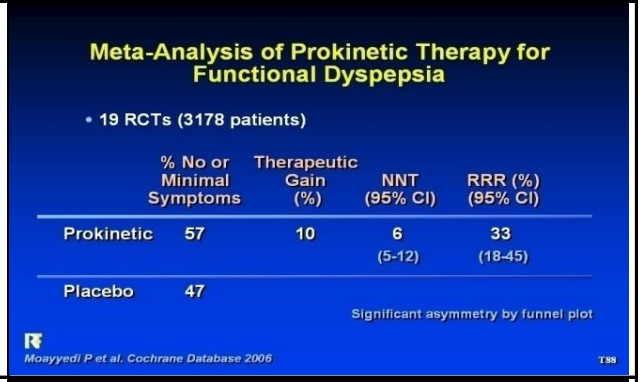
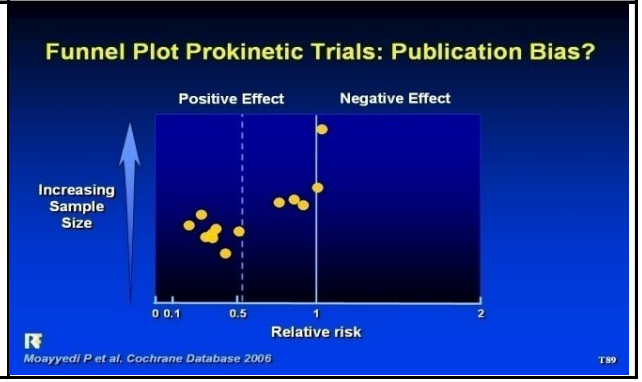
T71	Scales for Primary or Secondary Outcomes: Combined Scale-Slide 1 of 4	
T72	Scales for Primary or Secondary Outcomes: Combined Scale-Slide 2 of 4	
T73	Scales for Primary or Secondary Outcomes: Combined Scale-Slide 3 of 4	

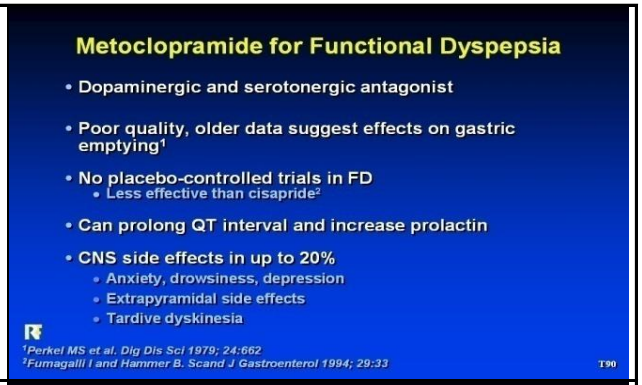
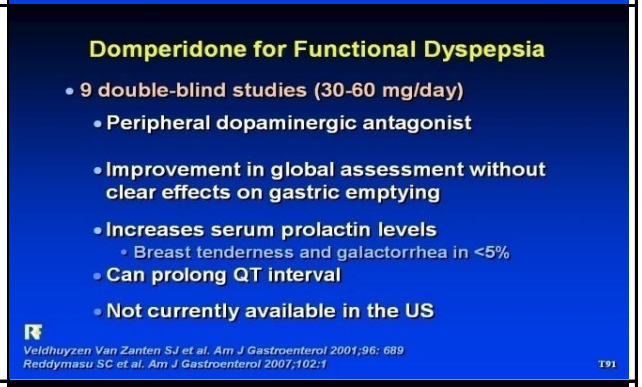
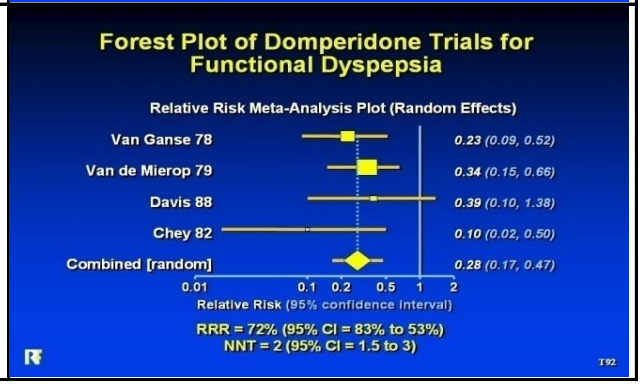
T74	Scales for Primary or Secondary Outcomes: Combined Scale-Slide 4 of 4	
T75	Statistical Analysis: Sample Size	
T76	Main Data Analysis	

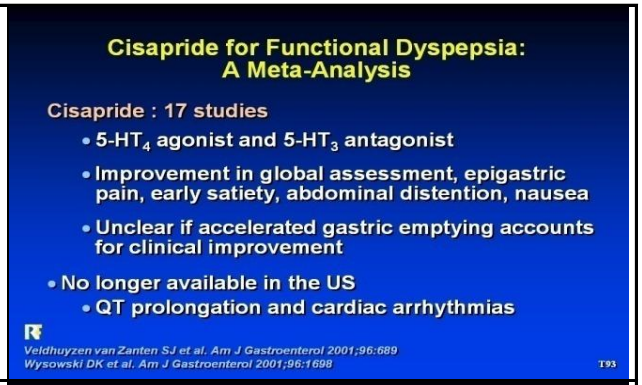
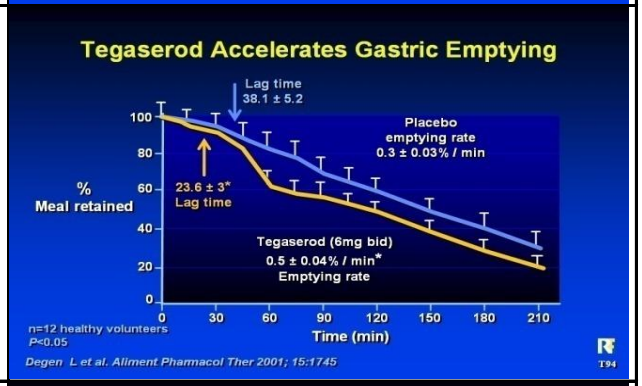
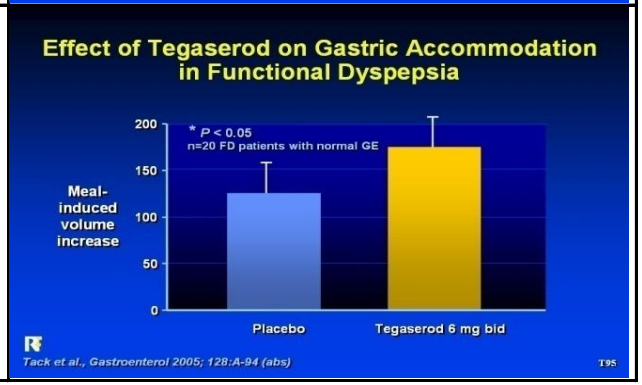
T77	The Consort E-Flowchart-August 2005	
T78	Ethics and Reporting	
T79	Section Title: Functional Dyspepsia	
T80	Dietary Recommendations for Functional Dyspepsia: What's the Evidence?	

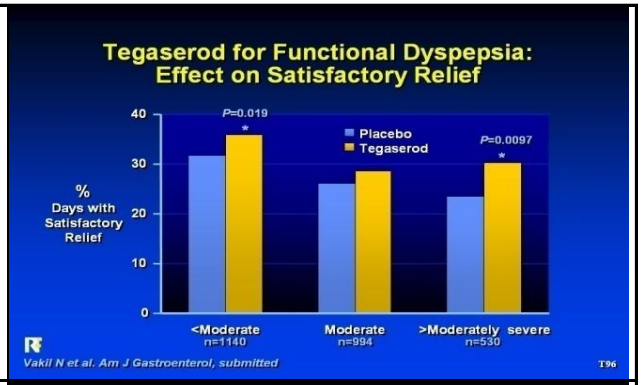
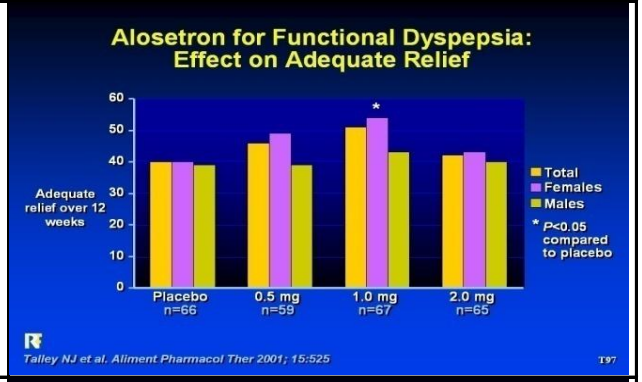
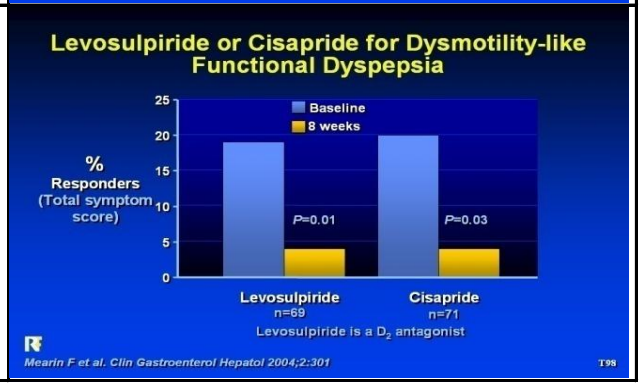
T81	Current Management of Functional Dyspepsia	
T82	Cochrane Collaboration Meta-Analysis of *H pylori* Cure for FD	
T83	The Rationale for Antisecretory Therapy in Functional Dyspepsia	

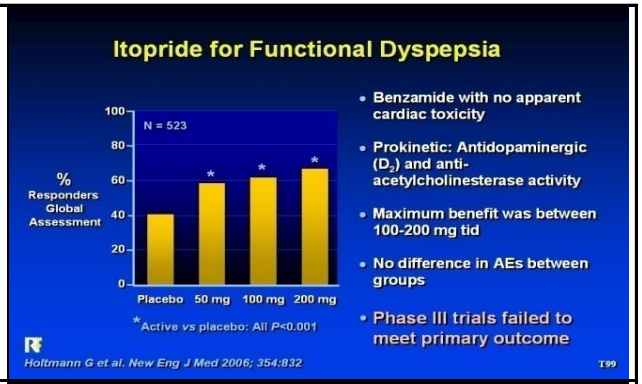
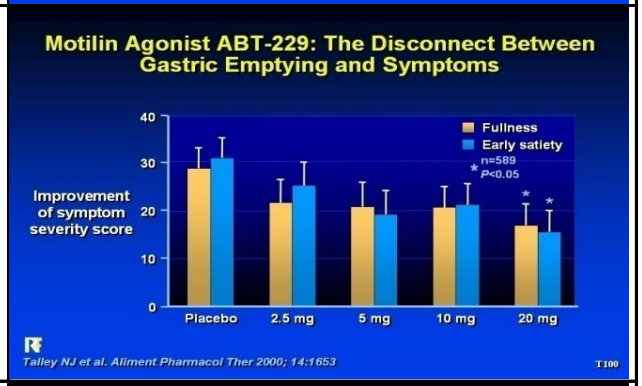
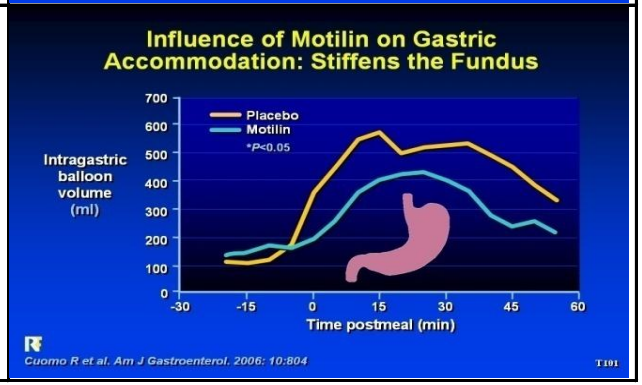
T84	Meta-Analysis of PPI Therapy for Functional Dyspepsia	
T85	Efficacy of PPI Therapy in Functional Dyspepsia Subgroups	
T86	Meta-Analysis of H_2RA therapy for Functional Dyspepsia	

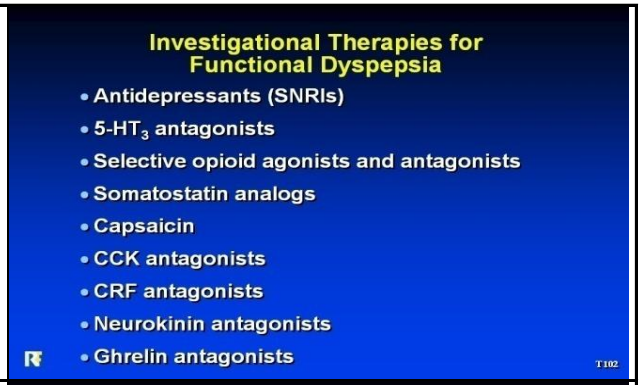
T87	Types of Prokinetics	
T88	Meta-Analysis of Prokinetic Therapy for Functional Dyspepsia	
T89	Funnel Plot Prokinetic Trials: Publication Bias?	

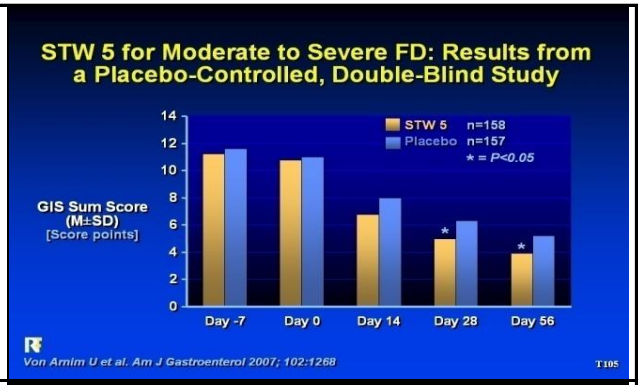
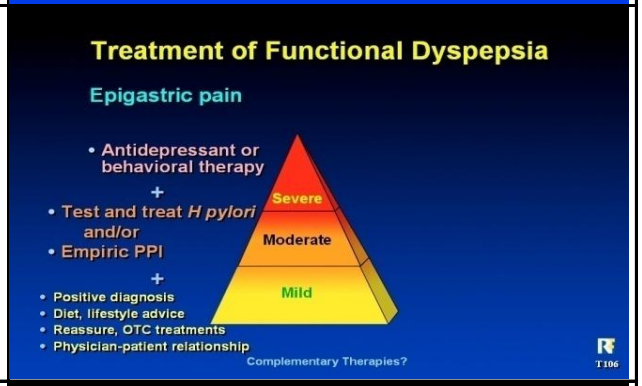
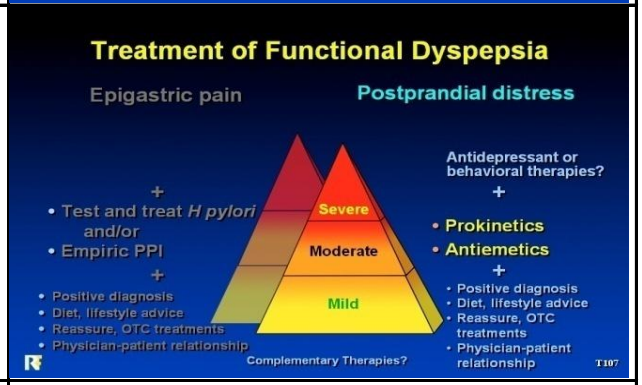
T90	Metoclopramide for Functional Dyspepsia	
T91	Domperidone for Functional Dyspepsia	
T92	Forest Plot of Domperidone Trials for Functional Dyspepsia	

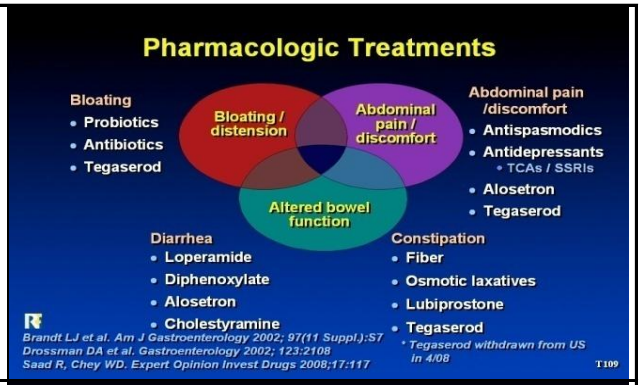
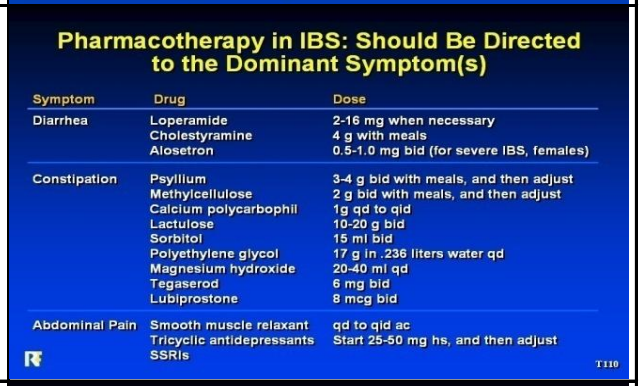
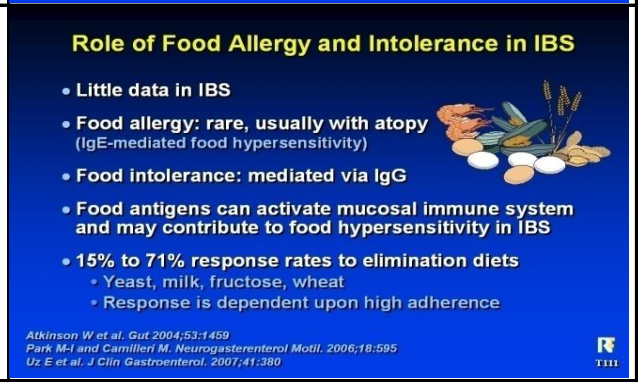
T93	Cisapride for Functional Dyspepsia: A Meta-Analysis	
T94	Tegaserod Accelerates Gastric Emptying	
T95	Effect of Tegaserod on Gastric Accommodation in Functional Dyspepsia	

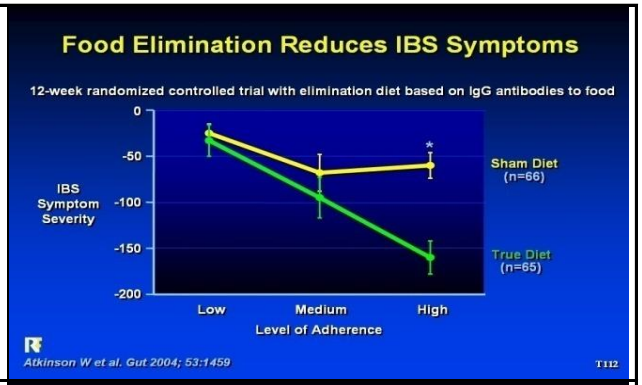
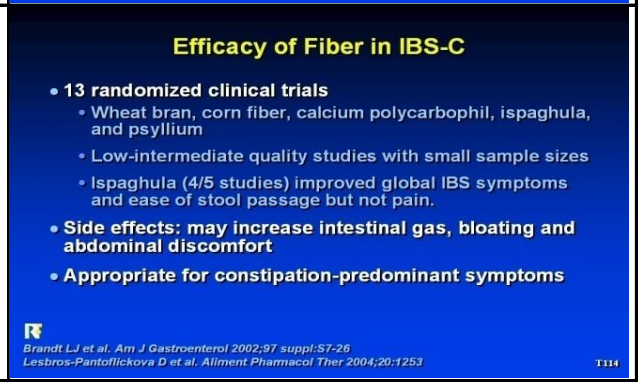
T96	Tegaserod for Functional Dyspepsia: Effect on Satisfactory Relief	
T97	Alosetron for Functional Dyspepsia: Effect on Adequate Relief	
T98	Levosulpiride or Cisapride for Dysmotility-like Functional Dyspepsia	

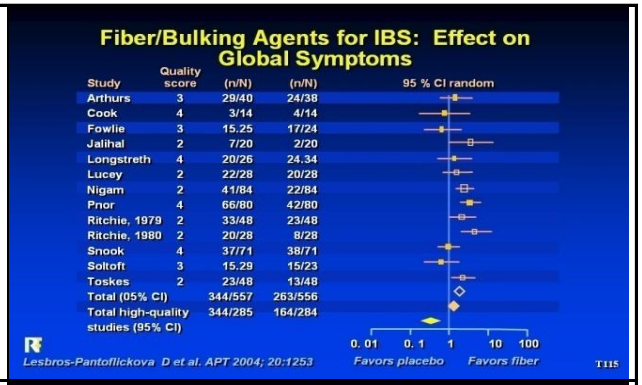
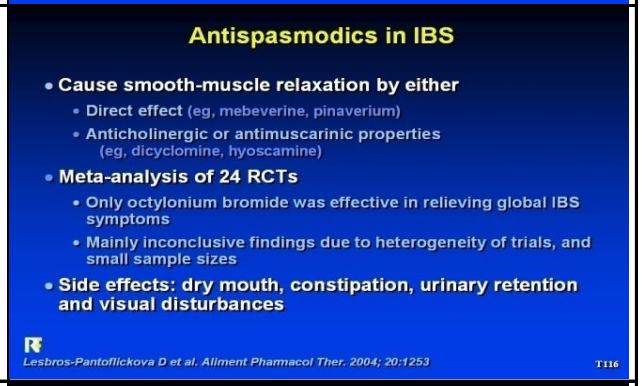
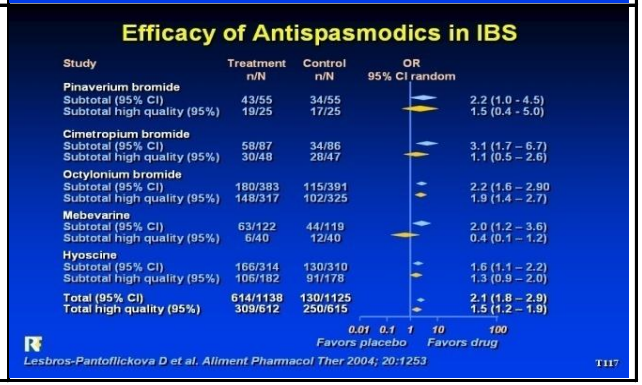
T99	Itopride for Functional Dyspepsia	
T100	Motilin Agonist ABT-229: The Disconnect Between Gastric Emptying and Symptoms	
T101	Influence of Motilin on Gastric Accommodation: Stiffens the Fundus	

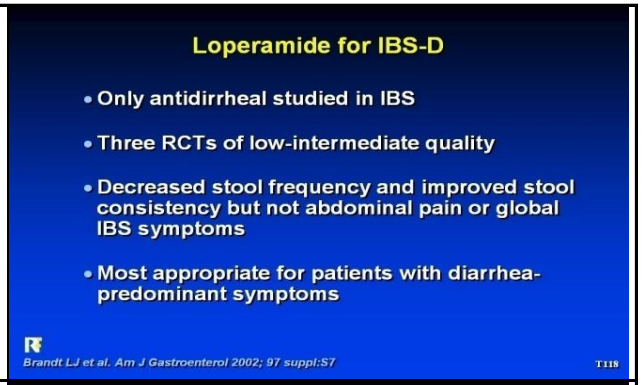
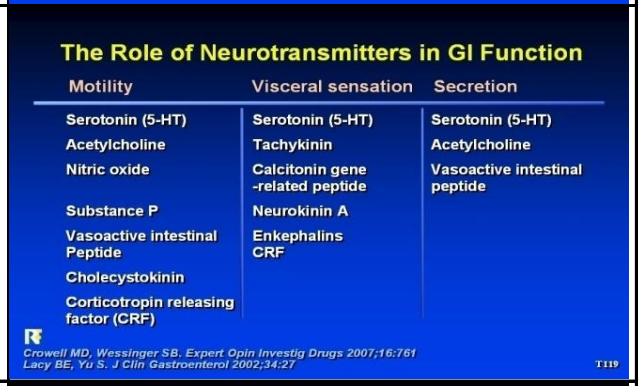
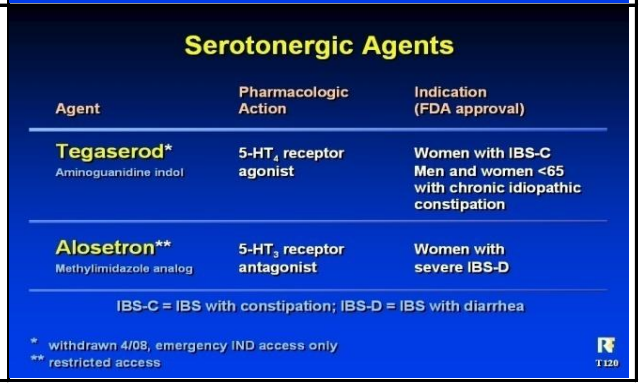
T102	Investigational Therapies for Functional Dyspepsia	
T103	Herbal Remedies for Functional Dyspepsia: A Systematic Review	
T104	Other Complimentary Therapies for Functional Dyspepsia	

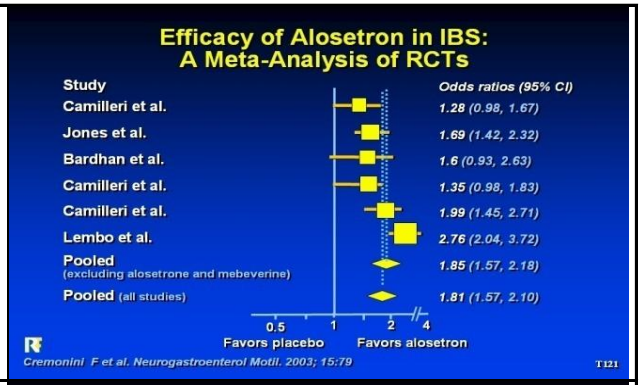
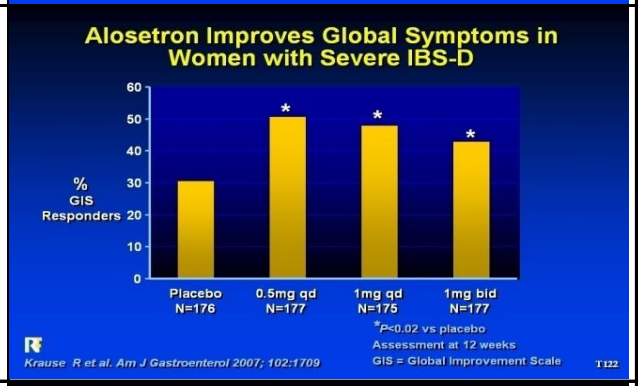
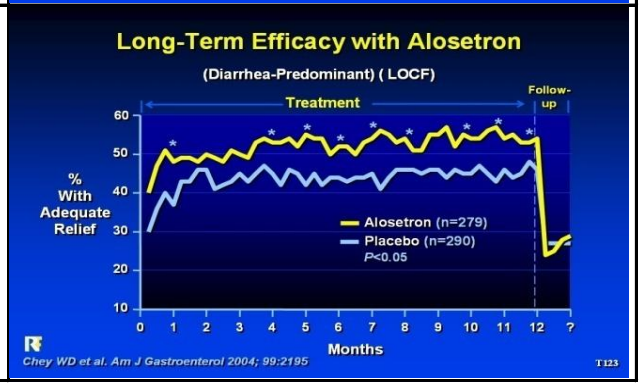
T105	STW 5 for Moderate to Severe FD: Results from a Placebo-Controlled, Double-Blind Study	
T106	Treatment of Functional Dyspepsia-Epigastric Pain	
T107	Treatment of Functional Dyspepsia-Postprandial Distress	
T108	Section Title-IBS	

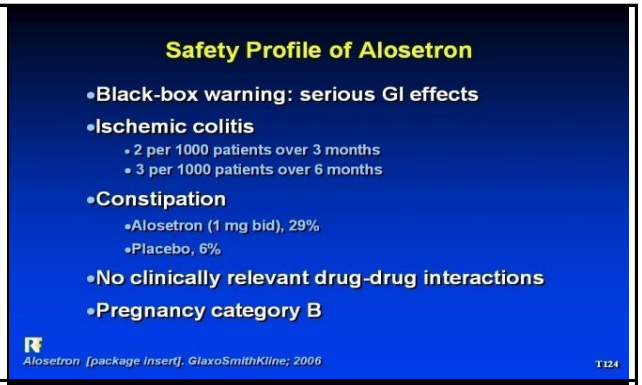
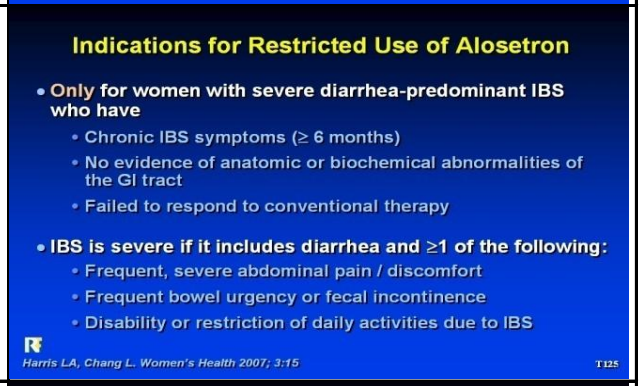
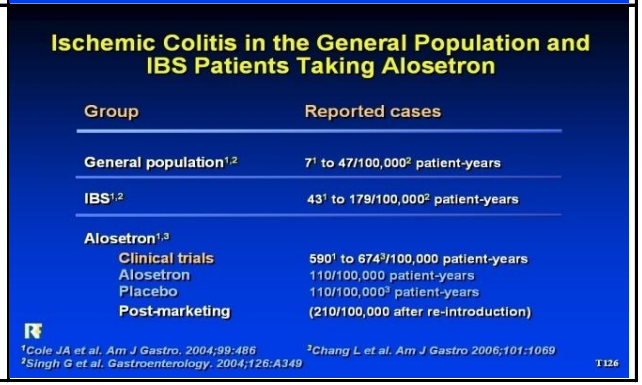
T109	Pharmacologic Treatments	
T110	Pharmacotherapy in IBS Should Be Directed to the Dominant Symptom(s)	
T111	Role of Food Allergy and Intolerance in IBS	

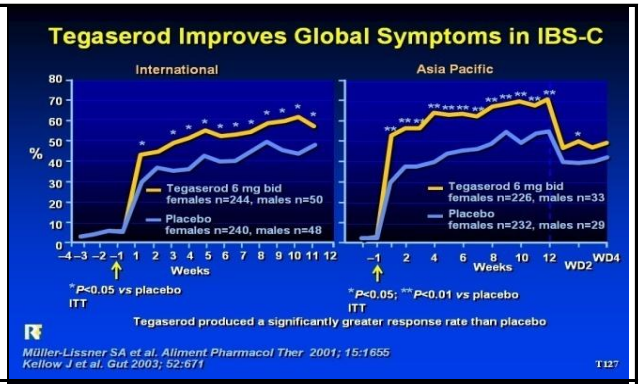
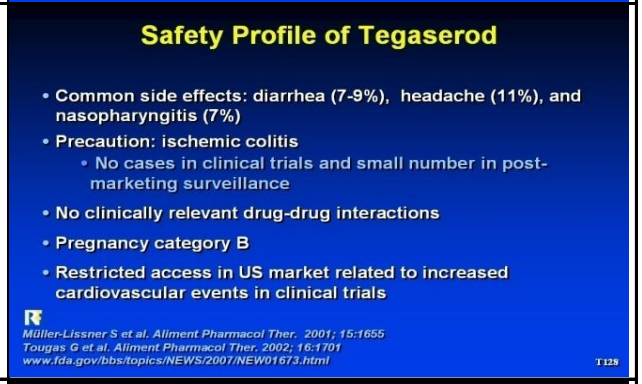
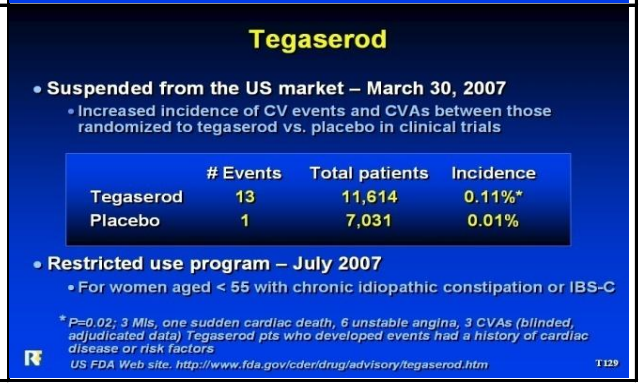
T112	Food Elimination Reduces IBS Symptoms	
T113	Practical Approach to Traditional Therapies	
T114	Efficacy of Fiber in IBS-C	

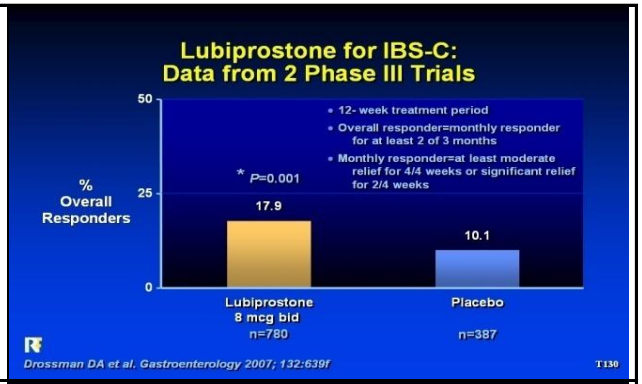
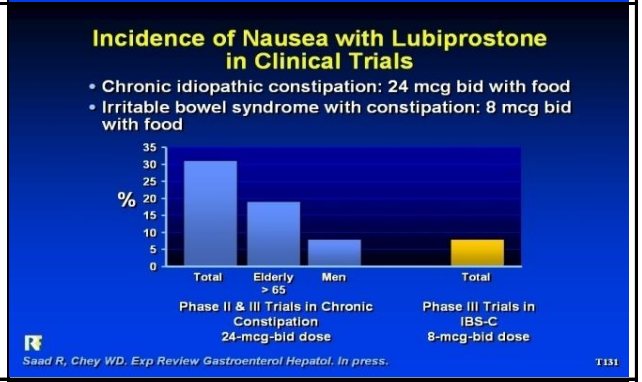
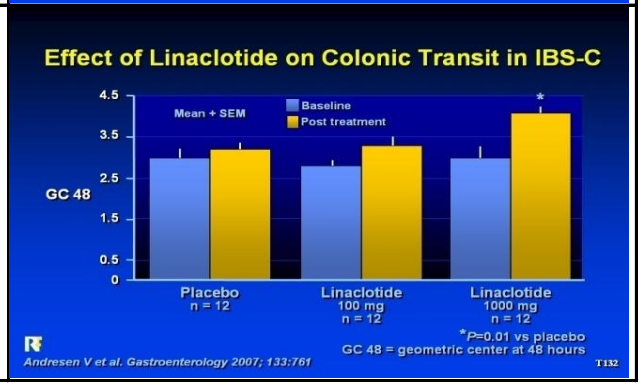
T115	Fiber/Bulking Agents for IBS: Effect on Global Symptoms	
T116	Antispasmodics in IBS	
T117	Efficacy of Antispasmodics in IBS	

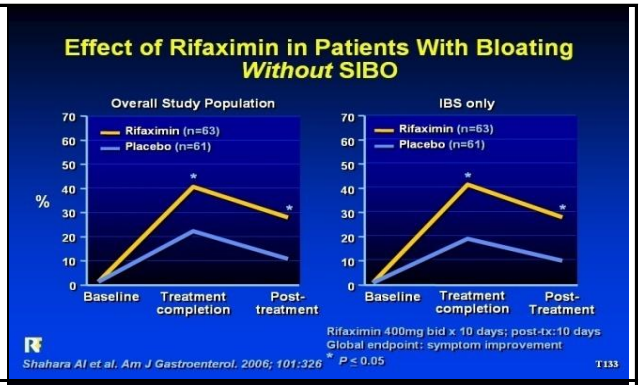
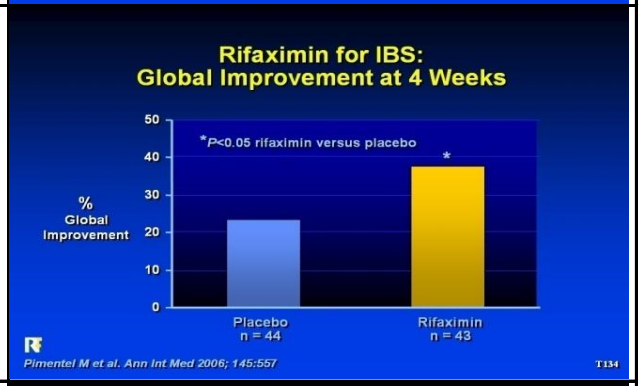
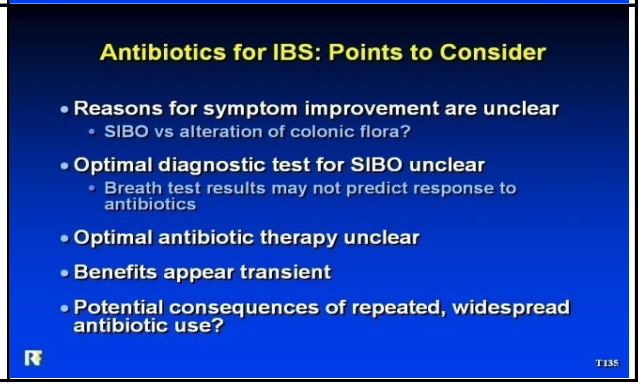
T118	Loperamide for IBS-D	
T119	The Role of Neurotransmitters in GI Function	
T120	Serotonergic Agents	

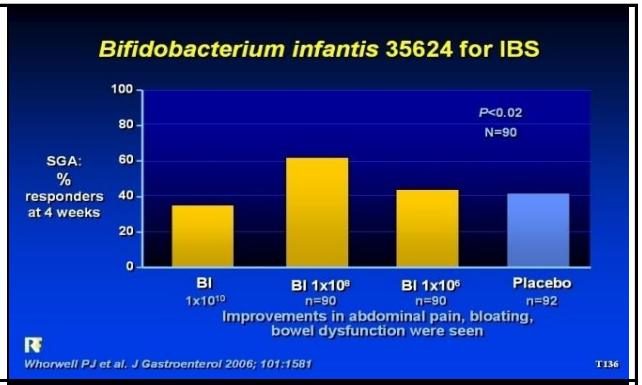
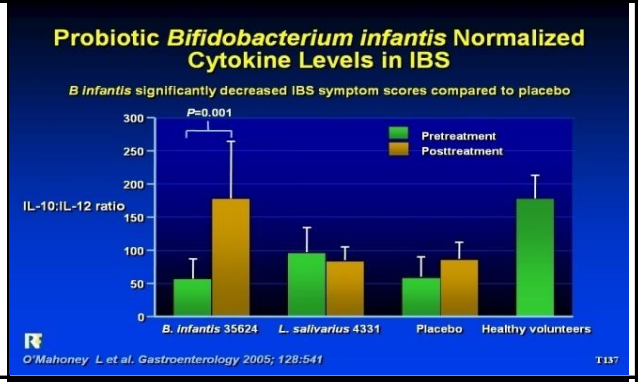
T121	Efficacy of Alosetron in IBS: A Meta-Analysis of RCTs	
T122	Alosetron Improves Global Symptoms in Women with Severe IBS-D	
T123	Long-Term Efficacy with Alosetron	

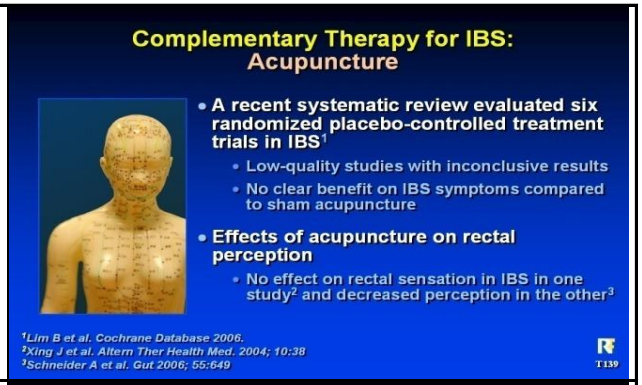
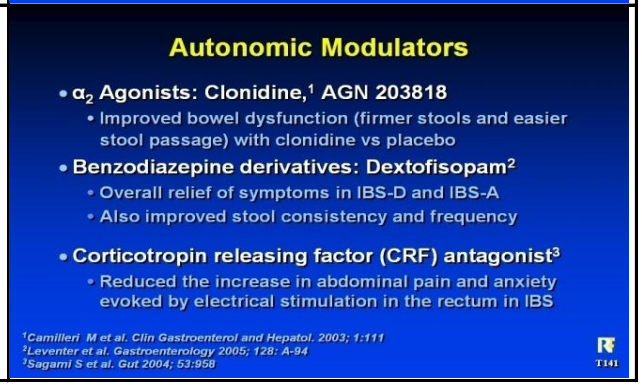
T124	Safety Profile of Alosetron	
T125	Indications for Restricted Use of Alosetron	
T126	Ischemic Colitis in the General Population and IBS Patients Taking Alosetron	

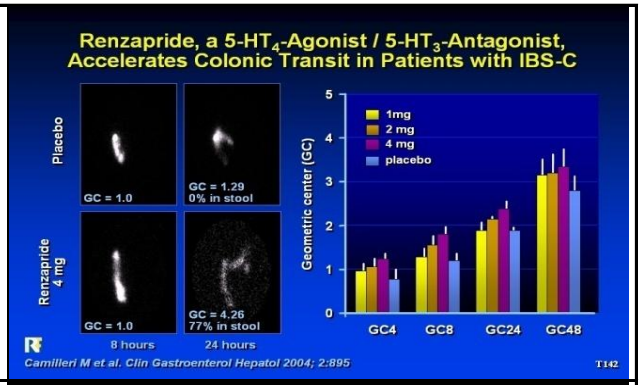
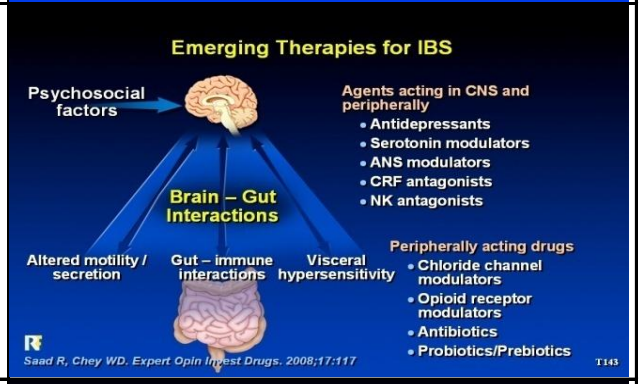
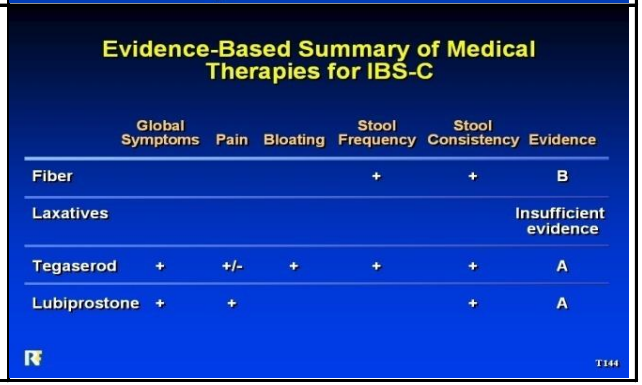
T127	Tegaserod Improves Global Symptoms in IBS-C	
T128	Safety Profile of Tegaserod	
T129	Tegaserod	

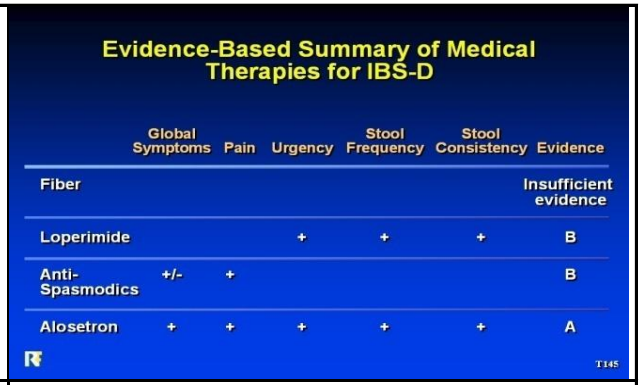
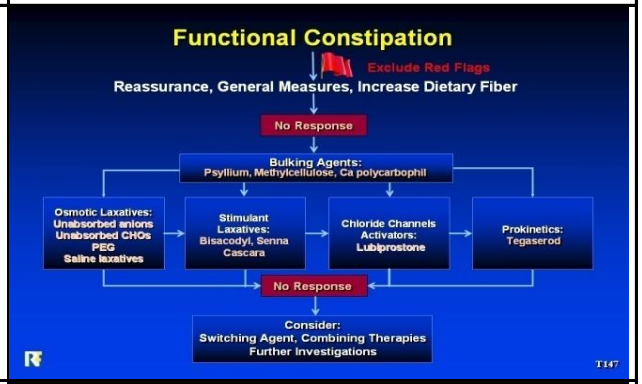
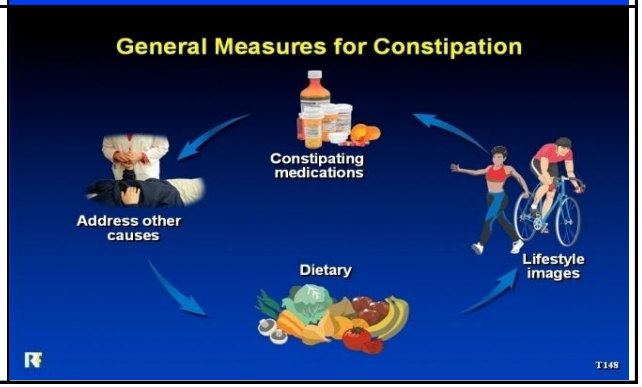
T130	Lubiprostone for IBS-C: Data from 2 Phase III Trials	
T131	Incidence of Nausea with Lubiprostone in Clinical Trials	
T132	Effect of Linaclotide on Colonic Transit in IBS-C	

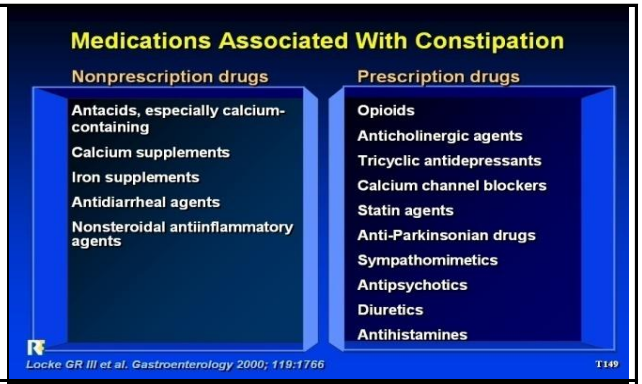
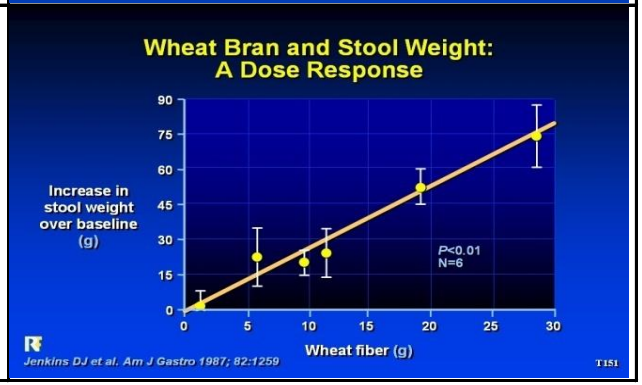
T133	Effect of Rifaximin in Patients with Bloating *Without* SIBO	
T134	Rifaximin for IBS: Global Improvement at 4 Weeks	
T135	Antibiotics for IBS: Points to Consider	

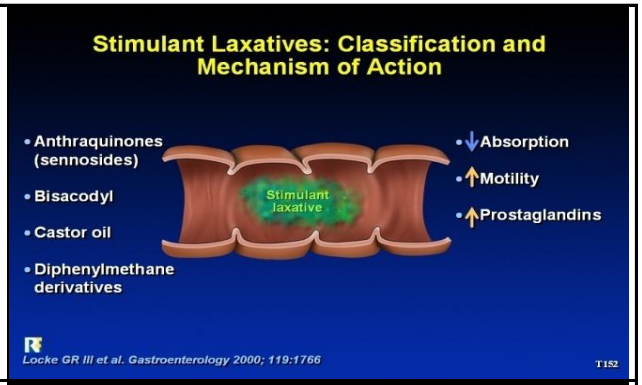
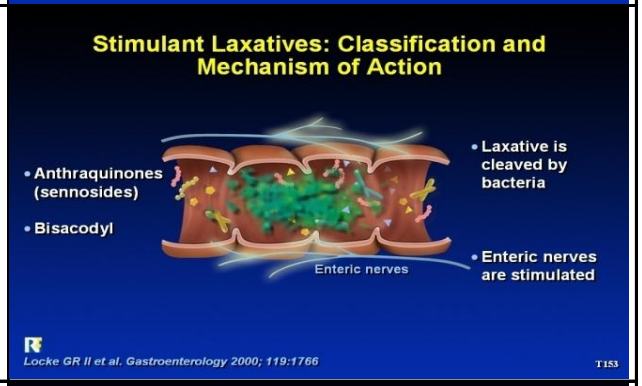
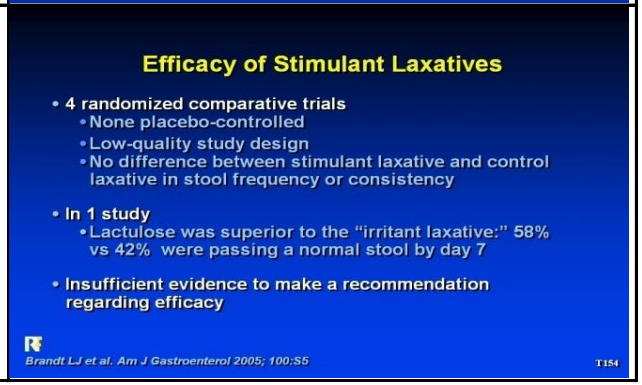
T136	*Bifidobacterium infantis* 35624 for IBS	
T137	Probiotic *Bifidobacterium infantis* Normalized Cytokine Levels in IBS	
T138	Complementary Therapy for IBS: Chinese Herbal Therapy	

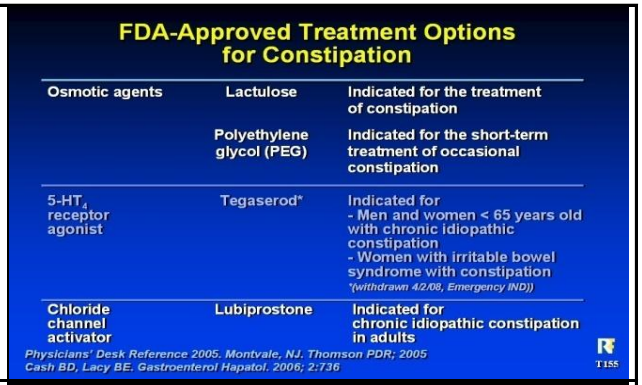
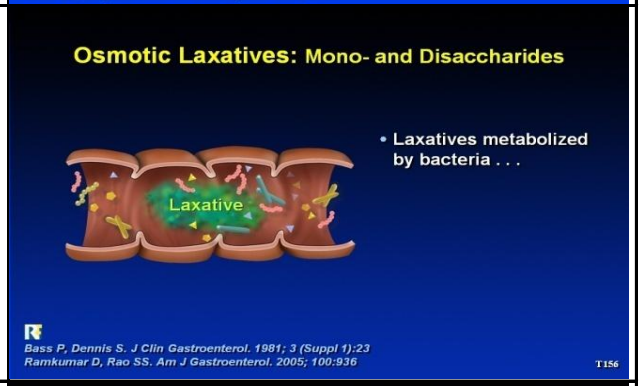
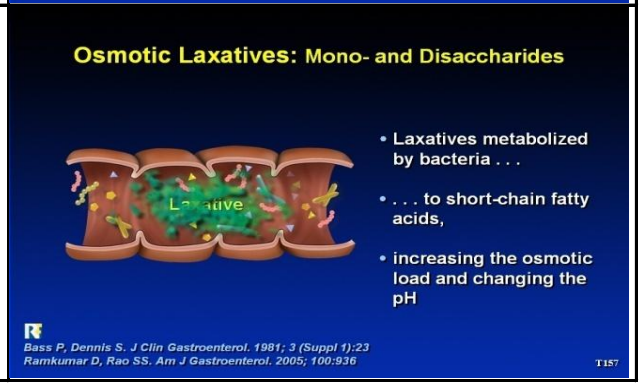
T139	Complementary Therapy for IBS: Acupuncture	
T140	Drugs in Development for IBS-D	
T141	Autonomic Modulators	

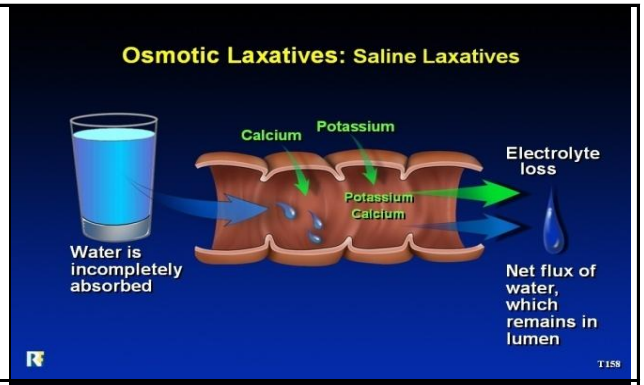
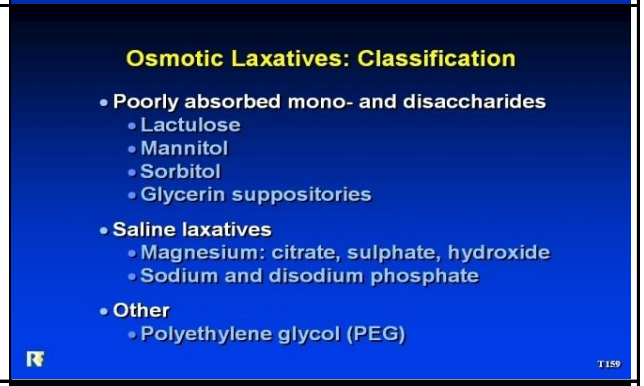
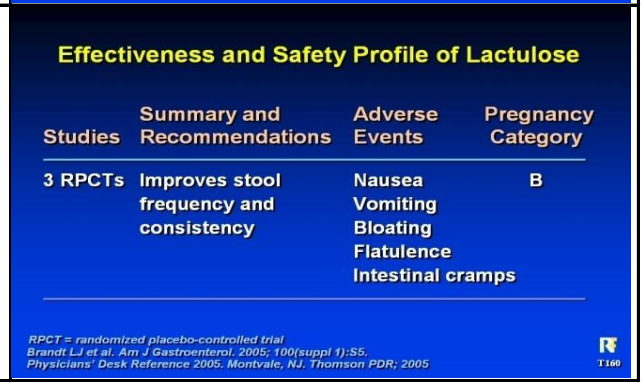
T142	Renzapride, a 5-HT4 Agonist / 5-HT3 Antagonist, Accelerates Colonic Transit in Patients with IBS-C	
T143	Emerging Therapies for IBS	
T144	Evidence-Based Summary of Medical Therapies for IBS-C	

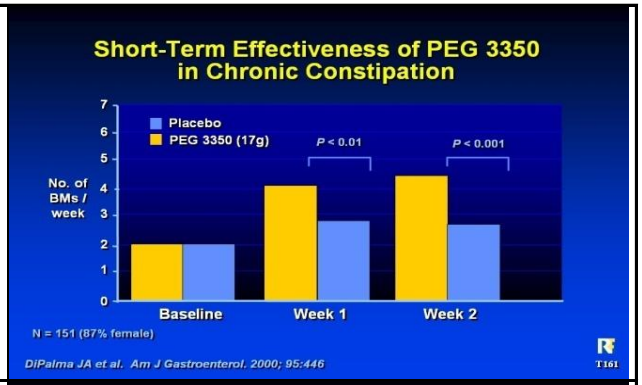
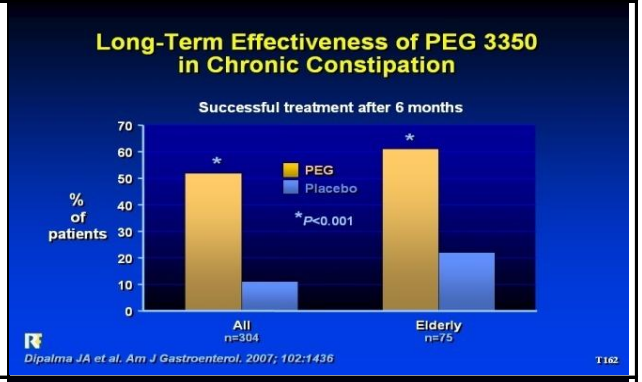
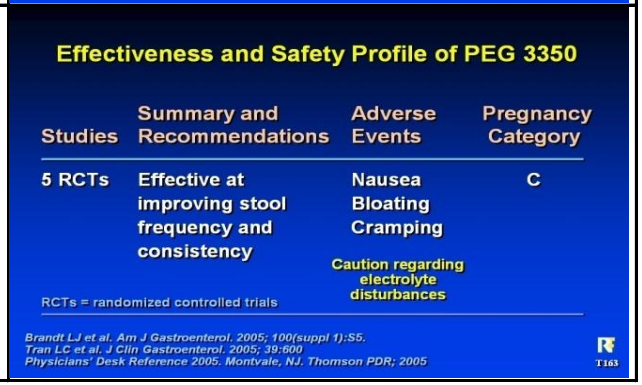
T145	Evidence-Based Summary of Medical Therapies for IBS-D	
T146	Section Title: Constipation	
T147	Functional Constipation	
T148	General Measures for Constipation	

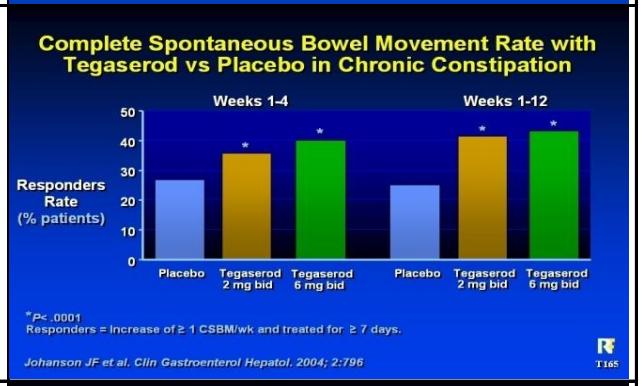
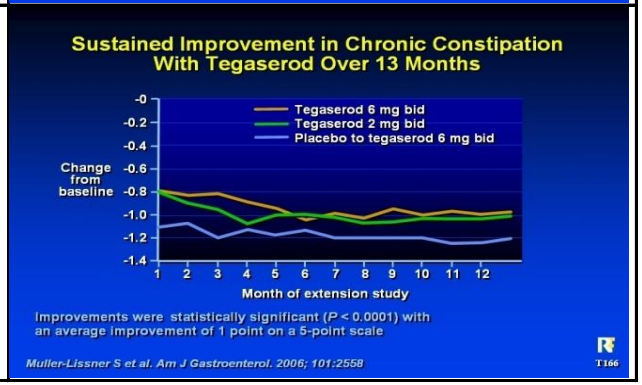
T149	Medications Associated With Constipation	
T150	Fiber Supplementation and Bulk Laxatives Classification	
T151	Wheat Bran and Stool Weight: A Dose Response	

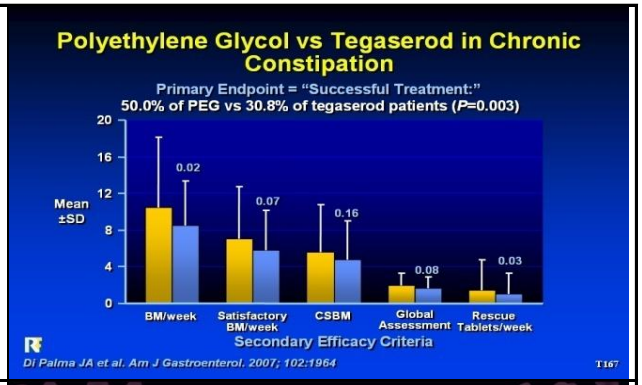
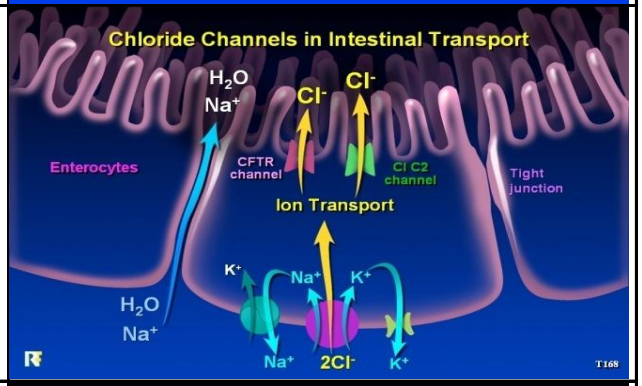
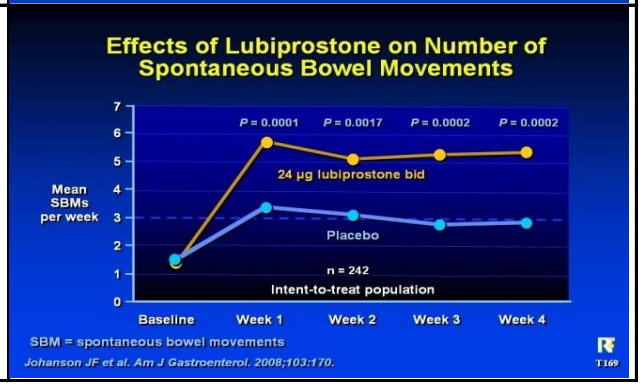
T152	Stimulant Laxatives: Classification and Mechanism of Action-Slide 1 of 2	
T153	Stimulant Laxatives: Classification and Mechanism of Action-Slide 2 of 2	
T154	Efficacy of Stimulant Laxatives	

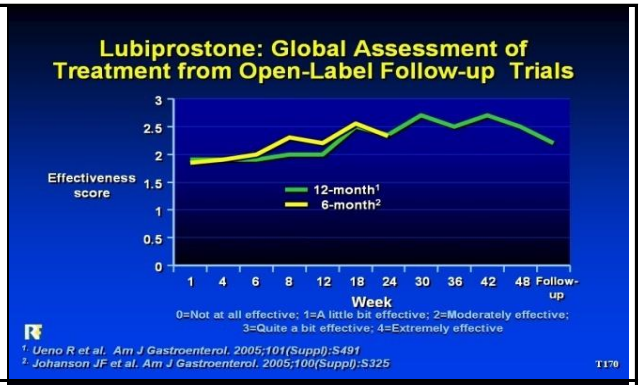
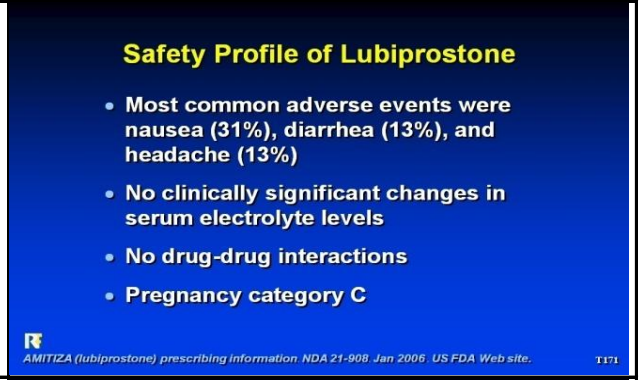
T155	FDA-Approved Treatment Options for Constipation	
T156	Osmotic Laxatives: Mono- and Disaccharides-Slide 1 of 2	
T157	Osmotic Laxatives: Mono- and Disaccharides-Slide 2 of 2	

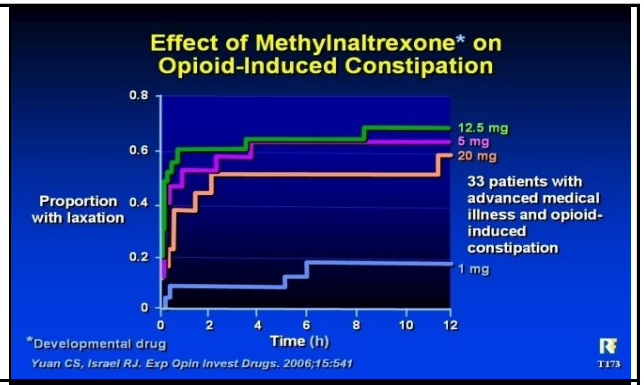
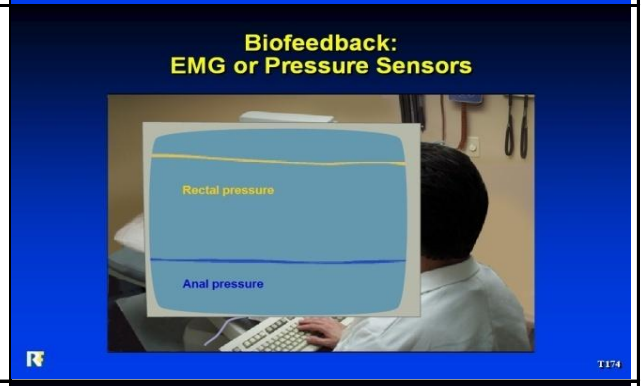
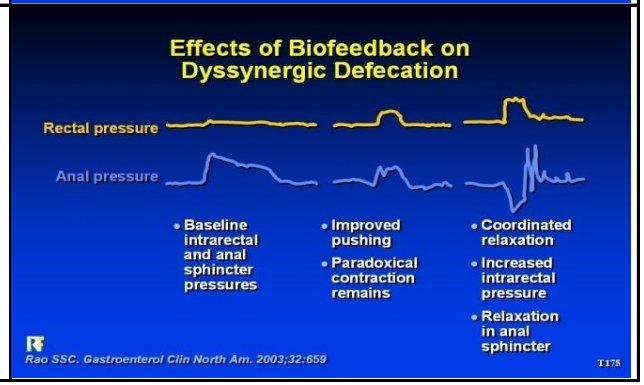
T158	Osmotic Laxatives: Saline Laxatives	
T159	Osmotic Laxatives: Classification	
T160	Effectiveness and Safety Profile of Lactulose	

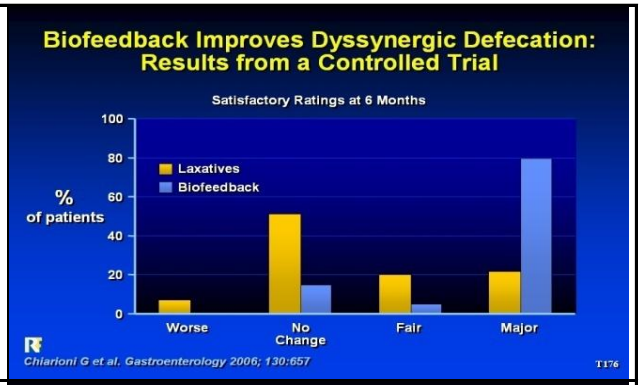
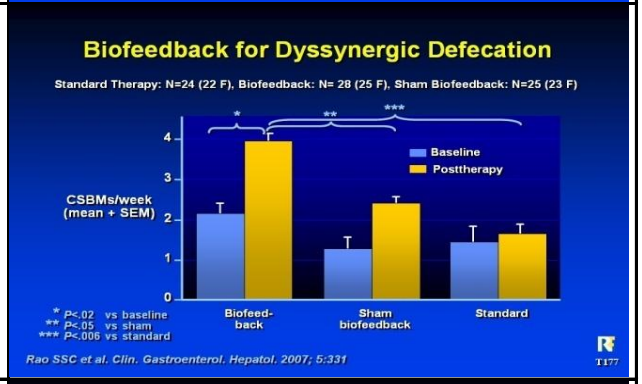
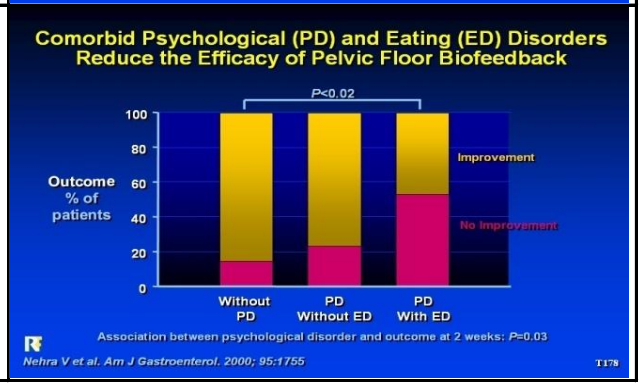
T161	Short-Term Effectiveness of PEG 3350 in Chronic Constipation	
T162	Long-Term Effectiveness of PEG 3350 in Chronic Constipation	
T163	Effectiveness and Safety Profile of PEG 3350	

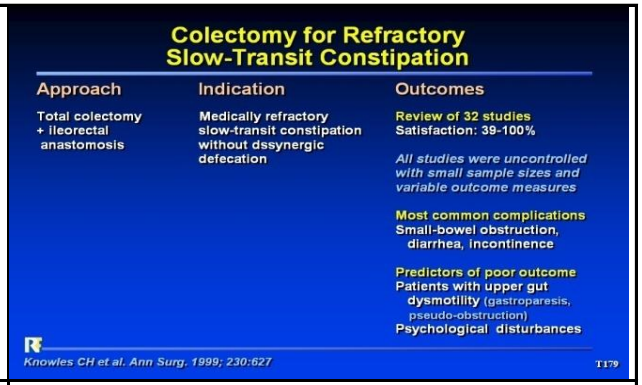
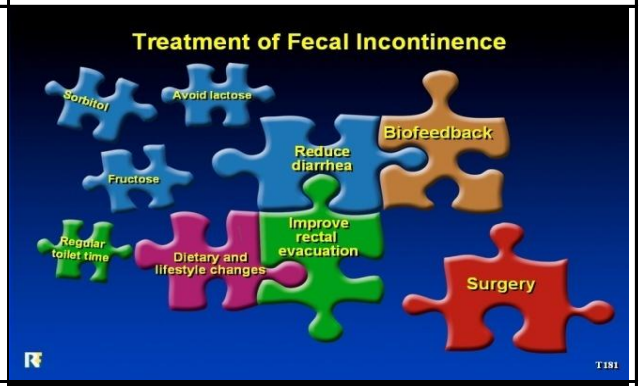
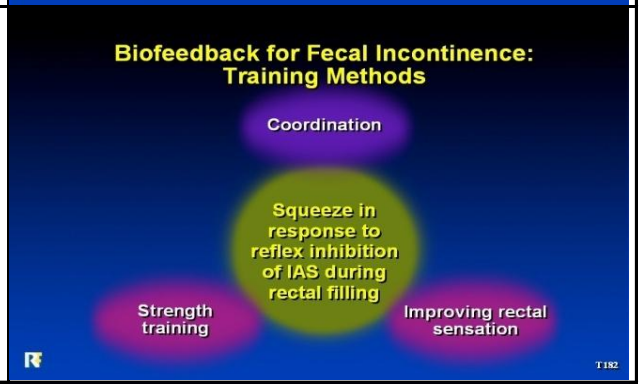
T164	Serotonin Plays an Important Role in Bowel Function and Sensation	
T165	Complete Spontaneous Bowel Movement Rate with Tegaserod vs Placebo in Chronic Constipation	
T166	Sustained Improvement in Chronic Constipation With Tegaserod Over 13 Months	

T167	Polyethylene Glycol vs Tegaserod in Chronic Constipation	
T168	Chloride Channels in Intestinal Transport	
T169	Effects of Lubiprostone on Number of Spontaneous Bowel Movements	

T170	Lubiprostone: Global Assessment of Treatment from Open-Label Follow-up Trials	
T171	Safety Profile of Lubiprostone	
T172	Investigational Therapies for Chronic Constipation: Something Old, Something New…	

T173	Effect of Methylnaltrexone* on Opioid-Induced Constipation	
T174	Biofeedback: EMG or Pressure Sensors	
T175	Effects of Biofeedback on Dyssynergic Defecation	

T176	Biofeedback Improves Dyssynergic Defecation: Results from a Controlled Trial	
T177	Biofeedback for Dyssynergic Defecation	
T178	Comorbid Psychological (PD) and Eating (ED) Disorders Reduce the Efficacy of Pelvic Floor Biofeedback	

T179	Colectomy for Refractory Slow-Transit Constipation	
T180	Section Title: Fecal Incontinence	
T181	Treatment of Fecal Incontinence	
T182	Biofeedback for Fecal Incontinence: Training Methods	

T183	Surgical Approaches for Fecal Incontinence