

## A Gut Feeling

*Dr. Thomas Abell's team at the Jewish Hospital Motility Clinic gets to the core of chronic illness*

BY JIM KELSEY

LOUISVILLE "I've got this problem, and it won't go away."

Any physician dealing with chronic conditions has likely heard this statement hundreds of times. Through his work as medical director at the Jewish Hospital Motility Clinic, part of KentuckyOne Health in Louisville, Thomas Abell, MD, certainly has.

Abell, who is employed by the University of Louisville Physicians group, has been practicing at the gastrointestinal Motility Clinic since its opening in the fall of 2012. There, he and the staff of 10 treat patients dealing with difficulties digesting food, whether it's swallowing, nausea, vomiting, abdominal pain, constipation, or diarrhea.

"Those illnesses are all common problems, but most of them are acute," Abell says. "The problem is some people don't get over it. Once it becomes a chronic condition – arbitrarily defined at about six months – treating those patients becomes a real problem for their primary doctors. That's when they think about calling us."

Abell, who himself was a primary care physician earlier in his career, works closely with primary care doctors to help determine the



Dr. Thomas Abell, with U of L Physicians, is medical director of the Jewish Hospital Motility Clinic, part of KentuckyOne Health, and is trained in trauma medicine, family medicine, and gastroenterology.

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problem, what treatments have been tried, and what diagnoses have been ruled out.

"We really like to work with primary care

doctors and have a partnership when we have a patient that is difficult to diagnosis," he says. "It's a team effort. We realize that the average primary care doctor has maybe seven minutes with a patient. We're happy to try to help them and work with them."

Abell's path to the Motility Clinic started at the Sanford School of Medicine of the University of South Dakota. He went on to complete residencies at Ohio State University College of Medicine and University of Tennessee College of Medicine and fellowships at Mayo Medical School and the University of Tennessee. He is trained in internal medicine, family medicine, and gastroenterology.

At the Motility Clinic, Abell is joined by Abigail Stocker, MD, and Lindsay McMurray, PA. Together, they received approximately 1,000 referrals and saw nearly 2,800 patients in 2016, including monitoring of approximately 100 home health patients.

"The average person we see has been sick for several years," Abell says. "When chronic illness people become very discouraged, depressed, they have financial stress, it affects the whole family. They often can't eat. They've lost weight or they become overweight because they find that all they can eat is carbohydrates. Some of our patients only move their bowels every two

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weeks or they have diarrhea so bad that they can't go out of their house. We spend a lot of time on the psychological aspects of chronic illness because you have to take care of the whole person."

That care begins with diagnosing the cause of the problem. Diabetes is the single most common cause for these digestive conditions, but that has often been diagnosed by the time the patient gets to the clinic. Many of the other causes are autoimmune. Abell says that nearly 80 percent of the patients are women. For some, it's pregnancy-related nausea that never goes away. For others, chronic vomiting is a byproduct of a surgery to remove a tumor. Other causes might be genetic.

A variety of tests are used to help with the diagnosis, including x-rays, endoscopy, barium studies, scans, specialized blood tests, and electrical recordings.

"Instead of heart failure or kidney failure, this is gut failure," Abell says. "A lot of these are systemic illnesses, and part of that is that their gut basically fails. The good news is with the right diagnosis you can often times help people. We don't give up when we're trying

to find out what's wrong. Once we figure out what's wrong, we can work on how to treat it."

In some cases, that treatment includes new drugs, administered through clinical trials. The clinic is part of the National Institutes of Health's (NIH) Gastroparesis Clinical Research Consortium. This involvement in the consortium allows the clinic to follow patients over time and study the results of treatment.

"We also offer some investigational therapies through the NIH – all free of charge through a grant through U of L," Abell says. "People can get access to things that are only available a few places in the country. We're very grateful for our ability to provide these. Our whole goal is to try to learn more about these disorders and then disseminate the information. That's why the NIH Consortium is there, to try to impact patient care."

In addition to their involvement with the NIH, Abell and his staff have developed a number of strong relationships with other physicians and departments, enabling the patients to benefit from the knowledge and resources of a variety of specialists. "We have strong relationships with surgery (which is part of our

clinic), and with endocrinology, psychology and psychiatry, rehabilitation medicine, pain management, and nutrition, among others," Abell says. "We have access to a lot of resources to help our patients."

Support groups are another resource patients are encouraged to use. The feelings of hopelessness, discouragement, and despair can be overwhelming for patients dealing with years of chronic illness. There's often frustration over the inability to understand and identify the root cause of the illness. The illness, ultimately, can become psychological as well as physical. Sharing those feelings with others who understand and are confronting many of the same issues can be a big part of the healing process.

"Having one patient tell another patient about their experience is much more effective than me telling them," Abell says. "You just can't replace that."

There aren't always cures and the symptoms can't always be eliminated. But Abell believes in his gut that the Motility Clinic has the resources and expertise to help people.

"I had this problem for a long time, but it finally went away." **MDU**

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