



Gastroparesis

Gastroparesis is a condition where the stomach takes longer than normal to empty food into the small intestine. This happens without any blockage in the stomach. Gastroparesis can make eating and digesting food uncomfortable and can affect your quality of life.

Causes:

Gastroparesis can be caused by several things. The most common causes are diabetes, previous stomach surgery, and certain medications (like opioid pain medicines or some diabetes drugs). Sometimes, the cause is unknown (idiopathic gastroparesis). Less common causes include nerve diseases (like Parkinson's), muscle diseases, and infections.

Symptoms:

The main symptoms are:

- Nausea and vomiting
- Feeling full quickly when eating
- Bloating and burping
- Abdominal pain or discomfort
- Loss of appetite and weight loss

Diagnosis:

Doctors diagnose gastroparesis by:

- Asking about your symptoms and medical history
- Doing tests to rule out a blockage (like an endoscopy or imaging)
- Performing a gastric emptying study, usually a 4-hour test, to see how quickly food leaves your stomach

Treatment:

Treatment focuses on relieving symptoms and helping you get enough nutrition:

- **Diet changes:** Eat small, frequent meals. Choose soft, easy-to-chew foods. Avoid fatty, spicy, acidic, and high-fiber foods. Soups and liquid meals may be easier to digest.
- **Medicines:** The main medicine is metoclopramide, which helps the stomach empty faster. It should only be used for short periods, because of possible side effects. Erythromycin may be used for a short time. Other medicines for nausea, like ondansetron or ginger, may help.
- **Managing diabetes:** If you have diabetes, keeping your blood sugar under control can help your symptoms.
- **Severe cases:** If you cannot eat enough, you may need a feeding tube or special nutrition support. Procedures like gastric electrical stimulation or endoscopic treatments (G-POEM) may be considered if medications and diet changes do not help.

Emerging Therapies:

New treatments are being studied and may help people who do not get better with standard therapies:

- **5-HT4 agonists (such as prucalopride, velusetrag, felcisetrag):** These medications help the stomach muscles work better and may improve symptoms for some people.
- **Neurokinin-1 antagonists (such as aprepitant):** These medications may help with nausea and vomiting, but are not yet widely used.
- **Ghrelin agonists (such as relamorelin):** These are being studied for their ability to speed up stomach emptying, but are not yet approved for gastroparesis.
- **Gastric per-oral endoscopic pyloromyotomy (G-POEM):** This is a minimally invasive procedure that helps open the valve at the bottom of the stomach, making it easier for food to pass. It is mainly used for people with severe symptoms who do not respond to other treatments.
- **Gastric electrical stimulation (GES):** This device sends small electrical pulses to the stomach to help control nausea and vomiting. It is considered for people with severe, long-lasting symptoms who do not improve with medicines.
- **Other options:** Research is ongoing into new medicines and procedures, including fundus relaxing agents (acotiamide, buspirone), and ways to better select patients for these treatments.

Prognosis:

Gastroparesis is a long-term condition. Symptoms can come and go, and some people may have only mild problems while others have more severe symptoms. With the right treatment and diet, many people can manage their symptoms and improve their quality of life. The outlook depends on the cause and how well symptoms are controlled.

If you have gastroparesis, regular follow-up with your healthcare team is important. Let them know if your symptoms change or if you have trouble eating or keeping food down.

References

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