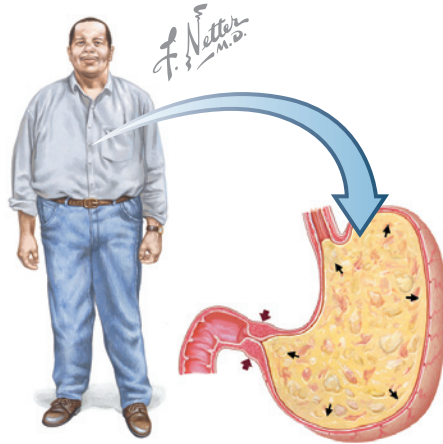


MANAGING YOUR GASTROPARESIS AND GASTRIC MOTILITY DISORDERS

Gastric motility disorders include delayed gastric emptying (gastroparesis), rapid gastric emptying (dumping syndrome), functional dyspepsia (indigestion), and cyclic vomiting syndrome.

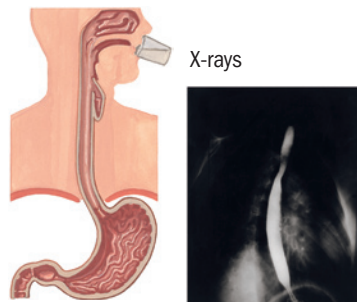
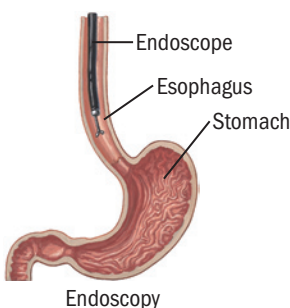


The most common cause is diabetes. Others are pregnancy, uremia, gastritis, ulcers, cancer, surgery, anorexia, drugs, and many other diseases. The cause can be unknown.

Symptoms include bloating, abdominal pain or swelling, nausea, vomiting, and feeling full after eating a few bites. Anorexia, heartburn, abnormal blood sugar levels, and weight loss may occur.



For diagnosis, your doctor may use a gastric emptying test, a careful history to rule out other causes, breath tests, ultrasonography, upper endoscopy, computed tomography, manometry, and X-rays.



What Are Gastroparesis and Gastric Motility Disorders?

The stomach grinds food into small pieces and sends them to the small intestine. Gastric motility disorders include delayed gastric emptying (gastroparesis, meaning stomach paralysis), rapid gastric emptying (dumping syndrome), functional dyspepsia (indigestion), and cyclic vomiting syndrome.

In gastroparesis, the stomach doesn't work well. It doesn't contract, crush food, or send food to the small intestine in a normal way. Food stays in the stomach too long. Digestion isn't normal. Food can harden into solid chunks (bezoars) that may cause nausea and vomiting and block the stomach.

Gastroparesis affects males and females of almost any age.

What Causes Gastroparesis and Gastric Motility Disorders?

The most common cause is diabetes, which damages nerves that control stomach muscles. Other causes include pregnancy, uremia (kidney failure), gastritis (stomach inflammation), and ulcers. Cancer, infections, and surgery on the stomach or vagus nerve are more causes. Connective tissue disorders, anorexia, bulimia, and gastroesophageal reflux disease (GERD) can lead to these disorders. Medicines causing the conditions include narcotics, calcium channel blockers, antidepressants, and chemotherapy drugs. Endocrine, autoimmune, metabolic, nervous system, and muscle disorders are additional causes. The cause can also be unknown.

What Are the Symptoms of Gastroparesis and Gastric Motility Disorders?

Symptoms include bloating, pain or swelling in the abdomen (belly), nausea, and vomiting. People feel full after eating just a few bites and may have no appetite. Anorexia, heartburn, gastroesophageal reflux, and abnormal blood sugar (glucose) levels may occur. People can lose weight because they don't get enough nutrients.



Treatment involves drugs, nutritional support, and maybe surgery or electrical stimulation in resistant cases. Drugs help nausea and vomiting or get stomach muscles to work better. Controlling diabetes or other diseases is critical.



Avoid high-fiber and fatty foods, legumes, lentils, and citrus.



Avoid any drugs that cause your symptoms.

Don't eat big meals. Instead, eat six small, low-fat, low-fiber meals daily.



Learn about your disorder, and join a support group if you think that would help.



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How Are Gastroparesis and Gastric Motility Disorders Diagnosed?

For diagnosis, the doctor may use a nuclear medicine test called a gastric emptying test (scintigraphy). The test involves eating foods or drinking liquids containing a radioactive substance. The dose isn't dangerous. A device similar to a Geiger counter tells how fast food leaves the stomach. The doctor will also perform a physical exam and obtain a detailed medical history to rule out other causes (drugs, diseases). The doctor may also order breath tests, ultrasonography, upper endoscopy, computed tomography, manometry, and X-rays.

How Are Gastroparesis and Gastric Motility Disorders Treated?

Treatment usually means drugs and nutritional support. Surgery or electrical pacing may also be used in resistant cases. Controlling diabetes or other diseases is critical. Weight loss must be watched, so added nutrition can be given if necessary. Eating smaller meals more often may help, as can low-fat, low-fiber foods and liquids (soups) or pureed foods.

Drugs help nausea and vomiting. Prokinetic drugs can get stomach muscles to contract. Medicines are also given for abdominal pain. Botulinum toxin (Botox) and electrical stimulation are being tried. Feeding tubes and surgery are last resort treatments.

DOs and DON'Ts in Managing Gastroparesis and Gastric Motility Disorders:

- ✓ **DO** control your glucose levels. You may need to change some of the diabetic medications, or the type of insulin or how you take it.
- ✓ **DO** avoid high-fiber and fatty foods. High-fat foods include vegetable shortenings, crackers, candies, cookies, snack foods, fried and processed foods, butter, and whole milk. Avoid legumes, lentils, and citrus.
- ✓ **DO** avoid drugs that cause symptoms.
- ✓ **DO** join a support group if you need one.
- ⊗ **DON'T** eat big meals. Instead, eat six small, low-fat, low-fiber meals daily.
- ⊗ **DON'T** drink caffeine or alcohol.

FOR MORE INFORMATION

Contact the following source:

- National Digestive Diseases Information Clearinghouse
E-mail: nddic@aerie.com
Website: <http://www.niddk.nih.gov/health/digest/nddic.htm>
- American College of Gastroenterology
Tel: (703) 820-7400
Website: <http://www.acg.gi.org>