



# What GI issue is it?

Identifying and treating the underlying cause of a GI disorder may be a difficult task, but recognizing the right type is imperative to avoid or correct malnutrition. The right diagnosis and treatment may prevent further malabsorption, food aversion, and poor oral intake leading patients to feeling better, stronger, and overall better nourished.

## GASTROPARESIS

**Delayed gastric emptying in the absence of mechanical obstructions.**

\*\*50% of patients with gastroparesis have no clear underlying cause and thus it is classified as idiopathic

## FUNCTIONAL DYSPEPSIA

### Definition

**Defined as the presence of one or more of the following symptoms with no structural disease:**

- Postprandial fullness
- Bothersome early satiation
- Epigastric pain or burning

**There are two types of Functional Dyspepsia:**

1. Postprandial distress syndrome
  - Meal-induced symptoms
2. Epigastric pain syndrome
  - Epigastric pain or burning that doesn't appear to coincide with eating

### Causes

- Uncontrolled diabetes mellitus
- Scleroderma
- Neurological disorders
- Connective tissue diseases
- Eating disorders
- Metabolic/endocrine issues like hypothyroidism
- Gastric surgery
- Some medications, especially narcotic analgesics and anticholinergic agents

- Genetic predisposition
- Prior viral infection
- Stress
- Inflammation
- Surgery
- Trauma
- H Pylori

### Symptoms

Symptoms	Gastroparesis	FD: Epigastric Pain Syndrome	FD: Postprandial Distress Syndrome
Epigastric pain	X	X	X
Delayed gastric emptying	X		X
Rapid gastric emptying		X	
Postprandial fullness	X		X
Nausea	X		
Vomiting	X		
Early satiety			X

## Diagnosis

- ▶ Imaging should be done to rule out mechanical obstruction
- ▶ Motility abnormalities needs to be assessed with tests, including gastric emptying tests and manometry
  - i. Note there isn't any sure diagnostic tool that differentiates GP and FD
- ▶ Gastroparesis Cardinal Symptom Index (GCSI) to measure symptom severity

## Treatment

TREATMENT TYPE	GASTROPARESIS	FUNCTIONAL DYSPEPSIA
<b>Dietary modification</b>	<ul style="list-style-type: none"> <li>• Frequent low-fat, low-fiber meals and nourishing liquids</li> <li>• IDPN/IPN supplementation (does not pass through the gut)</li> </ul>	<ul style="list-style-type: none"> <li>• Small, frequent meals</li> <li>• Reduction in dietary lipid intake</li> <li>• Elimination of problematic proteins</li> <li>• IDPN/IPN supplementation (does not pass through the gut)</li> </ul>
<b>Pharmacological therapy</b>	<ul style="list-style-type: none"> <li>• Prokinetic agents</li> <li>• Anti-emetic agents</li> <li>• Erythromycin</li> <li>• Ghrelin receptor agonist (relamorelin)</li> <li>• 5-HT<sub>4</sub> receptor agonist (prucalopride, velusetrag)</li> </ul>	<ul style="list-style-type: none"> <li>• Prokinetic agents</li> <li>• Acid suppression therapy</li> <li>• Buspirone</li> <li>• Serotonergic agents</li> <li>• Aticoamide</li> <li>• <i>Helicobacter pylori</i> eradication</li> <li>• Antidepressant therapy (amitriptyline, tricyclic antidepressant)</li> </ul>
<b>Interventional therapy</b>	<ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Herbal preparations</li> </ul>	<ul style="list-style-type: none"> <li>• Cognitive-behavioral therapy/hypnotherapy</li> <li>• Acupuncture</li> <li>• Herbal preparations</li> </ul>