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Summary

How to diagnose functional dyspepsia and differentiate from gastroparesis

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The speaker teaches that delayed gastric emptying alone does not distinguish functional dyspepsia from gastroparesis and that clinicians should focus on predominant symptom patterns, particularly nausea and vomiting, to guide diagnosis and selective gastric emptying testing.

KEY POINTS

- The speaker states that delayed gastric emptying is required for gastroparesis diagnosis but is found in a third of functional dyspepsia patients and does not explain all symptoms or discriminate between the two disorders.
- Rome five criteria emphasize that predominant nausea and/or persisting vomiting should raise suspicion for gastroparesis and exclude functional dyspepsia, making symptom phenotype the key differentiator.
- Initial evaluation should include detailed history focusing on alarm features and risk factors plus H. Pylori testing, with upper endoscopy not routinely required in patients without alarming features.
- Gastric emptying testing has a selective, management-oriented role in the Rome five algorithm, guided by clinical clues including prominent nausea and vomiting, severe refractory symptoms with weight loss, and risk factors such as diabetes or prior gastric surgery.
- The speaker emphasizes that the goal is mechanism-based phenotyping rather than simply assigning a label, as symptoms reflect overlapping sensory and motor dysfunction and brain-gut axis disturbances.
- Body surface gastric mapping is presented as an emerging technique combining non-invasive gastric myoelectrical activity measurements with symptom and psychological profiling to enable mechanism-based phenotyping.

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