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Summary

FD and gastroparesis: To test or not to test?

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UEG Postgraduate Teaching Programme Vienna 2024 | Presentation

Education & Training | Neurogastroenterology & Motility | Stomach & H. Pylori

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The speaker presents a case-based discussion of a 29-year-old woman with chronic nausea, vomiting, and weight loss, ultimately diagnosed with gastroparesis, emphasizing a biopsychosocial treatment approach and the importance of managing patient expectations.

KEY POINTS

- The patient presented with daily vomiting, postprandial fullness, early satiation, 10 kg weight loss over 6 months, and job loss due to symptoms; gastroscopy and other investigations were normal.
- The speaker recommends initiating symptomatic treatment with a prokinetic antiemetic before ordering gastric emptying studies, unless symptoms fail to improve with initial therapy.
- Four-hour gastric scintigraphy showed 80% retention at 2 hours and 35% retention at 4 hours; the speaker states this delayed emptying combined with compatible symptoms supports a gastroparesis diagnosis.
- The speaker presents network meta-analysis results stating that dopamine antagonists and tachykinin-1 antagonists showed greater efficacy than placebo for gastroparesis symptoms, though confidence in the evidence is low to moderate and there is an unmet need for effective treatments.
- The speaker emphasizes a biopsychosocial approach including dietary modification, addressing psychological factors like anxiety, and managing the wider social impact, while warning clinicians about the slippery slope of escalating interventions after gastroparesis diagnosis.
- At three-month follow-up the patient was taking prucalopride with dietary changes and nutritional supplements, had gained some weight, still experienced some vomiting but with much less impact, and felt more hopeful about her future.

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