gutflix
GI learning, personalised

Summary

FD and gastroparesis: Can there be too many tests?

Daniel Keszthelyi

UEG Postgraduate Teaching Programme Vienna 2024 | Presentation

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

October 12, 2024

The speaker presented a case-based approach to a young patient with dyspepsia, arguing that functional dyspepsia can be diagnosed without endoscopy in low-risk patients and that tricyclic antidepressants are the preferred neuromodulator.

KEY POINTS

- The speaker diagnosed functional dyspepsia in a 20-year-old woman with dyspepsia, nausea, and extra-intestinal symptoms without performing endoscopy, stating that UK data showed a positive predictive value for cancer of 0.01 percent in young women with dyspepsia and that about three-quarters of gastroscopies are done in patients with cancer risk below 1 percent.
- The speaker recommended amitriptyline as the preferred neuromodulator for functional dyspepsia, starting at 10 mg before bed and titrating to 50 to 75 mg, and stated that a North American study showed amitriptyline had no effect on gastric emptying time or gastric accommodation.
- The speaker advised tapering tramadol and noted that the interaction between tramadol and SSRIs can cause serotonin syndrome, which is potentially life-threatening.
- Vomiting is the symptom most predictive of delayed gastric emptying, and in the absence of vomiting with predominantly sensory symptoms like pain and extra-intestinal symptoms, repeating gastric emptying testing is unlikely to be helpful, according to the speaker.
- The speaker highlighted that avoidant restrictive food intake disorder is common in functional dyspepsia and gastroparesis patients, particularly those with postprandial distress syndrome, and recommended considering referral to a dietician or mental health professional.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/77d148d4-9130-11ef-8f32-0242ac140004

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.