Summary: FD and gastroparesis - It can be easy if you do it smart

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UEG Postgraduate Teaching Programme Vienna 2024 | Presentation

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

October 12, 2024

The speaker provided practical guidance on distinguishing gastroparesis from functional dyspepsia and emphasized treating the whole patient rather than test results alone.

KEY POINTS

- Nausea and vomiting are cardinal symptoms in gastroparesis; patients with only postprandial distress syndrome or other functional dyspepsia features without nausea and vomiting should not be tested for gastroparesis.
- The speaker stated that symptom severity and nutritional status can guide the decision to perform gut physiology testing, and clinicians should verify their local lab uses an optimal gastric emptying test protocol.
- The speaker cautioned that clinical relevance of delayed gastric emptying requires careful interpretation, particularly for mild or moderate delays, and advised testing only when the result will influence management.
- The speaker stated that prokinetic therapy appears to provide some benefit in both gastroparesis and functional dyspepsia and can be used without gastric emptying test results, while neuromodulators address overall symptom burden.
- The speaker emphasized realistic treatment goals focused on symptom reduction rather than elimination, avoiding harm from excessive testing or ineffective treatments, and maintaining long-term follow-up especially for patients with severe symptoms.

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