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Summary

How to treat functional dyspepsia and gastroparesis

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The presentation reviews evidence-based treatment algorithms for functional dyspepsia and gastroparesis, emphasizing dietary modifications, pharmacotherapy escalation, and the role of invasive interventions in refractory cases.

KEY POINTS

- For functional dyspepsia, the Rome V consensus recommends starting with small low-fat meals and trigger avoidance, followed by first-line therapy with standard-dose PPI (number needed to treat approximately 11) or herbal medicines including STW5 and peppermint-caraway oil.
- The speaker reported real-world data showing at least moderate symptom improvement in more than 90% of functional dyspepsia patients receiving methacholine, with particularly good effects in postprandial distress syndrome.
- Neuromodulators for functional dyspepsia (tricyclics and antipsychotics, but not SSRIs) have been studied only up to 12 weeks, and a large number of patients discontinue due to side effects.
- For gastroparesis, the speaker emphasized that small particle diet is the only evidence-based proven dietary intervention and recommended all confirmed gastroparesis patients consult a nutritionist.
- The speaker stated that G-PEM (gastric per-oral endoscopic myotomy) accelerates gastric emptying and reported long-term treatment success of 64% at 60 months, arguing it should be considered for medically refractory severe gastroparesis despite most guidelines not recommending it as standard therapy.
- Gastric electrical stimulation does not accelerate gastric emptying but the speaker's collaborator reported approximately 60% success rates in treatment-refractory gastroparesis, with an ongoing trial in patients without delayed emptying who have predominant nausea and vomiting.

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