

What are some of the symptoms?

- Early satiety (fullness)
- Nausea
- Vomiting undigested food
- Bloating
- Abdominal swelling
- Abdominal discomfort
- Epigastric pain
- Weight loss
- Malnutrition
- Inability to eat
- Loss of appetite
- Food aversions
- Fear of eating
- Gastroesophageal reflux
- Heartburn
- Erratic blood glucose levels
- Lethargy
- Weakness
- Some patients are asymptomatic

Where can you get help?

- Contact your physician. Be sure to discuss any questions or concerns regarding your symptoms, treatments, or diagnosis.
- AGMD provides many educational resources, physician referrals, and much needed support.

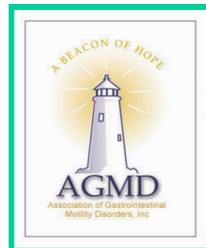
Key Points To Remember

- Help is available
- Obtain a definitive diagnosis
- Maintaining nutrition is important
- Symptoms can vary
- Learn about your diagnosis
- New treatments are on the horizon

The information contained in this educational brochure should be used as a reference only. Patients are urged to contact their physician regarding any concerns or questions relating to their health or the material presented in this publication.

The content of this publication has been reviewed by members of the AGMD Medical, Scientific, and Nutrition Advisory Board.

For further information concerning the Association of Gastrointestinal Motility Disorders, Inc. (AGMD) and digestive motility diseases and disorders, contact the AGMD International Corporate Headquarters.



Information About Gastroparesis



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What is Gastroparesis (GP)?

Gastroparesis is a digestive motility disorder affecting the stomach.

In normal digestion, peristalsis or the wavelike contractions, move food and liquid content through the digestive tract in a well coordinated rhythmic manner.

With gastroparesis, the peristalsis or movement of food and liquid through the stomach to the duodenum (small intestine) is delayed in the absence of a mechanical obstruction. As a result, normal digestion is impaired.

What are some of the possible causes?

Gastroparesis can occur as a result of many possible causes, some which include:

- Diabetes
- Infections (i.e. HIV, Chagas' disease)
- Endocrine disorders/Metabolic disturbance (i.e. hypothyroidism, hyperthyroidism, chronic liver failure, renal failure)
- Connective tissue disorders (i.e. systemic lupus erythematosus, amyloidosis)
- Eating disorders
- Secondary to other digestive motility diseases or disorders (i.e. chronic intestinal pseudo-obstruction, ach-

lasia, gastroesophageal reflux disease)

- Medications (i.e. opiates, anticholinergics, levodopa, calcium channel antagonists, alcohol, octreotide, beta blockers, cannabis)
- Nutritional deficiencies
- Neuromuscular disorders (i.e. Parkinson's disease, myotonic and muscular dystrophy, autonomic degeneration, stroke, central nervous system disease)
- Surgery (i.e. vagotomy, fundoplication, heart or lung transplant)
- Post operative ileus
- Post viral syndromes (i.e. gastroenteritis, Herpes zoster infection)
- Neoplasia
- Infection
- Electrolyte or metabolic disturbance (hyperglycemia, hypokalemia, hypomagnesaemia)
- Mitochondrial diseases
- Rheumatologic disorders
- Chemotherapy
- Critical illness
- Idiopathic (no known cause)

How common is gastroparesis?

Although the actual prevalence of gastroparesis is unknown, it is estimated that up to 4% of the population or about 5 million people in the U.S.

Who is affected by Gastroparesis?

The disease can strike anyone at any age. It can also affect individuals of any sex and ethnic background.

How is gastroparesis diagnosed?

Gastroparesis may be diagnosed by patient medical history and physical examination, radiographic tests, barium x-ray, laboratory studies, ultrasound upper endoscopy, gastric emptying study, scintigraphic gastric emptying test, and gastroduodenal manometry. The radioisotope gastric-emptying scan is the most common test used to confirm the diagnosis of gastroparesis.

How is gastroparesis treated?

Medications (antibiotics, prokinetic drugs, anti-nausea/vomiting drugs, dietary modification, botulinum toxin, acupuncture) may be used in conjunction with traditional medical therapy and surgery. Some patients may be candidates for implantation of a gastric neurostimulator.

What are some other considerations when it comes to gastroparesis?

Small bowel bacterial overgrowth (SBBO) can be a common problem with those having gastroparesis. This can result from maldigestion and malabsorption. SBBO is diagnosed by a lactulose breath test. If the result is positive, then antibiotic therapy is used as a treatment.