

Idiopathic Gastroparesis

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KEYWORDS

• Gastroparesis • Gastric emptying • Idiopathic gastroparesis

KEY POINTS

- Idiopathic gastroparesis is a common form of gastroparesis, being among the three main causes of gastroparesis: diabetic, postsurgical, and idiopathic gastroparesis.
- Patients with idiopathic gastroparesis have a constellation of symptoms including nausea; vomiting; early satiety; postprandial fullness; and in some patients, upper abdominal pain.
- The presentation of idiopathic gastroparesis is similar to diabetic gastroparesis, although abdominal pain occurs more often in idiopathic gastroparesis, whereas nausea and vomiting are more severe in diabetic gastroparesis.
- Treatment of the symptoms may use agents used for diabetic gastroparesis and functional dyspepsia.
- Idiopathic gastroparesis significantly impacts on the quality of life of patients and development of new effective therapies for symptomatic control is needed.

INTRODUCTION

Gastroparesis is a chronic symptomatic disorder of the stomach manifested by delayed emptying without evidence of mechanical obstruction.^{1,2} The common causes of gastroparesis include diabetic, postsurgical, and idiopathic.^{1,2} Idiopathic gastroparesis (IG) refers to gastroparesis of unknown cause; that is, not from diabetes, not from prior gastric surgery, and not related to other endocrine, neurologic, or rheumatologic causes of gastroparesis. In addition, it is not related to medications that can delay gastric emptying, such as opiate narcotic analgesics and anticholinergics.¹

In most series, IG is the most common category for gastroparesis. In the series reported by Soykan and colleagues³ the causes in 146 patients were 36% idiopathic, 29% diabetic, 13% postgastric surgery, 7.5% Parkinson disease, 4.8% collagen vascular disorders, 4.1% intestinal pseudo-obstruction, and 6% miscellaneous causes. Miscellaneous causes of gastroparesis include other neurologic diseases, eating disorders, other metabolic or endocrine conditions (hypothyroidism), and critical illness.

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Gastroenterol Clin N Am ■ (2015) ■–■
<http://dx.doi.org/10.1016/j.gtc.2014.11.015>

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This article discusses IG, symptomatic gastroparesis not from other known etiologies. This article updates the present status of the understanding of this disorder and reviews recent studies from the National Institutes of Health (NIH) National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) Gastroparesis Consortium.

EPIDEMIOLOGY

Gastroparesis occurs more often in women than men, often by a 3:1 margin. This is true not only for IG, but also for the other main causes of gastroparesis (diabetic and postsurgical). Patients with IG are typically young or middle-aged women. Even after adjusting for gender differences in gastric emptying, because females in general have slower gastric emptying than males,⁴ gastroparesis occurs more commonly in women.⁵

Outside of gender issues and cause, the epidemiology of gastroparesis has not been systematically studied. This is because for proper diagnosis, a gastric emptying test is needed, one that presently cannot be done in population studies. Data from the Rochester Epidemiology Project, a database of linked medical records of residents of Olmsted County, Minnesota, showed that the age-adjusted incidence of definite gastroparesis per 100,000 person-years for the years 1996 to 2006 was 9.8 for women and 2.4 for men.⁶ Definite gastroparesis was defined as diagnosis of delayed gastric emptying by standard scintigraphy and symptoms of nausea and/or vomiting, postprandial fullness, early satiety, bloating, or epigastric pain for more than 3 months. The age-adjusted prevalence of definite gastroparesis per 100,000 persons was 37.8 for women and 9.6 for men. More recent estimates have suggested that the prevalence of gastroparesis was an underestimation and the prevalence is greater, approaching 2% of the general population.⁷

SYMPTOMS

Common symptoms of gastroparesis include nausea (>90% of patients), vomiting (84% of patients), and early satiety (60% of patients).¹⁻³ Other symptoms include postprandial fullness and upper abdominal pain.⁸ There is slight variation in symptoms depending on the cause of gastroparesis: abdominal pain occurs more often in IG than in diabetic gastroparesis (DG),⁸ whereas nausea and vomiting are more severe in DG than in IG.⁹ In patients with gastroparesis, weight loss, malnutrition, and dehydration may be prominent in severe cases.

There is overlap in the symptoms of IG and functional dyspepsia. Abdominal pain or discomfort may be present to varying degrees in patients with gastroparesis, but it is not usually the predominant symptom, as it can be in functional dyspepsia.¹⁰ A substantial minority of patients (20%–40%) with functional dyspepsia can have delayed gastric emptying,¹⁰ blurring the distinction between IG and functional dyspepsia. Patients with IG often have a constellation of symptoms including nausea, vomiting, early satiety, postprandial fullness, and upper abdominal pain.

Symptoms may fluctuate, with episodes of pronounced symptoms interspersed with relatively symptom-free intervals. Thus it can be difficult to differentiate IG from cyclic vomiting syndrome, especially in the latter when there can be a “coalescence of symptoms,” such that they can occur nearly daily rather than as typical for cyclic vomiting syndrome with the vomiting episodes more sporadic on a monthly or less frequent basis.¹¹ In cyclic vomiting syndrome, gastric emptying is normal or often, it can be rapid¹¹

The symptom profile and symptom severity of gastroparesis can be assessed with the Gastroparesis Cardinal Symptom Index (GCSI),¹² a subset of the Patient

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