

Questions to Ask Your Physician

If you have diabetes or diabetic gastroparesis, here are some questions you can ask your doctor:

- How do I know if I have diabetic gastroparesis?
- What tests will I need to undergo?
- What should I change in my diet?
- What treatments are available?
- What are the goals of management?

Treatment Options

Prokinetic drugs enhance gastrointestinal movement by increasing the frequency or strength of contractions.

- Metoclopramide is the only treatment approved by the FDA to treat gastroparesis. It stimulates muscle contractions and helps to reduce nausea and vomiting. Metoclopramide should be taken 20-30 minutes before meals and at bedtime. Side effects include fatigue, sleepiness, and depression. There is also a Black Box Warning due to rare reports of it causing an irreversible neurologic side effect called tardive dyskinesia, a disorder that affects movement.¹
- Prokinetic agents that are not approved by the FDA but are commonly used include domperidone, erythromycin, and tegaserod.^{1,2}

Anti-emetic agents can help with nausea and vomiting. These include phenothiazines, serotonin 5-HT₃ receptor antagonists such as ondansetron, granisetron, and dolasetron, and antihistamines such as diphenhydramine, dimenhydrinate, and meclizine.²

Tricyclic antidepressants (TCAs) impair gastrointestinal motility through their anticholinergic activity but they have also been shown to relieve nausea, vomiting, and pain in functional dyspepsia. Side effects associated with low-dose TCAs are uncommon, although excessive sedation and dry mouth occasionally limits use.²

There are also drugs in development for diabetic gastroparesis:

- Relamorelin is a ghrelin agonist and stimulates contractions, enhances stomach emptying, and reduces vomiting.^{2,3}
- Prucalopride is a serotonin agonist that accelerates gastric emptying and was shown in preliminary studies to alleviate symptoms of gastroparesis.³

If there are severe symptoms such as dehydration, malnutrition, or electrolyte imbalances, procedures are available, including enteral or parenteral nutrition, gastric electrical stimulation, and other surgical procedures.¹

Gastric per-oral endoscopic myotomy (G-POEM) is a minimally invasive approach that has been shown to be successful in patients with refractory gastroparesis.⁴

A combination of these treatments may need to be tried to determine the best way to control your symptoms. Remember, there is no cure, but the symptoms can be managed in partnership with your healthcare provider.

References

1. Diabetic gastroparesis. Available at: <https://dlife.com/diabetic-gastroparesis-symptoms-complications-treatment/>. Accessed April 26, 2019.
2. Krishnasamy S, Abell TL. Diabetic gastroparesis: principles and current trends in management. *Diabetes Ther*. 2018;9(Suppl 1):1-42.
3. Camilleri M. Hope on the horizon for patients with gastroparesis symptoms. *AGA Perspectives*. Available at: http://agaperspectives.gastro.org/hope-horizon-patients-gastroparesis-symptoms/#.XMN9_tKjBI. Accessed April 26, 2019.
4. Meybodi A, Qumseya BJ, Shakoor D, et al. Efficacy and feasibility of G-POEM in management of patients with refractory gastroparesis: a systematic review and meta-analysis. *Endosc Int Open*. 2019;7(3):E322-E329.