

ASSURE[®] BRILLIANCE

COMPREHENSIVE SERVICE & SUPPORT PROGRAM

Gastroparesis and the Diabetes Population

Gastroparesis is a condition in which the spontaneous movement of the muscles (motility) in your stomach does not function normally.

Ordinarily, strong muscular contractions propel food through your digestive tract. With gastroparesis, the stomach's motility works poorly or not at all thus preventing the stomach from emptying properly. Gastroparesis can interfere with normal digestion, cause nausea, vomiting and problems with blood sugar levels and nutrition.

Gastroparesis Complications

Complications related to gastroparesis can include bacterial overgrowth from food remaining in the stomach too long and then fermenting. Blood sugars increase when food enters the small intestine and is absorbed after a delay in movement out of the stomach. Food can also harden into bezoars, which may contribute to gastrointestinal symptoms and conditions ranging from nausea and vomiting to abdominal obstruction. If a bezoar blocks the passage of food into the small intestine, life-threatening complications can occur.

Some symptoms typically recognized in gastroparesis may include:

- Nausea
- Vomiting
- Indigestion
- Unstable blood glucose levels
- Abdominal bloating
- Decreased appetite
- Early satiety
- Weight loss

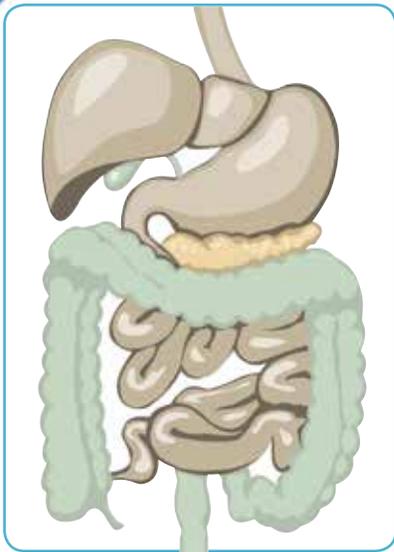
In addition to a physical examination and possible blood glucose check, there are a number of other methods used in diagnosing gastroparesis.

Such include:

- Blood tests
- Barium X-ray
- Barium beefsteak meal
- Radioisotope gastric-emptying scan
- Gastric manometry
- Wireless motility capsule
- Electrogastrography
- Ultrasound
- Upper endoscopy
- Biopsy of the stomach or small intestine

Conclusion

Despite gastroparesis being a chronic condition, there are treatments for controlling the symptoms, which support the management of diabetes.



An estimated 5 to 65 percent of the diabetic population has gastroparesis. The broad range in prevalence is due to the difficulty in diagnosing gastroparesis. As with other forms of neuropathy, high blood sugars during an extended period of time tend to damage nerves—including the vagus nerve—throughout the body. Elevated blood sugars not only create chemical changes in the nerves but impair blood vessels that transport oxygen and other required nutrients to the nerves. Gastroparesis typically affects people who have Type 1 diabetes and those who have had diabetes for more than 10 years.

Treating Gastroparesis

There is no cure for gastroparesis; however, managing the disorder and its associated symptoms is possible. With gastroparesis, it is critical that blood glucose levels be managed and controlled, which may require insulin adjustments and increased blood glucose checks. Other management recommendations include avoiding high-fat and high-fiber foods to promote better digestion.

Fat tends to lower digestion whereas undigested fiber can develop into bezoars (solid masses). More frequent meals may be helpful and based on the severity of the condition, liquid meals or medication to promote digestion rates may be prescribed. There are a number of medications used—based on symptoms and severity—to treat gastroparesis. Such include antihistamines, antiemetics and antibiotics. In more severe cases, a jejunostomy (feeding tube) may be used, which allows nutrients to bypass the stomach and to go directly into the small intestine.

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