

Here are this week's healthcare news highlights from AskaPatient:

- Daylight savings time is nothing new, but some hospital electronic record systems still get stumped every year. <http://ow.ly/rVtd30muymz> (11-05-18)
- Antibiotics and acid suppressants given in the first two years of life appear to increase the risk of childhood obesity. <http://ow.ly/E6QD30muysW> (11-05-18)
- Melanoma deaths have increased for men while stabilizing or decreasing for women in most countries over the last 30 years. <http://ow.ly/bdT530muyzH> (11-05-18)
- Screen time may have much less of an effect on children's sleep than previously thought. <http://ow.ly/kmPB30mvEjZ> (11-06-18)
- Group of compounds found in coffee may help protect against Alzheimer's and Parkinson's. <http://ow.ly/5NcW30mvEkz> (11-06-18)
- Stanford scientists modify existing antibiotic to make it more potent against drug-resistant biofilms. <http://ow.ly/txqM30mvEli> (11-06-18)
- Australian man dies after 8 years of struggling with the health effects of eating a slug as a dare. <http://ow.ly/dJbw30mwxez> (11-07-18)
- If you didn't get enough sleep the night before, you may be dehydrated in addition to being tired, study says. <http://ow.ly/gclA30mwXPd> (11-07-18)
- Researchers develop an objective test to replace the current pain scale and evaluate pain medications. <http://ow.ly/B1Fe30mwy0R> (11-07-18)
- Identifying and treating high blood pressure in young people can preempt a significantly higher risk of cardiovascular disease later. <http://ow.ly/k6tS30mxnbw> (11-08-18)
- New cancer screening tool guides individualized treatments for tumors in a matter of days rather than months. <http://ow.ly/h74230mxntY> (11-08-18)
- Broken bones heal more than twice as fast in a new study involving the use of an anti-cancer drug. <http://ow.ly/CUyV30mxnQ0> (11-08-18)
- Mouse studies reveal how it is possible for stress 'memories' to be passed down from father to offspring. <http://ow.ly/fmEd30mykil> (11-09-18)
- Our DNA may not have as big of an impact on longevity as once thought - instead, friendliness and exercise plays a larger role. <http://ow.ly/t4ES30mykyU> (11-09-18)
- Targeting a specific part of the brain with weak electrical stimulation relieves chronic lower back pain in small trial. <http://ow.ly/5cSv30mymPn> (11-09-18)
- FDA program moves device-based treatments for opioid alternatives to the top of the review list to speed up the approval process. <http://ow.ly/xteP30mzcjh> (11-10-18)
- FDA seeks to ban certain e-cigarette flavors in convenience stores and gas stations to curb teen vaping. <http://ow.ly/Oc8w30mzcj6> (11-10-18)

From AskaPatient: when the stomach doesn't do its job: a painful condition called gastroparesis

Gastroparesis is a digestive disorder in which the stomach is slow to move food along the digestive tract path and into the small intestine. The condition is also called "delayed gastric emptying," and symptoms include abdominal pain, nausea, and long-lasting feelings of fullness.

Normally, the lower part of the stomach contracts about three times each minute to move food through the digestive tract, while the top part of the stomach relaxes at intervals after food is swallowed. For the patient afflicted with gastroparesis, food remains in the stomach for too long, causing much discomfort.

Gastroparesis without a known cause is called "idiopathic gastroparesis." Women have the condition more than men, and research cited by the NIDDK (see reference below) states that only a small number of people actually have gastroparesis, but that one in four Americans have symptoms of gastroparesis. Other sources provide a different assessment of prevalence, stating that around 30% of patients with Type 2 Diabetes, and 40% of patients with Type 1 diabetes have gastroparesis (see Parkman article below). Because of symptom similarity to heartburn, gallstones, and other conditions, some say that it is an under-diagnosed condition. Diabetes is linked to gastroparesis because insulin deficiency can, over time, damage the vagus nerve. This is the longest nerve in the body and it controls many automatic body functions and organs.

Treatments for gastroparesis depend on the cause, severity of symptoms, and how a patient reacts to medication. If it is known that diabetes is an underlying factor, controlling blood glucose levels is the first-line treatment. In addition, various other treatments may alleviate symptoms, although there is no known cure:

Changing eating habits

Dietary changes may help the patient avoid malnutrition and dehydration:

- Eat foods low in fat and fiber. Because these foods are often less nutritious, they must be selected carefully.
- Eat five or six small, nutritious meals a day instead of two or three large meals.
- Chew food thoroughly.
- Eat soft, well-cooked foods; process in a blender if that helps.
- Avoid carbonated beverages and alcohol.
- Drink plenty of water or liquids that contain glucose and electrolytes, such as clear soups, low fiber fruit and vegetable juices.
- Avoid lying down for 2 hours after a meal; instead, take a walk or do some other light physical activity after eating.
- Take a daily multivitamin.

Drug treatments

Medicines can help the stomach wall muscles do their job of moving food into the small intestine. Drugs also may be prescribed for nausea, vomiting, or pain. These include:

- **Metoclopramide HCL** for [gastroparesis](#) (generic; click to read patient experiences) [Reglan for gastroparesis](#) (brand name; click to read 70 patient experiences)
Metoclopramide increases the tightening, or contraction, of the stomach wall muscles and may improve gastric emptying and help relieve nausea and vomiting. Unfortunately, this drug has undesirable side effects, such as tremors or twitching (tardive dyskinesia) and anxiety. [Click here for drug description](#) of metoclopramide from National Library of Medicine's Medline service.
- **Domperidone.** Like metoclopramide, domperidone works to increase the contraction of the muscles in the wall of your stomach. Not approved in the U.S., this medicine is available for use through special program administered by the U.S. Food and Drug Administration (see below.) It is approved in Canada and available under the brand name [Motilium](#).
- **Erythromycin** ([AskaPatient review](#)) for gastroparesis. This antibiotic increases stomach muscle contraction and may improve gastric emptying.
- **Antiemetics** may be used to help relieve nausea and vomiting. Over-the-counter antiemetics include [bismuth subsalicylate](#) (such as Pepto Bismol) and [diphenhydramine](#) (both links go to Medline description with example products.) Diphenhydramine is in products like Benadryl; read drug ingredients on the label as many OTC products have multiple active ingredients). Antiemetics do not improve gastric emptying. [Zofran ODT review for gastroparesis](#).
- **Antidepressants** such as [mirtazapine](#) (Remeron brand name), may help relieve nausea and vomiting, but may not improve gastric emptying.
- **Reflux drugs** like [Aciphex](#) or **antispasmodics** like [Baclofen](#) may sometimes be used. Links go to patient reviews.
- **Non-narcotic pain medicines** may reduce pain in the abdomen due to gastroparesis. Example: [Aleve](#).

Some severe treatment options

If dietary changes and medicines don't help, one of the following procedures may be recommended: oral or nasal tube feeding, Jejunostomy tube feeding (feeding tube goes directly into the abdomen), or intravenous (IV) nutrition directly into the bloodstream – IV treatment is often short-term.

Surgical options include venting gastrostomy to relieve pressure in the stomach. Gastric electrical stimulation (GES) involves surgical placement of an electrical device that send pulses to the stomach nerves – this can help decrease long-term symptoms of nausea and vomiting. GES is used to treat people with gastroparesis due to diabetes or unknown causes only, and only in people whose symptoms can't be controlled with medicines.

Sources and More Reading:

National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)

Much of the information for this article came from NIDDK information on [gastroparesis](#).

This site also has useful information on GERD, peptic ulcers, acid reflux, diabetes, and more.

NIDDK is part of the United States National Institutes of Health, which in turn is part of the Department of Health and Human Services.

International Foundation for Gastrointestinal Disorders, Inc. (IFFGD)

Article: "[About G.I. motility: disorders of the stomach](#)."

Diabetic Gastroparesis

"Diabetes Self Management" web site: Treating diabetic [gastroparesis](#).

Diabetic Gastroparesis

Parkman, Henry P et al. "Treatment of patients with diabetic gastroparesis" *Gastroenterology & hepatology* vol. 6,6 (2010): 1-16.

Provides statistics on prevalence of the condition and diagnostic options.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2920593/>

Diabetes Forecast: Case Study

How to spot and treat gastroparesis. Presents a case study that tells the story of a patient who experienced frequent bloating that caused her belly to balloon after meals. The patient had Type 1 diabetes, and eventually needed surgery for gastroparesis.

<http://www.diabetesforecast.org/2018/04-jul-aug/how-to-spot-and-treat.html>

How to Request **Domperidone for Expanded Access Use**

[FDA instructions to doctors](#) "FDA recognizes that there are some patients with severe gastrointestinal motility disorders that are difficult to manage with available therapy for whom domperidone's potential benefits may justify its potential risks. Patients 12 years of age and older with certain gastrointestinal (GI) conditions who have failed standard therapies may be able to receive treatment with domperidone through an expanded access investigational new drug application (IND)."

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