Medical Treatment for Gastroparesis

Living (Well!) with Gastroparesis Program
Warm-Up Class
Conventional Medical Treatment

Prokinetic Medication

* Causes stomach to contract and empty
* Metoclopramide (Reglan)
* Erythromycin
* Domperidone (Motilium) – Not FDA approved; can be obtained from other countries with a prescription
* Cisapride (Propulsid) – Removed from market; available on a limited basis as part of clinical trials

In development:

* TZP 102
Antiemetic Medication (symptom management)

- Alleviates nausea and vomiting
- Different mechanisms; not all work for everyone
- ODT, patches, etc. may work better than pills/tablets
- Examples:
  - Zofran
  - Tigan
  - Compezeine
  - Phenergan
  - Scopolomine
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Pain Medication (symptom management)

- Acetaminophen (Tylenol) or NSAIDs (Aleve, Motrin, etc.)
- Tricyclic antidepressants (Elavil)*
- SNRI antidepressants (Effexor or Cymbalta)
- Neurontin or Lyrica – especially effective for diabetic GP
- Tramadol - not a narcotic but may be habit-forming
- Narcotic pain meds (Fentanyl patches, oxycodone, morphine, or dilaudid)*

*delays gastric emptying
Other Medications -- used Off Label

* Mirtazapine (Remeron) – SSRI antidepressant
  * May reduce fullness/GI symptoms
  * Stimulates appetite
  * Causes weight gain
* Bethanechol (Urecholine)
  * Stimulates GI motility
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Over the Counter Anti-emetics

* Nauzene
* Dramamine
* Kaopectate
* Pepto-Bismol
A Note About… Proton Pump Inhibitors (PPIs)

* They do have a role in GP treatment BUT they are over-prescribed: not ALL GPers need them
* Not designed for long-term use
* Have significant effects on digestion
* Shown to delay gastric emptying of solids
* Natural alternatives
  * DGL
  * D-limonene
  * Aloe vera
  * Marshmallow
  * Slippery Elm
Procedures for gastroparesis management

* Pyloric Botox injections – about 50/50 efficacy
* Gastric neurostimulator (Enterra device) – symptomatic relief in about 70% of cases
* “Feeding” Tubes – artificial nutrition
  * G Tube
  * J Tube

In the pipeline

* Transpyloric stent – first trial at Johns Hopkins
Surrounding yourself with a trusted team of experts, each of whom you have purposefully and carefully selected, makes medical management of gastroparesis much easier.

The catch?

You have to take the initiative to find these people and it’s not always easy.
Your DREAM TEAM

Dream Team Members (may change over time)

* Primary Care Doctor
* Gastroenterologist/Motility Specialist
* Mental Health Professional
* Nutritional Specialist
* Other Medical Specialists
* Complimentary Therapists (Class 4)
When interacting with your Dream Team, always:

* Be respectful – of their time, knowledge, and opinions
* Be prepared – know what you’ve tried, what’s worked, what hasn’t; have your current med list; know the names of your other practitioners; have a list of questions ready
* Be honest – ask any and all questions that you have; talk about your concerns; be truthful about what you’re doing or not doing
* Be your own advocate – speak up about anything you don’t understand or don’t feel comfortable; ask about anything you are interested in trying or learning more about; bring someone with you as a second set of ears, to take notes, and to help you advocate for yourself

You’re Part of the Team, Too
1. Fill out the **Current Medications** worksheet. Make extra copies to bring with you to doctor’s appointments.

2. Fill in the **Treatment Checklist**. Identify the treatment(s) that you haven’t tried but are interested in trying.

3. Fill out the **My Dream Team** worksheet. Identify the members of your team who are absent or need to be replaced.

4. Review the **How to Choose Your Dream Team** handout and start working toward filling any open spots on your team.

5. Review the **Be Part of the Team** handout before your next doctors appointment. Be prepared!