

Chronic Nausea and Vomiting

Gastro Foundation Fellow Weekend 2020

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Introduction

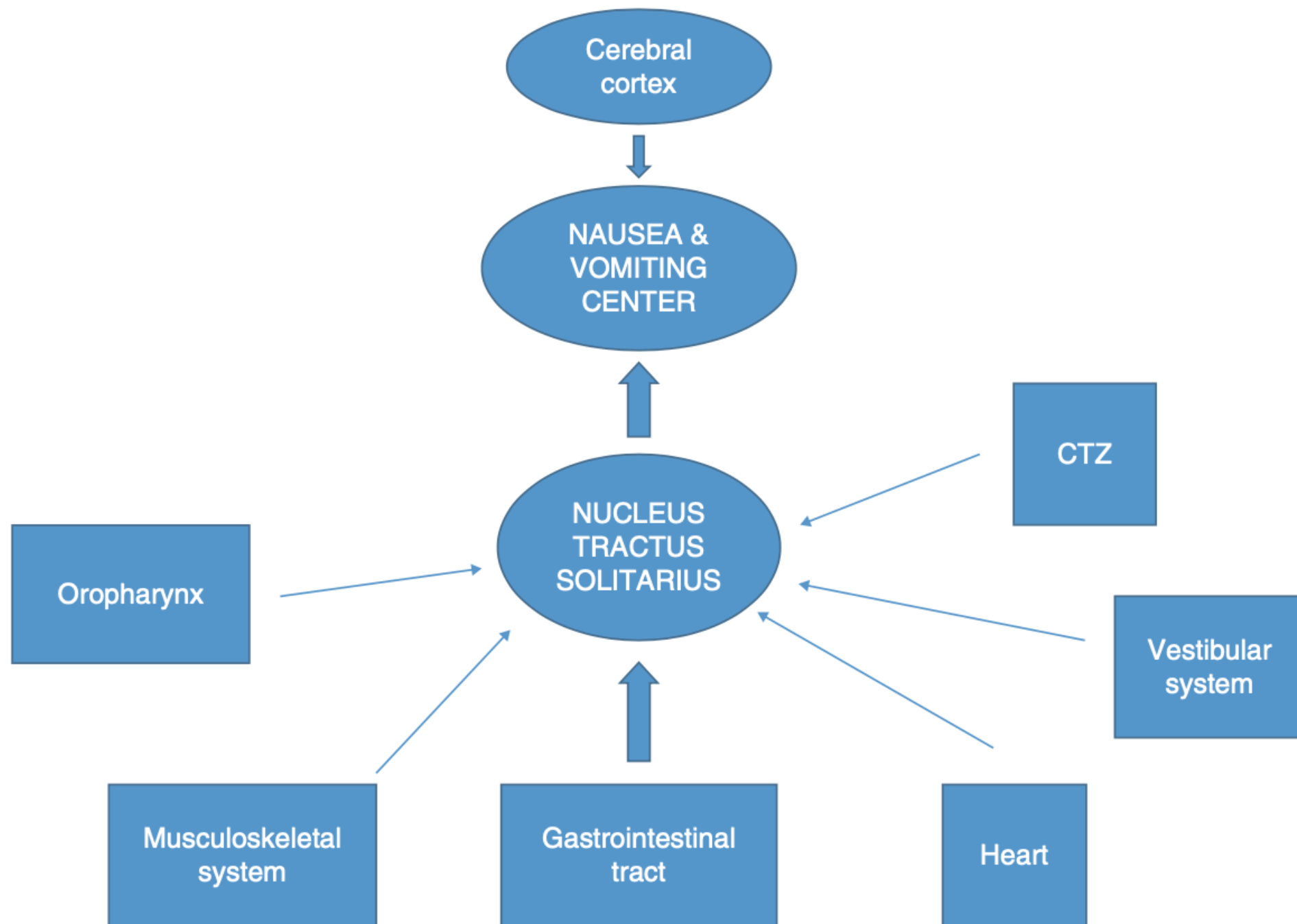
- Nausea: Greek: *Nautia* - seasickness
- Vomiting: Latin: *Vomere* - to discharge
- Differentiate between rumination and regurgitation
- Chronic if duration greater than 4 weeks

Table 4 Vomiting and similar symptoms: definitions

Nausea	Feeling sick to your stomach as if going to vomit or throw up
	An unpleasant sensation of the imminent need to vomit
	A sensation that may or may not ultimately lead to the act of vomiting
Vomiting	Forceful oral expulsion of gastric contents;
	Associated with contraction of the abdominal musculature
Retching	Heaving as if to vomit, but nothing comes up
	Spasmodic respiratory movements against a closed glottis with contractions of the abdominal musculature without expulsion of any gastric contents, referred to as "dry heaves"
Regurgitation	Food brought back into the mouth without abdominal and diaphragmatic muscular activity that characterizes vomiting
Rumination	Chewing and swallowing of regurgitated food that has come back into the mouth through a voluntary increase in abdominal pressure within minutes of eating or during eating

Modified from Quigley et al. [30]

Pathways



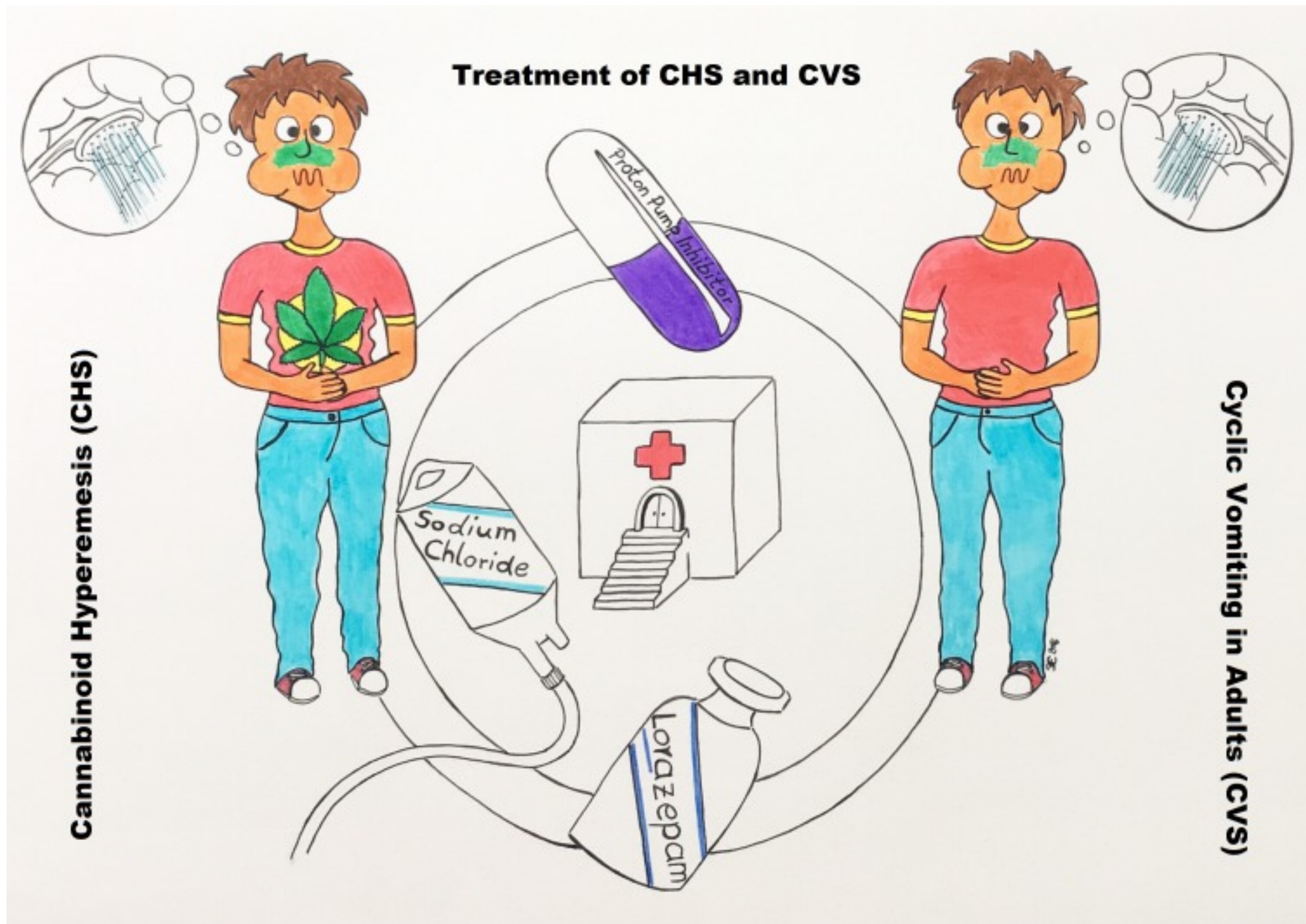
Aetiology

- Gastrointestinal vs Non-GI causes
- Medications and Toxins
- Psychiatric conditions

Table 1 Common causes of chronic nausea and vomiting

Gastroparesis
Functional dyspepsia
Cyclic vomiting syndrome (CVS)
Cannabinoid hyperemesis syndrome (CHS)
Chronic nausea and vomiting syndrome (CNVS)
Anatomic causes (gastric outlet obstruction, intermittent partial bowel obstruction, extrinsic compression of the GI tract, stenosis from ischemia, radiation or Crohn's disease)
Chronic pancreatitis
Hepatobiliary disorders (acute and chronic hepatitis; infiltrative disorders; partial biliary obstruction)
Endocrine disorders (diabetes, hyperglycemia)
Chronic intestinal pseudo-obstruction (primary or secondary)
Vascular disorders (median arcuate ligament syndrome, SMA syndrome, chronic ischemia)
Connective tissue disorders (scleroderma, SLE)
Renal insufficiency
Vestibular disorders (labyrinthitis, Meniere's disease, motion sickness, chronic otitis media)
Esophageal disorders (achalasia, Zenker's diverticulum)
Medications (opioids, antibiotics, antiarrhythmics, anticonvulsants)
Neurologic disorders (Parkinson's disease, seizure disorders, migraine headaches)
Cardiac disorders (ischemia, congestive heart failure)
Eating disorders (anorexia, bulimia)
Psychogenic causes (anxiety, depression, conversion disorder, learned behaviors)
Miscellaneous (alcohol abuse, post-vagotomy)

Cannabis Hyperemesis Syndrome and Cyclical Vomiting Syndrome



Evaluation

- History - Is it Vomiting or Regurgitation
- Timing and Onset
- Description of the Vomitus
- Associated Symptoms/Behaviours

Evaluation

- Physical Examination
- Focused Neurological examination
 - Consider Autonomic testing

Investigations

- Upper Endoscopy
 - Retained food after an overnight fast vs Scintigraphy
Sensitivity 27% and Specificity of 83%
- Radiographic Tests

Gastric Motor Functions

- Gastric Emptying studies
- Solid stage more sensitive than the liquid stage
- Isotope Breath Tests

Management

- Mirrors that of gastroparesis
- Review concomitant medications
- Glycaemic Control
- Diet and Nutrition
- Stop Smoking and Alcohol

Pharmacology

- Metoclopramide only FDA approved Medication
- Macrolide Antibiotics
- 5-HT₄ Receptor Agonists - Prucalopride
- Pain - Mirtazapine

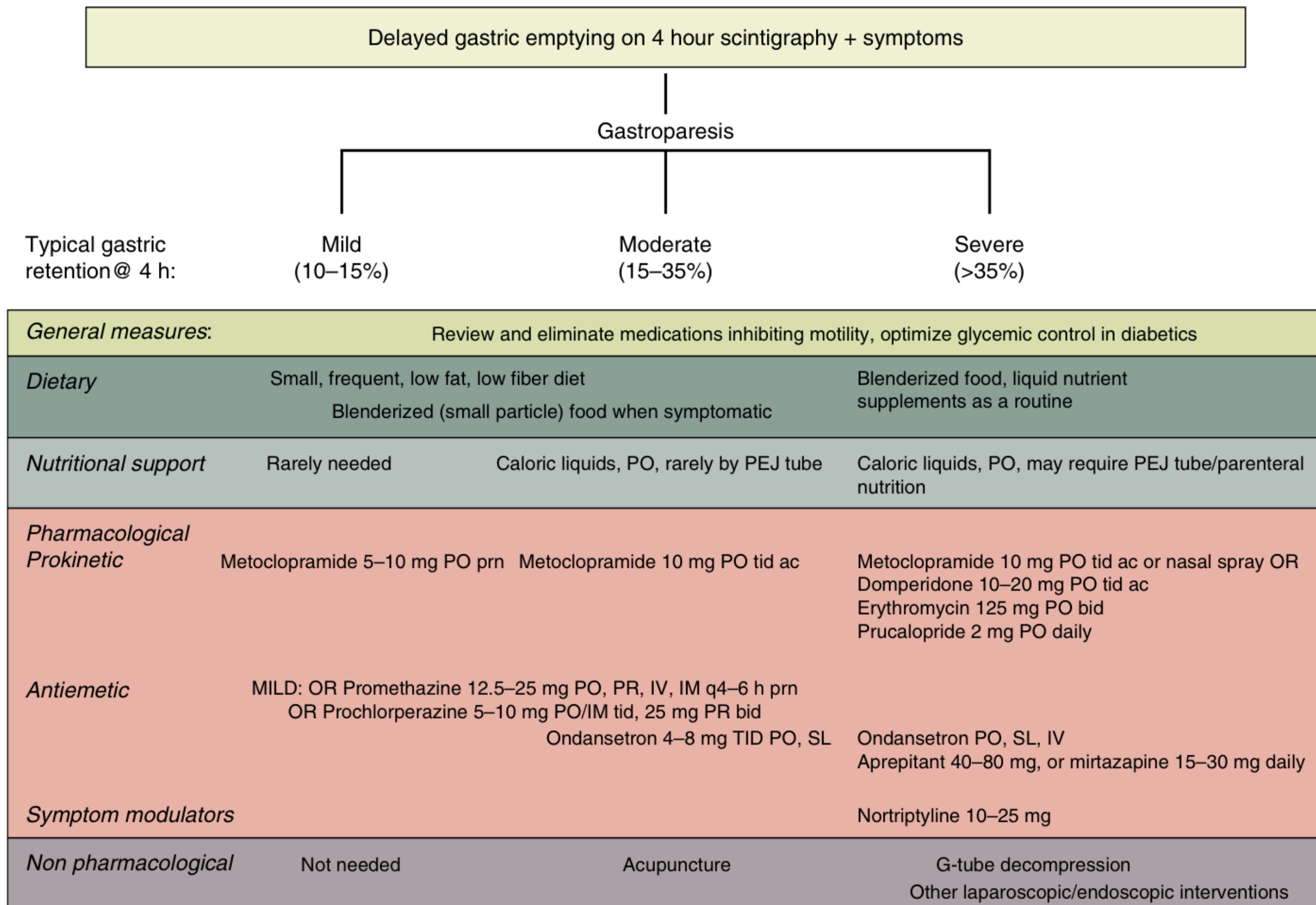


Fig. 2 Summary of treatment strategy for patients with gastroparesis