



To Best Treat Gastroparesis, First Evaluate the Underlying Disorder

For most people, food empties from the stomach within two to four hours after eating. But for those with a condition known as gastroparesis, the stomach doesn't empty properly, which may cause severe nausea, vomiting and other problems. For some of these patients, an implanted neurostimulator, or gastric pacemaker, is recognized as an effective tool to control symptoms related to gastroparesis. However, doctors say the first step still must be to evaluate the underlying condition.

Although the causes are numerous, nearly 30 percent of people with gastroparesis have diabetes as the underlying reason. "In some cases, the symptoms of gastroparesis can be alleviated by controlling the patient's diabetes," explains UCLA gastroenterologist Mark Ovsiowitz, M.D. High blood-sugar levels, he says, can lead to problems with the nervous system, which may impair the ability of the stomach to empty. Gastroparesis may also be caused by medications that slow motility (movement) in the intestine, including narcotics taken for chronic pain, as well as by some connective-tissue disorders, such as scleroderma.

"It's very important to conduct a diagnostic evaluation in order to rule out other possible causes of the patient's symptoms," Dr. Ovsiowitz says. Once a diagnosis of gastroparesis is confirmed, Dr. Ovsiowitz

usually recommends patients begin with nonsurgical interventions, such as reducing dietary fat and fiber, eating smaller frequent meals, or taking a prescription medication to improve motility and aid stomach emptying.

For patients who do not respond well to dietary changes or medication therapy, the implanted neurostimulator may be the best option, says UCLA surgeon Darryl Hiyama, M.D. "While the neurostimulator does not cure gastroparesis, some studies have demonstrated that the device effectively reduces symptoms in approximately 80 percent of appropriate patients," Dr. Hiyama says. The neurostimulator is about the size of a pocket watch and may be implanted through an incision in the abdomen during a surgical procedure that takes approximately 30 minutes. Much like a heart pacemaker, the device is programmed to send electric currents to the stomach through a tiny generator and two electrodes, which stimulate the muscle contractions necessary to properly move food through the digestive system. "The device is limited to people who suffer from debilitating symptoms of gastroparesis and who really have no other hope for prolonged symptom relief," Dr. Hiyama explains. "But the results for appropriate patients have been promising, and some people say they feel better almost immediately."

Options Available to Patients with Addiction

With the emergence of new anti-addiction medications and the reality that a patient's addiction to drugs and/or alcohol often is first encountered by primary care physicians, a nationwide effort is underway to improve substance-abuse treatment in the primary care setting.

"The majority of people with drug or alcohol problems aren't getting the help they need because they won't or can't get to a specialty treatment program or a psychiatrist," says Keith Heinzerling, M.D., a UCLA internist and addiction-medicine specialist. "As primary care physicians, we can't put our heads in the sand and ignore these problems, or assume the patient will seek help elsewhere."

To address this need, the UCLA Family Health Center in Santa Monica has launched a program to provide comprehensive outpatient addiction and/or smoking cessation treatment to adults and adolescents, integrating the service into the patients' ongoing primary care.

The program serves as a complement to residential and specialty outpatient substance-abuse treatment programs.

There are, for example, drugs approved by the Food and Drug Administration (FDA) that are proven effective to treat addiction to alcohol and opioids — drugs such as heroin or, more commonly, prescription pain killers — and that can be prescribed by a primary physician.

"Addiction is multifaceted and often requires practitioners from different disciplines to truly address," says Timothy Fong, M.D., director of the UCLA Addiction Medicine Clinic in the Semel Institute for Neuroscience and Human Behavior. "Opening up more fronts with various specialists who can provide treatment is very helpful." Dr. Fong explains that most addicted patients have underlying psychiatric conditions as well as primary healthcare needs that need to be addressed.



To learn more about substance-abuse programs at UCLA, go to:
www.uclaaisap.org