

Buspirone improves symptoms in functional dyspepsia

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(HealthDay)—Buspirone, a 5-hydroxytryptamine 1A receptor agonist, improves symptom severity in patients with functional dyspepsia (FD), according to a proof-of-concept study published in the November issue of *Clinical Gastroenterology and Hepatology*.

Jan Tack, M.D., Ph.D., from the University of Leuven in Belgium, and colleagues conducted a crossover study involving 17 patients (13 women; mean age, 38.5 years) to examine the effects of buspirone on the symptoms and mechanisms of FD. In the first of two treatment periods, seven participants were randomized to receive buspirone (10 mg, three times daily for four weeks) and 10 were given [placebo](#) 15 minutes before meals. Following a two-week washout period, patients switched

groups for the second period.

The researchers found that buspirone correlated with a significant reduction in the overall severity of symptoms of dyspepsia and individual symptoms of postprandial fullness, early satiation, and upper abdominal bloating, compared to the placebo, which had no significant effect. Buspirone significantly increased gastric accommodation, compared with placebo, and delayed gastric emptying of liquids, but did not alter the rate of gastric emptying of solids or sensitivity to gastric distention. Adverse events were similar when patients received buspirone or placebo.

"In patients with FD, four weeks of administration of buspirone significantly improved symptoms and gastric accommodation, compared with placebo, whereas gastric emptying of liquids was delayed," the authors write.

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