

'We have treatments': Doctors urge patients with chronic vomiting to not suffer in silence

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The American Gastroenterological Association (AGA) has released new clinical guidance to help clinicians and patients recognize the signs and symptoms of cyclic vomiting syndrome (CVS). CVS is a common and disabling condition, affecting up to 2% of the population, but most patients experience years of delays in receiving a diagnosis and effective treatment. The AGA Clinical Practice Update was published today in *Gastroenterology*.

"A diagnosis is a powerful tool. Not only does it help patients make

sense of debilitating symptoms, but it allows [health care providers](#) to create an effective treatment plan," said author of the AGA Clinical Practice Update Dr. David Levinthal, director of the neurogastroenterology & motility center at the University of Pittsburgh Medical Center.

What is CVS?

Cyclic vomiting syndrome (CVS) is a chronic disorder of gut-brain interaction (DGBI) characterized by sudden episodes of intense nausea, vomiting and retching, separated by episode-free periods.

CVS can be mild (less than 4 episodes/year lasting less than 2 days) or moderate-severe (more than 4 episodes/year lasting more than 2 days and requiring at least 1 emergency department visit or hospitalization).

In patients with CVS, there is an absence of repetitive vomiting between episodes, but [mild symptoms](#) such as nausea, indigestion and occasional vomiting may be experienced.

While CVS can happen to anyone, it is more common in females and young adults. CVS is also more common in people who have a personal or family history of migraine headaches.

How is CVS diagnosed?

Experts urge patients dealing with chronic vomiting symptoms to advocate for themselves and ask their doctors about cyclical vomiting syndrome. Sharing a detailed history of past vomiting episodes is key to a diagnosis. Patients are commonly misdiagnosed with the stomach flu or [food poisoning](#), but when these symptoms occur repeatedly, the AGA advises clinicians to consider CVS as a potential diagnosis.

"CVS is diagnosed based on clinical criteria called the Rome criteria and avoiding excessive and unnecessary testing is crucial," said Dr. Thangam Venkatesan, AGA Clinical Practice Update author and section director of neurogastroenterology and motility at the Ohio State University.

How can CVS be treated?

CVS can be managed by lifestyle modification (regular sleep and stress management) as well as with a combination of medications to both prevent and stop attacks.

CVS has four distinct phases—inter-episodic, prodromal, emetic and recovery—each of which is associated with a distinct treatment approach and management goal.

The stakes

Currently, half of patients with CVS utilize emergency department services at least annually, and one-third of patients with CVS become disabled by their condition. More timely diagnoses can prevent patients from experiencing these complications.

"Our goal with this Clinical Practice Update is to increase awareness of cyclical vomiting syndrome to reduce the diagnostic delay and increase patients' access to treatment. We hope to reach [primary care](#), ER and urgent care providers, who are on the frontlines interacting with CVS patients seeking care, especially during an attack," added Dr. Levinthal.

Are you a patient looking for support and resources?

Please visit the [Cyclical Vomiting Syndrome Association](#) online.

More information: *Gastroenterology* (2024). [DOI: 10.1053/j.gastro.2024.05.031](https://doi.org/10.1053/j.gastro.2024.05.031)

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