

Comparative Effectiveness of Treatments for Gastroparesis **Nomination Summary Document**

Results of Topic Selection Process & Next Steps

- The topic, Comparative Effectiveness of Treatments for Gastroparesis, was found to be addressed by the evidence-based guideline titled, Clinical guideline: management of gastroparesis, published in the American Journal of Gastroenterology. Given that this existing evidence-based guideline covers this nomination, an AHRQ systematic review is not warranted at this time. However, the evidence base is still limited in terms of studies that are comparative in nature (i.e., where interventions are compared to each other), and new research to inform this topic may be warranted.
 - Camilleri M, Parkman HP, Shafi MA, et al. Clinical guideline: management of gastroparesis. Am J Gastroenterol. 2013 Jan; 108(1):18-37. Epub 2012. Nov 13. PMID: 23147521

Topic Description

Nominator(s): Individual

Nomination Summary:

The nominator is interested in the comparative effectiveness of various therapeutic interventions (nutritional, surgical, pharmacologic, and other) for the treatment of gastroparesis secondary to vagotomy.

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Population(s): Individuals with gastroparesis.

Intervention(s): Nutritional, surgical, pharmacologic, and other therapeutic options for

the treatment of gastroparesis.

Comparator(s): Nutritional, surgical, pharmacologic, and other therapeutic options,

combinations of these, and placebo.

Outcome(s): Reduction in symptoms of gastroparesis

Key Questions from Nominator:

The original question from the nominator requests examination of the effectiveness of nutritional vs. surgical interventions for treating gastroparesis caused by a highly selective vagotomy. Upon further review of this topic, there appeared to be limited research on this specific etiology; therefore the scope of the key question was expanded to include gastroparesis due to any etiology. The expanded key guestion was as follows: What is the comparative effectiveness of various therapeutic interventions (nutritional, surgical, pharmacologic, and other) for the treatment of gastroparesis?

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Considerations

- The topic meets EHC Program appropriateness and importance criteria. (For more information, see http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/.)
- Gastroparesis, also called delayed gastric emptying, is a disorder that slows or stops the movement of food from the stomach to the small intestine. Gastroparesis symptomatology may range from little effect on daily activity to severe disability and frequent hospitalizations. Management can include nutritional management, pharmacologic interventions, electrical stimulation as well as surgery.
- Topic was found to be addressed by the January 2013 clinical guideline on the management of gastroparesis published in the American Journal of Gastroenterology. The evidence-based guideline includes following treatment interventions: diet/nutritional support, pharmacologic therapy, botulinum toxin injections, gastric electrical stimulation, surgical treatments, glycemic control (for diabetic individuals) and acupuncture.
- It was also noted that the evidence consisted mostly of efficacy trials; there were limited interventions available for the treatment of gastroparesis and limited evidence directly comparing the interventions.

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