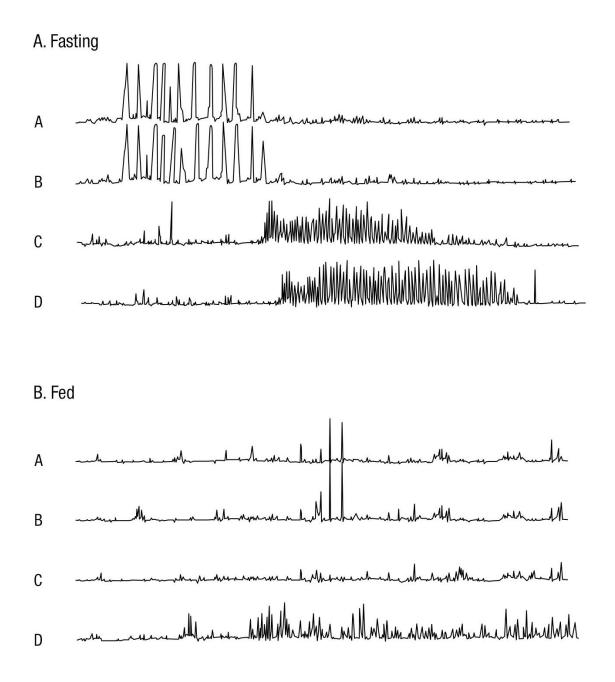
Supplemental Table 1. Treatment options for gastric motor and sensory disorders

Diets to improve meal related symptoms
Small volume, frequent meals
Low fat, low fiber diet
Small particle diet
Agents to accelerate gastric emptying
Metoclopramide
Erythromycin
Domperidone
Prucalopride
Agents to improve gastric accommodation
Buspirone
Mirtazapine
Agents to slow gastric emptying
Anticholinergic agents; incretin mimetics (exenatide, liraglutide), pramlintide, octreotide
Agents to treat nausea and vomiting
Phenothiazines (prochlorperazine, chlorpromazine)
Antihistamines (meclizine, promethazine, trimethobenzamide)
Anticholinergics (scopolamine)
5-HT ₃ antagonists (ondansetron, granisetron)
Dopamine receptor antagonists (metoclopramide, domperidone)
NK-1 receptor antagonists (aprepitant)
Other (haldol, ginger, prednisone, olanzapine)
Medications to treat visceral pain
Tricyclic antidepressants (TCAs)
Selective norepinephrine reuptake inhibitors (SNRIs)
Pregabalin
Gabapentin
Mirtazapine
Treatments to reduce pyloric pressure/tone
Endoscopic injection of botulin toxin A
Gastric peroral endoscopic myotomy (G-POEM)
Other interventions
Gastric electrical stimulation
Cognitive behavioral therapy
Hypnotherapy

NK – neurokinin; 5-HT – serotonin; tricyclic antidepressants (TCAs); selective norepinephrine reuptake inhibitors (SNRIs); gastric peroral endoscopic myotomy (G-POEM).

Supplemental Figure 1.



Tracing of normal antroduodenal manometry using a solid state catheter.

A. Fasting state. High amplitude phasic antral contractions during phase 3 of the MMC are demonstrated in the upper panels (A & B) on the left side. The activity front propagates distally into the small intestine (panels C & D) and initiates a normal appearing phase 3 activity front in the small intestine at 11-12 cycles per minute (cpm). Note that the amplitude of contractions in

the antrum are greater than those of the duodenum although the frequency of contractions in the antrum (3 cpm) is less than that of the duodenum (11-12 cpm).

B. Fed response. After eating a meal, high amplitude but irregular contractions are seen in the antrum (upper panels A & B) and irregular but lower amplitude contractions are seen in the small intestine (lower panels C & D). The duration of the fed response depends upon the size of the meal and the content (a larger, fattier meal produces a longer fed response than a smaller, high protein meal).

Visual Analog Scale (VAS): 1. Bloating Nausea Pain 3. 4. Satiety 0 10 10 20 20 20 20 40 40 50 20 60 60 While drinking The actual volume VAS with 100 mm Patient Ensure® at 5 minute of Ensure® lines ranging from provided consumes "unnoticeable" intervals, consumed is the drink in an in 120 mL patient scores maximum and "unbearable" unmarked portions fullness using a tolerated volume as anchors. The cup that is every 4 rating scale that (MTV) and the sum of the four replenished minutes combines verbal patient is then scales for each every 4 descriptors on a asked to quantify symptom provides minutes scale graded 0-5 their postprandial an aggregate and is told to symptoms 30 symptom score stop drinking minutes after MTV (maximum score of when at a score is reached. 400) of 5

Supplemental Figure 2. The nutrient drink test.