

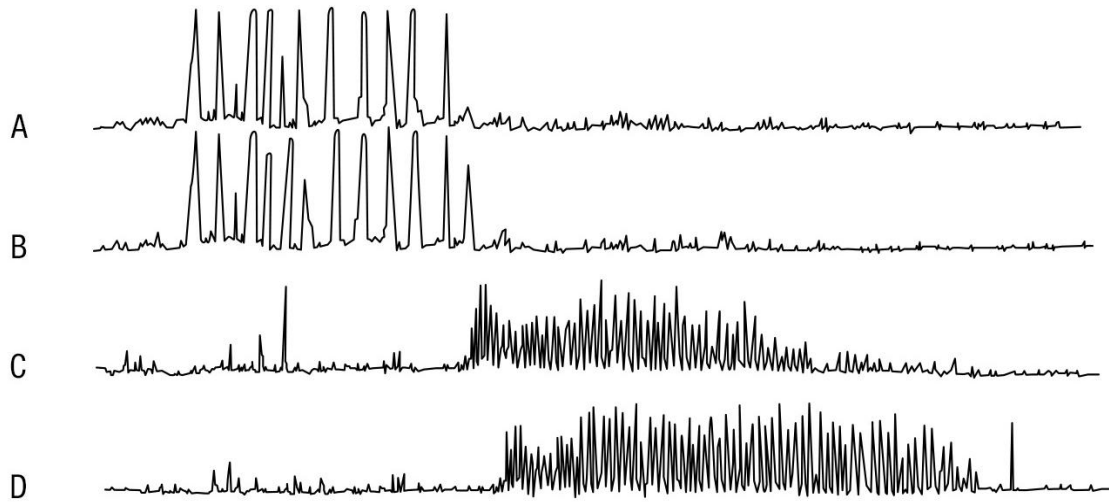
Supplemental Table 1. Treatment options for gastric motor and sensory disorders

<i>Diets to improve meal related symptoms</i>
Small volume, frequent meals
Low fat, low fiber diet
Small particle diet
<i>Agents to accelerate gastric emptying</i>
Metoclopramide
Erythromycin
Domperidone
Prucalopride
<i>Agents to improve gastric accommodation</i>
Buspirone
Mirtazapine
<i>Agents to slow gastric emptying</i>
Anticholinergic agents; incretin mimetics (exenatide, liraglutide), pramlintide, octreotide
<i>Agents to treat nausea and vomiting</i>
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)
<i>Medications to treat visceral pain</i>
Tricyclic antidepressants (TCAs)
Selective norepinephrine reuptake inhibitors (SNRIs)
Pregabalin
Gabapentin
Mirtazapine
<i>Treatments to reduce pyloric pressure/tone</i>
Endoscopic injection of botulin toxin A
Gastric peroral endoscopic myotomy (G-POEM)
<i>Other interventions</i>
Gastric electrical stimulation
Cognitive behavioral therapy
Hypnotherapy

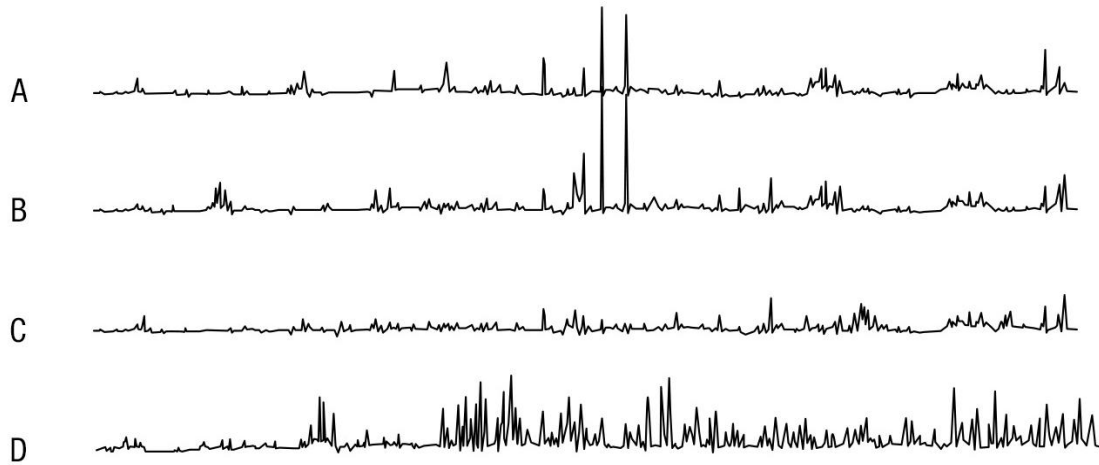
NK – neurokinin; 5-HT – serotonin; tricyclic antidepressants (TCAs); selective norepinephrine reuptake inhibitors (SNRIs); gastric peroral endoscopic myotomy (G-POEM).

Supplemental Figure 1.

A. Fasting



B. Fed



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).

Supplemental Figure 2. The nutrient drink test.

