



Dietary recommendations for people living with gastroparesis

Information for patients from the Diabetes Specialist Dietitian Service

This leaflet will provide dietary recommendations for people living with gastroparesis. This includes tips to help manage your symptoms. Please use this leaflet alongside advice given by your specialist dietitian.

What is gastroparesis?

Gastroparesis is a condition where the stomach empties more slowly than normal. This is known as delayed gastric emptying.

Nerves control the muscles which help to move food out of the stomach. When these nerves get damaged, the stomach muscles do not work properly. This causes the stomach to empty too slowly. This affects how food moves through your whole digestive system.

What are the causes of gastroparesis?

Often the cause of gastroparesis is not known, this is known as idiopathic gastroparesis.

Gastroparesis can occur in people with diabetes. This may happen if blood glucose levels are high over a long period of time. Long-term high blood sugar levels can damage the nerves that control the stomach. Other causes of gastroparesis include:

- stomach surgery
- medication
- long-term neurological conditions, such as Parkinson's disease, multiple sclerosis (MS), and brain-gut axis related conditions; and
- rarer conditions, such as connective tissue disorders, scleroderma, and amyloidosis.

How can I manage my gastroparesis?

Gastroparesis is a chronic condition. For most people it is incurable. Dietary changes and medical treatments may help but may not work for everyone.

The goals of treatment are to:

- relieve symptoms
- ensure adequate nutritional intake; and
- maintain an optimal weight.

Your doctor can discuss your medical treatment options in more detail.

What diet and lifestyle changes can I make?

Some foods may make your symptoms worse. Making lifestyle changes, and altering the types of food and the way that you eat can sometimes help. You may find keeping a food and symptom diary helpful. This can help to identify individual triggers.

- **Eat little and often.** Larger meals take longer to digest. Having smaller meals may help to reduce bloating and feelings of fullness. Aim for four to six small meals a day, instead of three large meals. Avoid large gaps between meals.
- **Choose lower fibre foods.** Foods containing fibre digest more slowly and take longer to empty from the stomach. High fibre foods can also bind together and cause a blockage. Lower fibre foods empty from the stomach more quickly. Avoid fibre supplements, such as Fybrogel.
- **Limit foods high in fat.** Fat can delay emptying of the stomach and high fat foods stay in the stomach for longer. It is fine to have small amounts of fat, but try to avoid high fat meals such as deep-fried foods, processed food, and takeaways.

You can see how much fat is in a food by looking at the food label. A high fat food contains more than 17.5g per 100g.

You may tolerate liquids containing fat well, so aim to get most of your fat intake from liquids, such as milky drinks.

- **Consider liquid or pureed foods.** Softer foods, purees, and liquids move through the stomach more quickly than solid food. Many people with gastroparesis find that they can tolerate liquid with no problems.

If your symptoms get worse as the day goes on, try eating solid food in the morning. Then eat softer or liquid meals (such as soup) later on in the day. If your symptoms are severe, you may find that a short-term trial of a high calorie liquid diet may help to ease your symptoms. Discuss this with your dietitian to make sure you are receiving adequate nutrition.

- **Avoid fizzy drinks.** Carbonated drinks can cause discomfort and bloating.
- **Sip drinks throughout meals.** Small sips of fluid with meals is fine, but avoid drinking large amounts of fluid before or after meals. This may fill you up and cause bloating.
- **Chew food well before swallowing.** Avoid foods that are difficult to chew, such as sweetcorn, popcorn, nuts, and seeds.

- **Eat slowly.** Try only putting a small amount of food in your mouth at a time, and putting your fork down between mouthfuls.
- **Sit up straight during and after meals.** Sit upright on a chair at a table during meals and for one to two hours after. Avoid lying down or slouching soon after a meal.
- **Avoid overeating.** Try not to eat too much at one time. Aim to stop eating when you are satisfied but not too full. It may help to serve half of your normal portion size to allow your body to get used to smaller meals.
- **Try going for a short walk after meals.** This may help to empty food from your stomach quicker.
- **Avoid eating less than two hours before going to bed.**
- **Avoid alcohol and caffeine.**
- **Stop smoking.**

The following table shows ways to reduce your fibre and fat intake

| | Choose | Limit |
|---------------------------------|---|--|
| Starchy foods and carbohydrates | Low fibre cereals, such as Rice Krispies, Corn Flakes, and Special K. Bread or bread products, choose white or 50/50. For example pitta, wraps, crumpets, crackers, or naan. White pasta, noodles, rice, and couscous. Potatoes without skin, for example boiled, baked, or mashed. | High fibre cereals, such as All Bran, Bran Flakes, Shredded Wheat, muesli, Weetabix, and oats. Wholegrain, granary or seeded bread products. Wholegrain pasta and brown rice. Fried potato products, such as deep-fried chips and hash browns. |
| Fruit and vegetables | Most fruits and vegetables are suitable to eat in small quantities. Stick to recommended portion sizes, and spread out throughout the day. Lower fibre options include: tinned or stewed fruit, and vegetables that are peeled, well cooked, stewed, or blended. | Raw vegetables, stalks, skin, seeds, pips and pith. Hard to digest or stringy vegetables, such as sweetcorn, peas, celery, and broccoli. Beans, lentils, and pulses. |
| Protein | All meat, poultry, or fish is suitable. Grill, bake or steam. Choose lean cuts of meat. Slow cooked, stewed or minced meat is softer and easier to digest. Meat alternatives, such as Quorn, tofu, and soya. Tinned or fresh fish. Eggs boiled, poached, or scrambled. Smooth peanut butter (in small amounts). Hummus. | Deep-fried, processed or fatty meat products. For example, burgers, sausages, kebab meat, and pork belly. Remove skin and visible fat. Fried or battered fish. Fried eggs. Crunchy peanut butter. |
| Snacks and puddings | Plain cakes or biscuits. Yoghurt. Custard, ice cream, milk puddings, jelly, and sorbet. | Cakes or biscuits containing nuts, seeds, dried fruit or chocolate. Popcorn. Bombay mix. |
| Drinks | Most drinks are well tolerated, even high fat options. Choose nutritious drinks, such as milky drinks. | Carbonated (fizzy) drinks. Alcohol. |

If you are losing weight or have a poor appetite, speak to your dietitian. You may need advice on how to make sure you are getting enough nutrition from your diet. They may advise you to try nutritional supplement drinks. You may also need a vitamin and mineral supplement. A dietitian can give advice on how to increase your energy and protein intake. They can also help you to maintain a healthy weight.

Dietary recommendations summary

- Eat smaller, more frequent meals (for example, eat four to six times a day).
- Limit high fat foods.
- Choose lower fibre foods.
- Avoid fizzy drinks and alcohol.
- Do not smoke.
- Consider liquid or puree meals.
- Take sips of fluid throughout meals.
- Avoid eating too close to bed time.
- Eat slowly, sit up straight during meals, and take a short walk after you finish eating.

Gastroparesis and people with diabetes

Gastroparesis is more common in people living with diabetes. It is more frequent in type 1 diabetes, but can also affect people with type 2 diabetes.

High blood glucose levels can delay emptying of the stomach in people with diabetes. Good management of blood glucose levels can help to reduce symptoms of gastroparesis.

If you take multiple daily injections of insulin, you may need to adjust the timing of your meal time insulin. Because gastroparesis slows digestion, food is absorbed into the bloodstream much more slowly. Therefore, you may see a rise in blood glucose levels much later than usual, sometimes several hours after the meal. This makes timing of meal time insulin more challenging. You may need to take rapid-acting insulin after meals rather than before.

If you struggle to manage your diabetes because of gastroparesis, you may be eligible for insulin pump therapy. For more information, speak to your Specialist Diabetes Team. They can help you to manage your diabetes with gastroparesis.

What support is available?

Gastroparesis can be challenging to manage and can feel isolating. Long-term symptoms can affect your quality of life and mood. Stress can also worsen symptoms. If you are feeling low in mood or would like help with managing stress, speak to your GP. They can refer you to the appropriate services.

Further information

- Guts UK!: Gastroparesis (<https://gutscharity.org.uk/advice-and-information/conditions/gastroparesis/>)
- NHS: Gastroparesis (<https://www.nhs.uk/conditions/gastroparesis/>)
- Diabetes UK (<https://www.diabetes.org.uk/>)
- One You Kent Stop Smoking Service (<https://www.kentcht.nhs.uk/service/one-you-kent/>)

Contact details

- **Diabetes Specialist Dietitian Service**
Telephone: 01843 235045
Email (ekhuft.diabetesdietitians@nhs.net)

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Patients should not bring large sums of money or valuables into hospital. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property has been handed into Trust staff for safe-keeping.

Further patient leaflets are available via the East Kent Hospitals website (<https://www.ekhuft.nhs.uk/information-for-patients/patient-information/>).

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