

Content from /en/blog/dgbi-gastroduodenal/

The malfunctioning engine: gastroduodenal DGBIs



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Abstract

If you feel uncomfortably full after only a few bites or struggle with unexplained nausea, your stomach's nervous system may be misfiring. Under the **Rome V criteria** these issues fall into **Gastroduodenal Disorders of Gut-Brain Interaction (DGBIs)** - conditions affecting the stomach and duodenum without demonstrable structural disease [1, 2].

The stomach's two major jobs

Your stomach has to do two things well: stretch to accommodate food (**accommodation**) and grind that food down to pump it into the intestines (**emptying**) [2]. In gastroduodenal DGBIs, the fine coordination between nerves, muscles and brain fails

[1].

Key conditions

- **Functional dyspepsia (FD)** - the giant of this category, split into two subtypes [2]:
 - **Postprandial distress syndrome (PDS)**: uncomfortable fullness or early satiety after normal meals.
 - **Epigastric pain syndrome (EPS)**: burning or aching pain in the upper stomach area, not necessarily tied to eating.
 - **Chronic nausea and vomiting syndrome**: persistent nausea or vomiting without infection, ulcer or mechanical blockage [2].
 - **Cyclic vomiting syndrome (CVS)**: sudden, unpredictable, intense vomiting attacks with completely symptom-free periods in between [2].
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Work-up

The modern approach is a **positive diagnosis** under Rome V - not endless exclusion testing [1]. Oral gastroscopy rules out peptic ulcer, Helicobacter pylori and reflux damage. Alarm features (weight loss, bleeding, onset over 55) always warrant further work-up [1].

Treatment

Because the root cause sits at the intersection of motility and brain signalling, management typically combines [2]:

- **Dietary adjustments** (smaller, more frequent, lower-fat meals).
 - **Prokinetic drugs** that help the stomach empty.
 - **Acid suppression** (PPIs) in the EPS subtype.
 - **Neuromodulators** (e.g. mirtazapine, low-dose TCAs) to dampen visceral hypersensitivity.
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Work-up at Kirurgen.dk

We investigate stomach symptoms with [oral](#) or [nasal gastroscopy](#), [Helicobacter pylori breath test](#) and functional work-up. Continue the DGBI series: [Oesophageal DGBIs](#), [Bowel DGBIs](#), [Centrally mediated pain](#).

References

1. **Rome Foundation. Rome V Diagnostic Criteria for Disorders of Gut-Brain Interaction.** Drossman DA, Tack J, Chang L et al. (eds.), 2026 update.
2. **Stanghellini V, Chan FK, Hasler WL et al. *Gastroduodenal Disorders*.** Rome IV/V chapter on functional dyspepsia (PDS/EPS), chronic nausea and cyclic vomiting syndrome. Gastroenterology - consensus article.