

**DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE  
(JAPC)**

**Metoclopramide use for long-term conditions: Position statement  
Use in gastro-paresis and other gastric outlet physiological impairment**

Gastro-paresis is a condition whereby the stomach fails to empty despite a normal gastric outlet. This is common in autonomic neuropathy complicating diabetes and after upper GI surgery that disturbs vagal function, including antireflux surgery. This results in chronic vomiting, pain, malnutrition and poor diabetic control.

Metoclopramide is commonly used as part of management and is the most commonly used prokinetic for this condition <sup>1</sup>. Recently both the FDA and EMA have restricted use to very short periods only, and advised it should no longer be used for chronic disease such as gastroparesis, reflux and functional dyspepsia.

The potential side effects centre on extrapyramidal symptoms. These may be reversible, where onset is in the early stages of treatment, although the most adverse complication of tardive dyskinesia is often irreversible, progressive and severe. The latter tends to affect the elderly population after 1-2 years of treatment<sup>2</sup>.

Gastroparesis is a difficult condition to manage and alternative drug treatments are also problematic (long term domperidone and erythromycin, or repeated BoTox injections to pylorus). The American College of Gastroenterology guidelines<sup>1</sup> confirm the limited evidence base supporting the use of these alternatives.

Derby clinicians managing patients with gastroparesis still consider long-term metoclopramide an important option for treatment. Prescription will be limited to those with:

- Definite functional outlet delay evidenced by endoscopy and/or transit study
- Age < 75
- Under regular review by clinician
- Able to comprehend side effect “symptom awareness” instructions and information

**References**

1. Camilleri M, Parkman HP, Shafi MA, Abell TL, Gerson LB, American College of Gastroenterology. Clinical guideline: management of gastroparesis. Am J Gastroenterol. 2013;108:18-37
2. Lee A, Kuo B. Metoclopramide in the treatment of diabetic gastroparesis. Exp Rev Endocrinol Metab 2010; 5:653–662

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