

Diabetes and GI Complications

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The prevalence of diabetes mellitus (DM) and its associated mortality and morbidity have increased rapidly in recent years and DM has become a major public health concern in Taiwan and worldwide. Management of diabetes-related complications has thus become a challenging issue in our clinical practice. Among them, gastrointestinal (GI) problems, such as reflux esophagitis, gastroparesis and intestinal enteropathy, tend to be overlooked by patients and physicians despite of their potential impact on the quality of life and glycemic control. GI symptoms, including acid reflux, postprandial fullness, bloating, constipation and diarrhea are bothersome and reportedly common in DM patients. On the other hand, diabetic autonomic neuropathy can impair both gastric acid secretion and GI motility. Previous research has reported a high prevalence of upper GI diseases in DM, including gastroesophageal reflux disease and peptic ulcer disease. Among the most severe GI presentation in diabetes is diabetic gastroparesis, which is characterized by the delayed gastric emptying, accompanied by severe nausea, vomiting and abdominal fullness, in the absence of mechanical obstruction of the stomach. The pathogenesis of diabetic gastroparesis and dysmotility is complex and poorly understood. A number of factors, including autonomic neuropathy, poor glycemic control, and duration of diabetes have been implicated. Moreover, DM has also been found to be an independent risk factor for the incidence of several premalignant and malignant GI neoplasms, notably colorectal polyps and cancer. Therefore, efforts toward better glycemic control and early detection of related GI diseases to prevent the development of late complications in the ever-growing diabetic population are warranted.