

# INTRODUCTION

- Gastroparesis is known to be more prevalent in females than males, even though the pathophysiology behind it remains unclear.
- There is lack of gender specific comparison of gastroparesis in terms of demographics and comorbidities.

### AIM

• To compare the demographics and comorbidities of gastroparesis between female and male patients.

# METHOD

- Patients who had completed a gastric emptying study and diagnosed with gastroparesis were identified using a nationwide database, IBM Explorys (1999-2022).
- The following conditions were excluded: cyclical vomiting syndrome, psychoactive substance abuse, eating disorder, factitious disorder, chemotherapy, malignant tumor of esophagus and stomach, neoplasm of abdomen, gastric or intestinal obstruction, IBD, adhesion of intestine, carcinomatosis, perforation of intestine, Roux-en-Y gastrojejunostomy, and gastrectomy.
- Patients were subdivided into male and female cohorts
- Demographic information, clinical symptoms and comorbidities were collected.
- Odds ratios (ORs) with 95% confidence interval were used to compare the cohorts.

### Gender-Related Difference on Demographics and Comorbidities of Gastroparesis

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### RESULTS

- A total of 17,570 patients were identifie which 13,090 (75%) patients were fema patients were males.
- Females and males demonstrated similar trend in the distribution of ethnicity: most patients were Caucasian (76.6 vs 74.0%), followed by African American (13.0 vs 14.4%) and other races respectively.
- There was a higher percentage of females than males in the younger age group: age 20-29 (F vs M: 5.3 vs 4.3%) and age 30-39 (F vs M: 13.8 vs 11.4%) respectively.
- Male patients with GP had a higher prevalence of diabetes mellitus (M vs F: 52.8 vs 42.8%) and other comorbidities, such as: hypertension (64.0 vs 54.5%), hyperlipidemia (57.2 vs 50.1%), chronic kidney disease (24.1 vs 15.8 %), coronary artery disease (26.4 vs 16.6 %) and smoking (16.6 vs 13.8%).
- Female patients had a higher prevalence of anxiety (F vs M: 41.3 vs 27.1%), depression (45.8 vs 31.7%), autoimmune conditions (13.8 vs 5.0%) and morbid obesity (15.6 vs 11.6%)

# CONCLUSIONS

- younger age group.
- difference of gastroparesis.

# REFERENCES

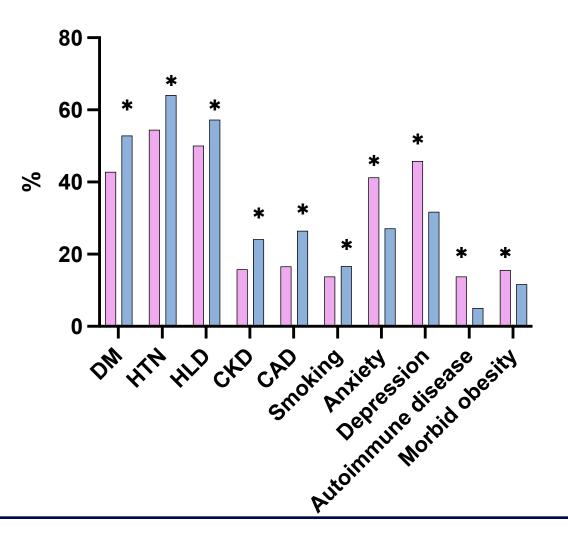
Gonzalez Z, Loganathan P, Sarosiek I, Gastroparesis. Am J Med Sci 2020;360:474

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ied with gastroparesis, o	f
ales and 4,390 (25%)	

		Female (N=13090)	%	Male (N=4390)	%	OR	р
Age	20-29	690	5.3%	190	4.3%	1.04-1.45	0.0135
	30-39	1810	13.8%	500	11.4%	1.12-1.39	< 0.0001
	40-49	2370	18.1%	740	16.9%	1.00-1.19	0.0612
	50-59	2710	20.7%	1060	24.1%	0.76-0.89	< 0.0001
	60-69	2810	21.5%	970	22.1%	0.89-1.05	0.3811
	70-79	2000	15.3%	720	16.4%	0.84-1.01	0.0760
	80-89	930	7.1%	290	6.6%	0.94-1.24	0.2618
	90 above	260	2.0%	80	1.8%	0.85-1.41	0.4963
Race	Caucasian	10030	76.6%	3250	74.0%	1.06-1.24	0.0005
	АА	1700	13.0%	630	14.4%	0.81-0.98	0.0215
	Asian	110	0.8%	50	1.1%	0.06-0.09	< 0.0001
	Hispanic/Latino	120	0.9%	40	0.9%	0.70-1.44	0.9733
	Unknown/Other	1130	8.6%	420	9.6%	0.79-1.00	0.0595
Comorbidities	DM	5600	42.8%	2320	52.8%	0.62-0.71	< 0.0001
	HTN	7130	54.5%	2810	64.0%	0.63-0.72	< 0.0001
	HLD	6560	50.1%	2510	57.2%	0.70-0.81	< 0.0001
	СКД	2070	15.8%	1060	24.1%	0.54-0.64	< 0.0001
	CAD	2170	16.6%	1160	26.4%	0.51-0.60	< 0.0001
	Smoking	1810	13.8%	730	16.6%	0.73-0.88	< 0.0001
	Autoimmune disease	1800	13.8%	220	5.0%	2.62-3.49	< 0.0001
	Anxiety	5410	41.3%	1190	27.1%	1.76-2.04	< 0.0001
	Depression	6000	45.8%	1390	31.7%	1.70-1.96	< 0.0001
	Morbid obesity	2040	15.6%	510	11.6%	1.27-1.56	< 0.0001

specific comparison of comorbidities in patients with gastroparesis



• Female and male patients with gastroparesis demonstrate similar ethnic distribution. There is a higher percentage of female patients than males in the

• Female and male patients demonstrate different comorbidities. Further studies would be required to clarify the pathophysiology underlying the gender

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4-483.	

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\* p<0.0001