



Nausea vomiting and weight change

Color index :

Important

Further explanation

[Editing link](#)

Overview

- Nausea: The sensation of wanting to vomit. "Heaving and retching may occur but there is no expulsion of gastric contents"
- Vomiting: Explosive ejection of stomach contents through the mouth. "Involuntary"

Differential Diagnosis of Nausea and Vomiting

CNS:

- Head injury
- Migraine
- Seizure disorders
- Motion sickness
- Ménière's disease

Increased intracranial pressure

- Cerebrovascular accident
- Hydrocephalus
- Meningitis/encephalitis/abscess

GI :

Functional disorders

- Chronic intestinal pseudo-obstruction
- Gastroparesis
- Irritable bowel syndrome
- Nonulcer dyspepsia

Obstruction

- Adhesions
- Esophageal disorders/achalasia
- Malignancy
- Pyloric stenosis
- Strangulated hernia

Organic disorders

- Appendicitis
- Cholecystitis/cholangitis
- Hepatitis
- Inflammatory bowel disease
- Mesenteric ischemia
- Pancreatitis
- Peptic ulcer disease
- Peritonitis

Infectious

- Acute otitis media
- Bacterial toxins
- Food-borne toxins
- Pneumonia
- Spontaneous bacterial peritonitis
- UTI/pyelonephritis
- Viruses (Adenovirus- Rotavirus)

Medications

- Antiarrhythmics
- Antibiotics
- Anticonvulsants
- Chemotherapeutics
- Digoxin
- Ethanol overdose
- Hormonal preparations
- NSAIDs
- Opiates
- Overdoses/withdrawal
- Radiation therapy

Metabolic

- Adrenal disorders
- Diabetic ketoacidosis
- Paraneoplastic syndromes
- Parathyroid disorders
- Pregnancy
- Thyroid disorders
- Uremia

Acute NV:

GI :

- gastroenteritis, hepatitis, food poisoning

Medications

- chemotherapeutics, antibiotics, analgesics

Visceral pain

- pancreatitis, appendicitis, biliary colic, acute small bowel obstruction, renal colic, intestinal ischemia, myocardial infarction

CNS

- Motion/space sickness, head trauma, stroke, Reye syndrome, meningitis, increased intracranial pressure)

Metabolic

- pregnancy, ketoacidosis, uremia

Radiation

Chronic

GI :

- Mechanical obstruction or functional dysmotility; ie, gastroparesis, dyspepsia , Small intestinal dysmotility (scleroderma)

Metabolic

- Pregnancy, hyperthyroidism, adrenal insufficiency

CNS

- increased intracranial pressure due to tumor, pseudotumor cerebri, cerebral edema, or encephalopathy

Psychogenic

- eating disorder
- Cyclic vomiting syndrome

Chief complaint (vomiting)

Onset
 Acute
 E.g. gastroenteritis, food poisoning
 Chronic
 E.g. Pregnancy, hyperthyroidism

Frequency

Timing (Morning - Night)
 Early morning vomiting before eating is characteristic of pregnancy, alcoholism and raised ICP

Relation to meal and by how long
 Happens immediately after a meal:
 (Gastric ulcer) and (eating disorder)
 Delayed more than 1 hour after the meal:
 (Gastric outlet obstruction) or (gastroparesis)

Amount

Nature :

Recently eaten food

Old food : Gastric outlet obstruction.

Coffee-ground: old blood clot in vomitus appears as dregs of a cup of coffee. Indicates upper GI bleeding

Bright red blood (hematemesis): upper GI bleeding. Suggests ulcerations(peptic ulcer,gastric cancer) or portal hypertension related.

Yellow-green: vomiting of bile and upper small bowel contents.
 “ Bile indicates open connection between duodenum + stomach”

Feculent vomiting: brown offensive material.late sign of intestinal obstruction.

Is it Projectile or Forceful ?
Projectile: in pyloric stenosis and raised ICP ” describes the act of vomiting”

Relieving factors ? Aggravating factors ?

Does the vomiting occur with nausea preceding it, or does it occur without any warning?

Hx of eating outside home (E.g. KFC)

Associated symptoms : Abdominal pain - constipation -diarrhea - dysphagia -pruritus - fatigue Headache -Weight loss - loss of appetite - night sweating - Fever -	
PMHx & PSHx	
similar symptoms ? chronic diseases allergy blood transfusion	
Medication Hx (IMPORTANT)	
What medications are you taking?	
Family Hx	
Does anyone of your family have similar symptoms ?	Food poisoning
Social Hx	
Do you smoke? Do you drink alcohol?	

Narrowing DDX:

- Nausea without vomiting =Dyspepsia
- Relief of pain by vomiting = Peptic ulcer disease
- vomiting without warning =increase ICP
- Vomiting may caused by severe pain = Renal or biliary colic ,MI, Metabolic disorders and some drugs
- pregnancy
- Eating disorders = anorexia nervosa

Weight changes :

Weight gain :

Weight gain is usually a consequence of accumulation of excess body fat, although processes such as edema and ascites can cause substantial weight gain.

1) Primary weight gain:

Accumulation of adipose tissue that results from an imbalance between caloric intake and energy expenditure.

- Menopause
- Smoking cessation
- Increase in caloric intake
- Decrease in physical activity level

2) Secondary weight gain :

Due to:

Endocrine disorders

- Cushing's syndrome
- Hypothyroidism
- Hyperinsulinemia
- Polycystic ovary syndrome
- Hypogonadism

Medication side effects

- Glucocorticoids
- Diabetic medications Sulfonylurea, insulin
- Anticonvulsants (gabapentin, valproic acid carbamazepine)
- Antipsychotics (phenothiazines, butyrophenones, atypical agents)
- Antidepressants , (tricyclic antidepressants, monoamine oxidase inhibitors, mirtazapine)
- Injectable or oral contraceptives

Alarm Symptoms :



- Increased weight over days to weeks difficulty breathing or coughing at night, Inability to sleep lying flat, Swelling in the feet, ankles, or legs : **CHF**
- A recent increase in waist or pant size : **Ascites**
- Yellowing of the skin or whites of the eyes, Tea-colored urine ,Prolonged or excessive bleeding,Nausea,vomiting, or generalized itching and Swelling in the feet, ankles, or legs : **Chronic liver disease**
- Prolonged or excessive bleeding, decrease in how much you urinate, increased weight over days to weeks,Nausea, vomiting, or generalized itching and Swelling in the feet, ankles, or legs : **Renal failure**

Chief complaint (Weight gain)

When did the weight gain begin? for how long ?

over days to weeks : CHF

How much did you gain ?

Describe your typical diet. Have you changed your dietary habits

Have you lost the desire to eat?

Cancer, psychiatric causes,COPD, HIV

How often do you eat out or eat fast food? Has this changed?

How often do you engage in planned physical activity? Has this pattern changed?

Sedentary patients are almost twice as likely to gain

Have you ever been depressed? How would you describe your mood?

Depression

What medication(s) are you taking?

Glucocorticoids / Diabetic medications
Anticonvulsants /Antipsychotics Antidepressants
/Injectable or oral contraceptives

Associated symptoms

Have you noticed a disproportionate accumulation of fat in the face, trunk, or abdomen?

Cushing's syndrome

Do you have dry skin or hair loss? feeling cold? constipation ? weight gain

Hypothyroidism

Have you had palpitation ? sweating ? tremors ? confusion? headache? when fasting

Hyperinsulinemia

(For woman)

Do you have irregular or infrequent menstrual periods?increasing facial hair or acne?

Polycystic ovary syndrome

(For men)

Have you had a decrease in libido?thinning of body and pubic hair?

Hypogonadism

Weight loss :

Significant weight loss is often defined as more than 10% of the baseline body weight over 6 months.
Divided into 2 categories:

1) Involuntary "Manifestation of cachexia"

DDx :

- Malignancy
- Psychiatric diseases
- Chronic inflammation or infectious disease
- Metabolic disorders

2) Voluntary " in the form of healthy dieting"

Significant voluntary weight loss can herald a psychiatric illness such as an eating disorder

DDx:

- Anorexia nervosa :

Intense fear of gaining weight and refusal to maintain weight at or above a minimally appropriate weight for height and age.

- Bulimia nervosa :

Recurrent episodes of binge eating followed by recurrent compensatory behavior to prevent weight gain (laxative abuse and self-induced vomiting).

- Healthy dieting



chief complaint (weight loss)	
When did the weight loss begin? for how long ?	
How much did you lose ?	
Describe your typical diet. Have you changed your dietary habits	
Is your appetite increased?	Hyperthyroidism or malabsorption
Do you ever go on eating binges? Have you ever taken diuretics or laxatives to help you lose weight? Have you ever made yourself vomit ?	Bulimia
Did the onset of weight loss correlate with starting new medications?	Drug-induced anorexia
Do you feel nervous, sweaty, or warm? weight loss ?	Hyperthyroidism
Do you have any fevers, chills, or night sweats?	infection
Do you exercise excessively?	Eating disorders
Are you overly concerned about the way you look?	Eating disorders
Are your menstrual periods irregular? (women)	Anorexia nervosa
Do you have little interest or pleasure in doing things?	Depression
Do you have frequent bowel movements or diarrhea?	Malabsorption
Do your symptoms change with different foods?	Malabsorption
Do you experience facial flushing or dizziness when you stand (and have high blood pressure)? weight loss ?	Pheochromocytoma
Does fear of abdominal pain make you not want to eat?	Mesenteric ischemia
Do you have abdominal pain, early satiety, blood in your stool, or trouble swallowing?	Gastrointestinal cancer
Have you ever injected drugs, had unprotected sex, or received blood transfusions?	HIV infection
Do you have any new rashes, joint pain, or joint swelling?	Connective tissue disease or autoimmune disorder

Do you use cocaine, amphetamines, or over-the counter medications (eg, 5-hydroxytryptophan) ?	Drug-induced weight loss
Do you feel thirsty or that you need to urinate more frequently?	DM

- ★ Loss of appetite (anorexia) and weight loss are important gastrointestinal symptoms.
- ★ The presence of both anorexia and weight loss should make one suspicious of malignancy but may occur with depression in other diseases.
- ★ The combination of weight loss and increased appetite suggests malabsorption of nutrients or hypermetabolic state (e.g. thyrotoxicosis).
- ★ document when symptoms began and how much weight loss has occurred over that period.

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