(Continued)

	Level of evidence	Level of agreement*	Agreement achieved
Statement 80. Psychological distress with mood disorders, anxiety disorders, somatization disorders, and catastrophizing may be associated with chronic unexplained nausea and vomiting.	Low	91%	Yes
Statement 81. Chronic nausea and vomiting syndrome is diagnosed based on clinical criteria after previous exclusion of systemic, organic, or metabolic diseases by objective testing.	Low	88%	Yes
Statement 82. In refractory cases of chronic nausea and vomiting syndrome, gastric electrical stimulation can be considered.	Moderate	81%	Yes
Statement 83. Histamine H1 antagonists (e.g., meclizine, promethazine) are effective for the treatment of chronic nausea and vomiting.	Low	58%	No
Statement 84. Muscarinic M1 antagonists (e.g., scopolamine) are effective for the treatment of chronic nausea and vomiting.	Low	42%	No
Statement 85. Dopamine-2 antagonists are effective for the treatment of chronic nausea and vomiting.	Low	73%	Yes
Statement 86. 5-HT3 antagonists are effective for the treatment of chronic nausea and vomiting.	Low	70%	Yes
Statement 87. Tricyclic antidepressants are effective for the treatment of chronic nausea and vomiting.	Low	70%	Yes
Statement 88. Mirtazapine is effective for the treatment of chronic nausea and vomiting.	Low	76%	Yes
Statement 89. Gabapentin is effective for the treatment of chronic nausea and vomiting.	Low	35%	No
Statement 90. Olanzapine is effective for the treatment of chronic nausea and vomiting.	Low	61%	No
Statement 91. Cannabinoids are effective for the treatment of chronic nausea and vomiting.	Low	29%	No
Statement 92. NK-1 antagonists are effective for the treatment of chronic nausea and vomiting.	Low	70%	Yes
Statement 93. In patients with chronic nausea and vomiting syndrome, attention must be given to adequate nutrition, including vitamins and minerals.	Very low	94%	Yes
Statement 94. Nutritional deficits shall be corrected by dietary modifications and oral supplementation, if possible.	Very low	91%	Yes

*Proportion of panellists with level of agreement of 4 or 5 on the 5-point Likert scale (1: totally disagree, 2: partially disagree, 3: neither agree nor disagree, 4: partially agree, 5: totally agree).

4 | Results

4.1 | Section 1. Secondary Chronic Nausea and Vomiting

4.1.1 | Metabolic and Endocrine Disorders

Statement 1. In the evaluation of patients with chronic nausea and vomiting, endocrine and metabolic causes should be excluded.

Statement endorsed in R1, median panel: 5—Appropriate/agreement

Quality of evidence: low

Pregnancy is the most common endocrinologic cause of nausea and vomiting and must be considered in any woman of childbearing age. Other endocrine or metabolic aetiologies encompass diabetic ketoacidosis, uremia, hyperthyroidism, adrenal disorders, parathyroid disorders and paraneoplastic syndromes [1, 10–12]. Evaluation of endocrine/metabolic causes imply a blood test that will include thyroid assessment (TSH and T4), and other biochemical parameters: glucose, creatinine, calcium and phosphate, parathyroid hormone and blood urea nitrogen.

4.1.2 | Gastrointestinal Mucosal Inflammation

Statement 2. Chronic nausea and vomiting may be caused by gastrointestinal mucosal inflammation due to pharmacological toxicity, immune-mediated disorders, or infectious diseases.

Statement endorsed in R1, median panel: 4—Appropriate/agreement