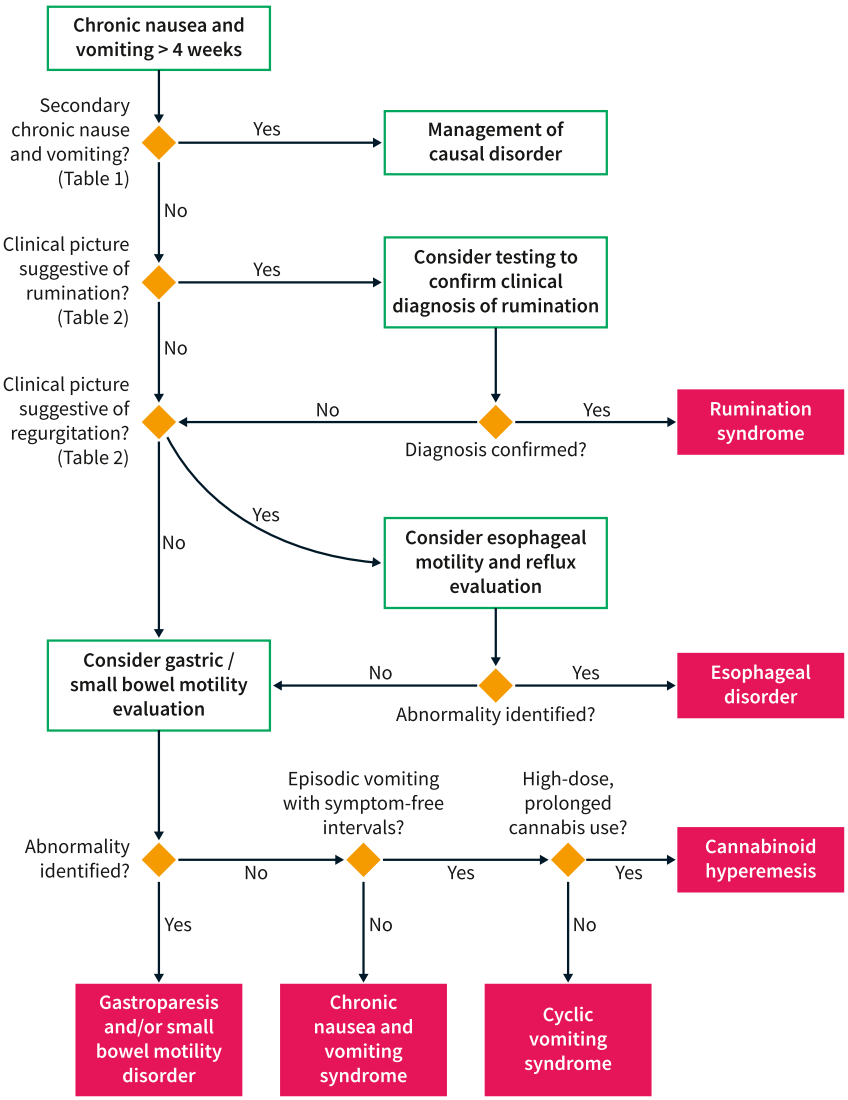

FIGURE 1 | Diagnostic algorithm for chronic nausea and vomiting. Target patients are those with chronic (> 4 weeks) chronic nausea and vomiting. The consensus recommends an initial assessment of secondary forms of chronic nausea and vomiting, summarized in Table 1. If the evaluation for secondary forms is negative, a potential motility or functional digestive disorder should be considered. At this point, it is crucial to differentiate regurgitation and rumination from vomiting (Table 2). Vomiting typically involves retching, whereas regurgitation and rumination are effortless. Rumination syndrome may be diagnosed based on the characteristic features without further testing. However, confirmation, especially in less clear cases, may be obtained using oesophageal impedance manometry. If the clinical picture suggests regurgitation, objective testing for gastroesophageal reflux disease and oesophageal motility disorders is recommended. Patients with persistent unexplained nausea and vomiting, in whom rumination and regurgitation have been excluded, should be evaluated for a gastric or intestinal motility disorder. If there is no objective evidence of an underlying gastrointestinal motility disorder, the most likely diagnosis is a gut-brain interaction disorder, either cyclic vomiting syndrome or chronic nausea and vomiting syndrome. These disorders are clinically discriminated by the vomiting pattern. When the patient presents vomiting episodes, separated by paucisymptomatic periods, the most likely diagnosis will be cyclic vomiting syndrome. If the patient with episodic vomiting is a regular cannabis user, cannabinoid hyperemesis should be considered. In patients with continuous, non-episodic nausea and vomiting, the most likely diagnosis will be chronic nausea and vomiting syndrome.

adhesion of the small bowel in patients with intestinal adhesions [25, 26].

4.1.4 | Pharmacological Agents and Toxins

Statement 4. In patients with chronic nausea and vomiting, current medications should be reviewed to exclude pharmacological causes.

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

Quality of evidence: moderate

Although nausea is one of the most commonly reported side effects of medications, there is a general lack of high-quality studies investigating medication-induced chronic N&V. Pharmacological agents produce N&V through direct and indirect