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What does a DOI look like?

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Prefix  Suffix

10.1016 / j.ncl.2010.12.006

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Where can you find DOIs?

There are several ways to find an article’s DOI:

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Online Articles

Risk of Gastroparesis in Subjects With Type 1 and 2 Diabetes in the General Population

OBJECTIVES: In patients with diabetes mellitus (DM) and upper gastrointestinal symptoms, a diagnosis of diabetic gastroparesis is often considered, but population-based data on the epidemiology of diabetic gastroparesis are lacking. We aimed to estimate the frequency of and risk factors for gastroparesis among community subjects with DM.

METHODS: In this population-based, historical cohort study, the medical records linkage system of the Rochester Epidemiology Project was used to identify 227 Olmsted County, MN, residents with 1 DM in 1985, a random sample of 360 residents with type 2 DM, and an age- and sex-stratified random sample of 639 nondiabetic residents. Using defined diagnostic criteria, we estimated the subsequent risk of developing gastroparesis in each group through 2006. The risk was analyzed with frequency-matched community controls, assessed by Cox proportional hazards regression.

RESULTS: The cumulative proportions developing gastroparesis over a 10-year interval were 1.0% in type 2 DM, 1.0% in type 2 DM, and 0.2% in controls. The age- and sex-adjusted relative risk for gastroparesis (relative to controls) was 3.3 (95% confidence interval: 0.9, 12) in type 1 DM and 7.6 (95% CI: 0.8, 68) in type 2 DM. The risk of gastroparesis was significantly higher in type 2 DM (HR: 1.1, 1.17). Heartburn at baseline was associated with diabetic gastroparesis in both type 1 DM (HR: 4.4 (1.1, 1.7). Heartburn at baseline was associated with diabetic gastroparesis in type 1 DM.

CONCLUSIONS: Gastroparesis is relatively uncommon among patients with DM, although an increased risk for gastroparesis was observed in type 1 DM.

INTRODUCTION: Gastroparesis is a clinical syndrome characterized by delayed gastric emptying in the absence of mechanical obstruction of the stomach. Symptoms of gastroparesis are variable but may include early satiety, nausea, vomiting, bloating, and upper abdominal pain. In several studies based on patients seen at tertiary centers, diabetes mellitus (DM) accounted for almost one-third of gastroparesis cases (2–4). Diabetic gastroparesis can result in nutritional compromise, impaired glucose control, and a poorer quality of life, independent of other factors such as age, tobacco and alcohol use, or type of diabetes (4–6).

The epidemiology of diabetic gastroparesis is largely unknown. The prevalence of gastroparesis is difficult to estimate because of the poor correlation of symptoms with gastric emptying (3,7). Cross-sectional studies (6–10), in most cases using radionuclide techniques to measure gastric emptying, have established that gastric emptying of a solid or nutrient liquid meal is abnormally slow in up to 30–50% of outpatients with long-standing type 1 or type 2 DM. However, these studies were all undertaken in referral centers and almost certainly overestimate the prevalence of the condition because of referral and selection bias (8–10). The incidence (new onset) of diabetic gastroparesis in the general population has not been well studied by our knowledge been reported.

In considering the mechanisms responsible for abnormal gastric motor function in DM, two major factors have been suggested, namely, autonomic neuropathy and sustained hyperglycemia (11–13). Traditionally, gastrointestinal (GI) symptoms in diabetic patients have been attributed to disordered motor function as a...
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