

GASTRITIS (P. 985 – 987)

Types

- Acute
- Chronic
- Diffuse
- Localized

Common Causes of Gastritis

Drug Induced

- Aspirin
- Corticosteroids
- NSAID's

Diet

- Alcohol
- Spicy, irritating food

Microorganisms

- *Helicobacter pylori*
- *Salmonella*
- *Staphylococcus* organisms

Environmental Factors

- Radiation
- Smoking

Pathophysiologic Conditions

- Burns
- Large hiatal hernia
- Physiologic stress
- Reflux of bile and pancreatic secretions
- Renal failure (uremia)
- Sepsis
- Shock

Other Factors

- Endoscopic procedures
- NG tube
- Psychologic stress

Etiology and Pathophysiology

- Results as breakdown in the normal gastric mucosal barrier
- Results in HCl acid and pepsin diffusing back to mucosa, leading to
 - o Tissue edema
 - o Possible hemorrhage

Risk Factors

1. Drug Related Gastritis

- a. NSAIDs: Advil, naproxen and risk factors for drug induced gastritis include:
 - i. Being over age 60
 - ii. Ulcer disease
 - iii. Being female
 - iv. Anticoagulant use
 - v. Ulcerogenic drugs and corticosteroids
- b. Aspirin
- c. Digitalis (digoxin)
- d. Corticosteroids

2. **Diet**
 - a. Alcoholic drinking / binging
 - b. Spicy, irritating foods
 - c. Renal failure
3. **Helicobacter pylori**
 - a. Underdeveloped countries
 - b. Low socioeconomic status
 - c. Infection during childhood with fecal-oral / oral-oral route
4. **Autoimmune Gastritis**
 - a. Immune response directed against parietal cells

Clinical Manifestations

- Anorexia
- Nausea
- Vomiting
- Epigastric tenderness
- Feeling of fullness
- Hemorrhage – alcohol abuse
- Acute gastritis: few hours to few days
- Chronic gastritis:
 - Asymptomatic mostly
 - Pernicious anemia
 - Neurologic complications

Diagnostic Studies

- Based on patient's history and drug use
- Endoscopic exam with biopsy* for definitive diagnosis
- Determination of h. pylori includes
 - Breath, urine, serum, stool, and gastric tissue biopsy tests
- CBC: presence of anemia from blood loss or lack of intrinsic factor
- Stools tested for occult blood
- Tissue biopsy

Nursing Management for Acute Gastritis

- Eliminate cause
- If vomiting
 - Rest
 - NPO
 - IV fluids
 - Antiemetics
- NG tube
 - Monitors bleeding
 - Lavage of agent from stomach
 - Keeps stomach empty and free of noxious stimuli
- Clear liquids resumed when symptoms subside
- Hemorrhage
 - VS
 - Test vomit for blood
- Drug therapy

- o Antacids
- o H₂ receptor blockers (ranitidine, cimetidine)
- o PPI's (omeprazole, lansoprazole)

Nursing Management for Chronic Gastritis

- Antibiotic combinations to eradicate *H. pylori*
- Anemia: cobalamin lifelong
- Lifestyle changes and strict adherence to drug regimen
- Diet of six small feedings
- Antacids after meals
- No smoking
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