Nausea and vomiting

Nausea and vomiting are symptoms that have many possible causes. These include gastrointestinal infections, e.g., gastroenteritis, food-poisoning, reflux of the stomach contents, i.e., gastroesophageal reflux, a migraine headache, motion sickness and medicines. Almost any medicine can cause nausea and vomiting. Overuse of alcohol and abuse of drugs may also cause acute symptoms. Early pregnancy is often associated with morning sickness and must be considered in every woman of childbearing age.

A three-step approach has been recommended in the initial evaluation of nausea and vomiting. Firstly, an attempt should be made to recognise and correct any consequences of nausea and vomiting, such as dehydration and electrolyte abnormalities. Secondly, an effort should be made to identify the underlying cause and recommend specific therapies. Thirdly, if no cause can be identified, empirical therapy may be considered to treat symptoms in adults and older children, with the advice to refer to the doctor if symptoms do not improve within a day or two.

**Do:**
- Ask patients about the presence of any associated symptoms, such as diarrhoea, constipation, abdominal pain or a migraine headache.
- Ask patients if they are also experiencing any dizziness or vertigo.
- Ask patients about food and alcohol intake over the last two days. Careful questioning may provide a clue as to the cause.
- Ask if anyone else in the family has similar symptoms.
- Ask patients whether they are taking any medication.
- Ask patients if they have recently suffered a head injury.

**Don’t:**
- Drink alcohol while taking medicines for nausea and vomiting as alcohol may add to the sedative effects of the medicines used to treat these symptoms.
- Give cinnarizine and promethazine to children younger than five years.

**Refer to the doctor:**
- Children under the age of two years and the elderly, as these patients are most at risk of developing dehydration and electrolyte disturbances from repeated vomiting.
- Women who may be, or who are pregnant.
- If the nausea has been present for longer than two days.
- If the patient is vomiting blood or material that looks like coffee grounds.
- Patients who also report severe abdominal pain, dizziness or vertigo.
- If the patient’s prescription medication may be the cause of the symptoms.
- If the patient has suffered a recent head injury.
- If vomiting does not respond to treatment within eight hours.
- If appropriate treatment does not improve the nausea within a day or two

**A word on treatment:**
- Identify and correct possible dehydration caused by persistent vomiting. (Symptoms of dehydration include thirst, a dry mouth, sunken eyes and passing less urine than normal).
- Cyclizine is approved to treat nausea and vomiting, including that associated with motion sickness.
- Preventative measures for motion sickness are available over-the-counter in the pharmacy. They are effective and usually there is no need to refer the patient to the doctor. Available alternatives include buclizine, cyclizine, cinnarizine, doxylamine and promethazine. However, all these products have the potential to cause drowsiness. An invert sugar/phosphoric acid combination may also be considered for motion sickness as it is not associated with drowsiness.
- Morning sickness may be managed with invert sugar/phosphoric acid combinations, e.g., Emex®. A product containing vitamin B6, dicyclomine and doxylamine is also approved for nausea and vomiting during pregnancy.
- Ginger has been shown to be effective in the management of motion sickness, as well as pregnancy-associated nausea and vomiting.
- Domperidone, e.g., Vomidon®, may be considered to treat nausea and vomiting that is associated with reflux disease and dyspepsia.

**Bibliography**