

Gastric emptying and hormonal changes in idiopathic reactive hypoglycaemia following a mashed potato meal

ACTRN12621001711808

Status	RECRUITING
Sponsor	The University of Adelaide
Enrollment	40 participants

Plain Language Summary

Some people experience episodes of shakiness, sweating, and difficulty concentrating after eating — not because they have diabetes, but because their blood sugar drops too low after a meal. This is called idiopathic reactive hypoglycaemia, and doctors don't fully understand why it happens. One theory is that food moves through the stomach and intestines too quickly in these individuals, triggering an unusual hormonal response that causes blood sugar to crash.

This study is investigating that theory. Participants will eat a standardised mashed potato meal while researchers measure how quickly food leaves the stomach and which hormones are released into the bloodstream. By comparing people with reactive hypoglycaemia to healthy volunteers, the team hopes to understand what's going wrong — and why.

If the fast-stomach theory is confirmed, it could lead to more logical and effective treatments for this frustrating condition. You may be eligible if you are aged 18 to 70, have been diagnosed with idiopathic reactive hypoglycaemia by a doctor, and do not have diabetes or take medications that affect digestion or blood sugar.

Key Eligibility Criteria

Inclusion (3)

- Male and female aged 18 – 70 years, who have been diagnosed with idiopathic reactive hypoglycaemia by a primary care physician or endocrinologist
- For the control group:
- Male and female aged 18 - 70 years who do not have any hypoglycaemic disorder

Exclusion (17)

- History of type 1 or type 2 diabetes
 - Use of any medication that may influence gastrointestinal motor function, glycaemia, body weight or appetite (e.g. glucagon-like peptide-1 receptor agonists, dipeptidyl peptidase 4 inhibitors, opiates, levodopa, clonidine, nitrates, phosphodiesterase type 5 inhibitors, sumatriptan, metoclopramide, domperidone, prucalopride or erythromycin)
 - Evidence of drug abuse, consumption of more than 20 g alcohol per day or an active smoking history
 - History of chronic gastrointestinal disease (inflammatory bowel disease, coeliac disease) or prior gastrointestinal surgery (other than uncomplicated appendicectomy or cholecystectomy)
 - History of epilepsy
- ... and 12 more (see full listing online)

Locations (1 total)

SA, Australia

<https://www.anzctr.org.au/Trial/Registration/TrialReview.aspx?ACTRN=ACTRN12621001711808>

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