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# Acute Non-Erosive Gastritis Associated with Irregular Dietary Habits and Psychological Stress in a Young Adult

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**Abstract**

Acute gastritis is a common gastrointestinal disorder characterized by sudden inflammation of the gastric mucosa, frequently associated with dietary irritation, psychological stress, and dysregulation of gastric acid secretion. Although generally considered a benign and self-limiting condition, acute gastritis may significantly impair daily functioning, particularly among young adults with irregular lifestyles. This article describes the clinical course and holistic management of acute non-erosive gastritis in a young adult, emphasizing the contribution of modifiable behavioral and psychosocial factors. A 24-year-old woman presented to a primary healthcare facility with a four-day history of epigastric burning and pressing pain, aggravated by delayed meals and the consumption of spicy and acidic foods. The patient reported irregular eating patterns and considerable academic- and work-related psychological stress. There was no history of NSAID use, alcohol consumption, smoking, or previous gastrointestinal disease. Clinical assessment was conducted through structured history taking, comprehensive physical examination, and anthropometric measurement. No laboratory or endoscopic investigations were initially performed due to the absence of alarm features. The diagnosis of acute non-erosive gastritis was established based on clinical criteria. Management consisted of an integrated approach combining pharmacological and non-pharmacological interventions. Pharmacological therapy included omeprazole 20 mg once daily to suppress gastric acid secretion and antacids administered as needed for symptomatic relief. Non-pharmacological management focused on patient and family education regarding gastric-friendly dietary patterns, regular meal timing, avoidance of trigger foods and beverages, and stress management strategies. Follow-up evaluation was planned to monitor symptom resolution and determine the need for further diagnostic investigations, including Helicobacter pylori testing or endoscopy, if symptoms persisted or worsened. Following the initiation of combined therapy and lifestyle modification, the patient demonstrated clinical improvement with reduced frequency and intensity of epigastric pain. This case underscores the importance of addressing lifestyle and psychosocial contributors in addition to pharmacological treatment in acute gastritis. The novelty of this report lies in its explicit integration of holistic clinical assessment including functional, psychological, and family-based factors within the management of acute gastritis in a young adult, highlighting a practical, patient-centered model that may reduce symptom recurrence and improve long-term outcomes in primary care settings.



## 1. Introduction

Acute gastritis is a clinical condition characterized by sudden inflammation of the gastric mucosa arising from a range of chemical, mechanical, infectious, and psychological insults. Although often regarded as a mild and self-limiting disorder, acute gastritis remains one of the most frequent causes of upper gastrointestinal discomfort encountered in both primary care and emergency settings (Suralaga & Usman, 2025). Pathophysiologically, the condition involves disruption of the gastric mucosal barrier, leading to increased vulnerability to acid-mediated injury. This disruption may result from excessive gastric acid secretion, impaired mucosal defense mechanisms, or direct irritation of the gastric epithelium (Borah et al., 2023). Clinically, the disease spectrum ranges from mild epigastric discomfort to more severe manifestations, including nausea, vomiting, and, in complicated cases, gastrointestinal bleeding.

Several etiological factors have been implicated in the development of acute gastritis, including the use of non-steroidal anti-inflammatory drugs (NSAIDs), alcohol consumption, Helicobacter pylori infection, stress-related mucosal injury, and dietary irritants such as spicy, acidic, and high-fat foods (Khandelwal et al., 2024). However, a substantial proportion of cases among young adults occur in the absence

of medication use or identifiable infection. This observation suggests that modifiable lifestyle-related factors play a pivotal role in disease onset within this age group (Cannizzaro & Spessotto, 2025).

Irregular dietary habits have increasingly been recognized as a key contributor to acute gastritis. Patterns such as skipping meals, prolonged fasting, and inconsistent meal timing may result in prolonged exposure of the gastric mucosa to unbuffered gastric acid, thereby increasing susceptibility to inflammation (Garg et al., 2025). These behaviors are particularly prevalent among university students and young professionals, whose daily routines are often shaped by academic demands, work responsibilities, and limited time for structured meals.

In addition to dietary factors, psychological stress represents an important but frequently underappreciated determinant of gastritis. Stress activates the hypothalamic–pituitary–adrenal axis and the sympathetic nervous system, leading to increased gastric acid secretion and reduced gastric mucosal blood flow, both of which contribute to mucosal injury (Ding et al., 2025). When stress is chronic or poorly managed, it may exacerbate symptom severity, prolong disease duration, and increase the risk of recurrence.

Young adults constitute a particularly vulnerable population due to the convergence of academic pressure, occupational stress, irregular sleep patterns, and unhealthy lifestyle behaviors. Epidemiological studies from Southeast Asia have reported a high prevalence of gastritis among individuals aged 18–30 years, underscoring the public health significance of this condition within productive age groups (Hoyek et al., 2025). Beyond physical discomfort, gastritis-related symptoms may negatively affect academic performance, work productivity, and overall quality of life.

Clinically, acute gastritis commonly presents with nonspecific symptoms, including epigastric pain, burning sensation, bloating, early satiety, nausea, and vomiting. In the absence of alarm features such as unintentional weight loss, anemia, hematemesis, or melena a conservative diagnostic approach is generally appropriate in primary care settings (Al et al., 2025). Current clinical guidelines recommend empirical management for young patients with uncomplicated dyspeptic symptoms, reserving endoscopic evaluation and further diagnostic investigations for those with persistent or worsening symptoms or the development of warning signs (Wang et al., 2025). This strategy aims to balance diagnostic accuracy with patient safety while avoiding unnecessary invasive procedures.

The primary goal of pharmacological management in acute gastritis is to suppress gastric acid secretion and facilitate mucosal healing. Proton pump inhibitors (PPIs) are widely regarded as first-line therapy due to their superior acid-suppressive efficacy compared with histamine-2 receptor antagonists (H2RAs) (Mandolesi et al., 2025). Antacids may be administered as adjunctive therapy to provide rapid symptomatic relief. Nevertheless, pharmacological treatment alone may be insufficient to achieve sustained clinical improvement if precipitating lifestyle and psychosocial factors are not simultaneously addressed. Consequently, non-pharmacological interventions play a crucial role in comprehensive gastritis management. Dietary modification, including regular meal timing, avoidance of trigger foods and beverages, and adoption of a gastric-friendly diet, is essential for symptom control and prevention of recurrence. Stress management strategies, such as time management, relaxation techniques, and psychosocial support, further contribute to improved clinical outcomes (Fischman et al., 2025).

The concept of holistic management emphasizes the integration of biological, psychological, and social dimensions of health. Within the context of gastrointestinal disorders, this approach acknowledges that symptom perception, disease progression, and treatment adherence are strongly influenced by behavioral patterns and psychosocial environments (Terrin et al., 2025). Family involvement and patient education are particularly important in supporting lifestyle modification among young adults, who may lack consistent dietary routines or adequate coping strategies. Supportive family and social environments have been shown to enhance adherence to dietary recommendations and reduce symptom recurrence in both functional and inflammatory gastrointestinal conditions (Peng et al., 2025).

Despite the high prevalence of acute gastritis, much of the existing literature focuses primarily on pharmacological treatment or severe complications, with limited attention given to integrated, lifestyle-based management strategies in routine primary care practice. Furthermore, case-based discussions that explicitly explore the interplay between irregular dietary habits, psychological stress, and acute non-erosive gastritis in young adults remain relatively scarce, particularly in low- and middle-income countries. This gap constrains the applicability of existing evidence to real-world primary healthcare settings (Blaney et al., 2025). Therefore, the purpose of this study is to describe the clinical presentation and integrated management of acute non-erosive gastritis in a young adult, with particular emphasis on the role of irregular dietary habits and psychological stress as modifiable risk factors. It is hoped that this report will contribute to a better understanding of holistic, patient-centered management approaches for acute gastritis and provide practical insights for clinicians in primary care to optimize treatment outcomes and reduce the risk of symptom recurrence.

## 2. Materials and Methods

### *2.1. Study Design*

This study employed a descriptive observational design in the form of a single-patient clinical study conducted in a primary healthcare setting. The approach was chosen to provide an in-depth description of the clinical presentation, management strategy, and short-term outcome of acute non-erosive gastritis in a young adult, with particular emphasis on lifestyle and psychosocial factors influencing disease manifestation and recovery.

### *2.2. Study Setting and Patient Selection*

The patient was evaluated at a primary healthcare facility in Bandar Lampung, Indonesia. The subject of this study was a 24-year-old woman who presented with acute epigastric symptoms consistent with gastritis. The patient was included based on the presence of acute upper gastrointestinal symptoms, absence of alarm features, and clinical findings suggestive of acute non-erosive gastritis. Patients with a history of chronic gastrointestinal disease, recent NSAID use, alcohol consumption, smoking, or known systemic illness were excluded to minimize confounding factors.

### *2.3. Data Collection*

Clinical data were obtained through structured history taking, comprehensive physical examination, and anthropometric measurements during the initial consultation. The medical history focused on symptom characteristics, dietary habits, psychosocial stressors, medication use, and past medical history. Physical examination included general assessment, vital signs measurement, and focused abdominal examination. Anthropometric data included body weight, height, and body mass index (BMI) calculation.

### *2.4. Diagnostic Assessment*

The diagnosis of acute non-erosive gastritis was established based on clinical criteria, including characteristic symptoms of epigastric pain and tenderness, absence of alarm signs (such as gastrointestinal bleeding, anemia, unintentional weight loss, or persistent vomiting), and normal vital parameters. Laboratory tests and endoscopic evaluation were not performed at initial presentation, in accordance with current clinical guidelines recommending empirical management in young patients without warning signs. Further diagnostic investigations, including Helicobacter pylori testing or upper gastrointestinal endoscopy, were planned if symptoms failed to improve or worsened during follow-up.

### *2.5. Intervention and Management*

Management consisted of an integrated pharmacological and non-pharmacological approach. Pharmacological therapy included administration of a proton pump inhibitor (omeprazole 20 mg once daily) to suppress gastric acid secretion, along with antacids prescribed on an as-needed basis for symptomatic relief. Non-pharmacological interventions focused on patient education regarding regular meal timing, adoption of a gastric-friendly diet, avoidance of known dietary triggers, and stress management strategies. Family members were involved in counseling sessions to support adherence to lifestyle modifications.

### *2.6. Outcome Assessment and Follow-Up*

Clinical outcomes were assessed based on changes in symptom frequency and intensity, as reported by the patient during follow-up visits. Follow-up evaluation was scheduled to monitor treatment response and determine the necessity for further diagnostic assessment. Improvement was defined as a reduction in epigastric pain intensity and frequency, accompanied by improved tolerance to regular meals.

### *2.7. Ethical Considerations*

This study was conducted in accordance with ethical principles for medical research involving human subjects. Written informed consent was obtained from the patient for the use of anonymized clinical data for publication purposes. Patient confidentiality was maintained throughout the study, and no identifying information was disclosed.

## 3. Results and Discussion

Following the initial clinical assessment and implementation of an integrated management plan, the patient demonstrated a favorable clinical course. A 24-year-old woman presented to a primary healthcare facility with a four-day history of epigastric pain described as a burning and pressing sensation. The pain was intermittent, aggravated by delayed meals, and associated with dietary triggers, including spicy and acidic foods, as well as frequent consumption of coffee and carbonated beverages. Prior to consultation, the patient had self-medicated with antacids and sucralfate obtained from a pharmacy, with incomplete symptom relief. On physical examination, the patient was fully conscious (compos mentis) with stable vital signs, including blood pressure of 140/80 mmHg, pulse rate of 80 beats/min, respiratory rate of 20 breaths/min, and body temperature of 36°C. Anthropometric assessment revealed a height of 157 cm, body weight of 50 kg, and body mass index (BMI) of 20.3 kg/m², categorized as normal. Abdominal examination showed localized epigastric tenderness on palpation without guarding, rebound tenderness, or signs of peritoneal irritation. Bowel sounds were within normal limits. No alarm features, such as hematemesis, melena, persistent vomiting, anemia, or unintended weight loss, were identified.

Based on the clinical presentation and absence of warning signs, a diagnosis of acute non-erosive gastritis was established. This approach aligns with current international guidelines, which recommend a clinical diagnosis and empirical management for young patients with uncomplicated dyspeptic symptoms and no alarm features (Blaney et al., 2025; Peng et al., 2025; Terrin et al., 2025). Laboratory investigations and endoscopic evaluation were therefore deferred, as immediate invasive diagnostic procedures were not indicated in this clinical context. From a holistic diagnostic perspective, the patient sought medical care to alleviate her symptoms and regain functional capacity, as epigastric pain interfered with daily academic and work-related activities. Psychosocial assessment revealed significant psychological stress related to academic responsibilities, work demands, and family concerns, while no relevant genetic or socioeconomic risk factors were identified. Functionally, the patient was classified as having moderate functional impairment, as symptoms disrupted productivity but did not cause complete activity limitation.

Pharmacological management consisted of a proton pump inhibitor (omeprazole 20 mg once daily) to suppress gastric acid secretion, combined with antacids administered as needed for symptomatic relief. This regimen reflects evidence-based first-line therapy for acid-related gastric disorders, given the superior efficacy of PPIs in promoting mucosal healing and symptom resolution compared with histamine-2 receptor antagonists (Fischman et al., 2025; Mandolesi et al., 2025). Following initiation of therapy, the patient reported a gradual reduction in both the frequency and intensity of epigastric pain, indicating a favorable therapeutic response. Non-pharmacological interventions played a crucial role in symptom improvement and prevention of recurrence. The patient received structured education regarding regular meal timing, avoidance of gastric irritants (spicy, acidic, oily foods, caffeine, and carbonated drinks), and adoption of small, frequent meals. Irregular eating patterns and prolonged fasting have been shown to increase unbuffered gastric acid exposure, thereby predisposing the gastric mucosa to inflammation (Al et al., 2025; Hoyek et al., 2025; Wang et al., 2025). Dietary modification is therefore a cornerstone of gastritis management and recovery.

Psychological stress was identified as a significant contributing factor in this case. Stress activates the hypothalamic–pituitary–adrenal axis and sympathetic nervous system, leading to increased gastric acid secretion and reduced mucosal blood flow (Ding et al., 2025; Garg et al., 2025). Stress management counseling was incorporated into the treatment plan, emphasizing relaxation techniques, adequate sleep, and workload regulation. Addressing psychological factors is particularly important in young adults, who are vulnerable to stress-related gastrointestinal disorders due to lifestyle instability (Cannizzaro & Spessotto, 2025). Family involvement was emphasized as part of a family-focused approach. Counseling and education were provided to family members regarding disease mechanisms, dietary regulation, medication adherence, and prevention of complications. Family support has been shown to enhance compliance with lifestyle modification and improve long-term outcomes in gastrointestinal disorders. In this case, family engagement facilitated regular meal scheduling and avoidance of dietary triggers (Peng et al., 2025).

This case highlights the multifactorial nature of acute gastritis, where lifestyle factors, psychological stress, and dietary habits play a dominant role in symptom development, even in the absence of classic risk factors such as NSAID use, alcohol consumption, smoking, or Helicobacter pylori infection. Although smoking is a recognized risk factor for gastritis through increased gastric acid secretion and impaired mucosal defense (Fischman et al., 2025), it was not present in this patient, further underscoring the contribution of behavioral and psychosocial determinants. Several limitations should be acknowledged. The diagnosis was based on clinical criteria without endoscopic or laboratory confirmation, which may limit diagnostic precision. However, this approach is consistent with guideline-based management for uncomplicated cases and reflects real-world primary care practice. Additionally, long-term follow-up data were unavailable, preventing assessment of recurrence risk.

Overall, this case supports existing evidence that effective management of acute non-erosive gastritis extends beyond pharmacological acid suppression. Integrated management addressing dietary behavior, psychological stress, and family support appears essential for achieving sustained symptom improvement and preventing recurrence. Such a holistic, patient-centered approach is particularly relevant for young adult populations and may serve as a practical model for primary care settings (Blaney et al., 2025; Peng et al., 2025; Terrin et al., 2025).

## 4. Conclusions

This case report underscores that acute non-erosive gastritis in young adults is a multifactorial condition in which lifestyle behaviors, dietary patterns, and psychological stress play a central role, even in the absence of traditional risk factors such as NSAID use, alcohol consumption, smoking, or confirmed Helicobacter pylori infection. The patient's clinical presentation, characterized by epigastric pain aggravated by delayed meals and dietary irritants, highlights the importance of recognizing modifiable behavioral triggers during primary care evaluation. The absence of alarm features justified a clinical diagnosis and empirical management strategy, consistent with contemporary international guidelines for uncomplicated dyspepsia in young patients. The favorable clinical response observed following proton pump inhibitor therapy reinforces the effectiveness of acid suppression as first-line pharmacological treatment for acute gastritis. However, this case also clearly demonstrates that pharmacological intervention alone is insufficient to achieve optimal and sustained outcomes. Structured dietary counseling, regulation of meal timing, avoidance of gastric irritants, and stress management interventions were pivotal in symptom resolution. Psychological stress, identified as a significant contributing factor, likely exacerbated gastric acid secretion and impaired mucosal defense mechanisms. Addressing these psychosocial determinants through counseling and lifestyle modification was therefore essential to the patient's recovery. Moreover, the incorporation of a family-focused approach enhanced treatment adherence and facilitated behavioral changes, particularly in maintaining regular eating habits and avoiding dietary triggers. This finding emphasizes the value of family involvement in managing gastrointestinal disorders, especially among young adults whose daily routines are often influenced by academic, occupational, and social demands. Family support can serve as a protective factor that reinforces long-term compliance and reduces the risk of symptom recurrence. Despite limitations, including the lack of endoscopic confirmation and long-term follow-up, this case reflects real-world primary care practice and aligns with evidence-based recommendations for managing uncomplicated gastritis. Overall, this report supports a holistic, patient-centered management paradigm that integrates pharmacological therapy with lifestyle modification, psychological stress management, and family engagement. Such an integrated approach is particularly relevant in primary healthcare settings and may improve both short-term symptom control and long-term outcomes in young adult patients with acute non-erosive gastritis.

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**Informed Consent Statement:** Written informed consent has been obtained from the patient's guardian to publish this case report, including clinical details and images.

**Data Availability Statement:** All data supporting the findings of this study are contained within the article. No additional datasets were generated or analyzed.

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