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Summary

From first flare to lifelong care: European recommendations on pancreatic exocrine insufficiency and beyond

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Digestive Oncology | Primary Care | Pancreas

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The 2024 guidelines on exocrine pancreatic insufficiency emphasize diagnosis through combined symptom and nutritional assessment, with enzyme replacement therapy starting at 40,000 units lipase per meal and dose titration based on fat intake and disease severity.

KEY POINTS

- Exocrine pancreatic insufficiency is defined as reduction in pancreatic enzyme activity below the level allowing normal digestion, and should be diagnosed by combining symptoms with nutritional status assessment including weight, BMI, and fat-soluble vitamins, not by isolated abnormal stool tests in asymptomatic patients.
- The speaker recommends starting pancreatic enzyme replacement therapy at approximately 40,000 units of lipase for main meals and 20,000 units for snacks, with no real maximum dose for most indications, adjusting based on dietary fat content and evolving disease severity.
- Enzymes should be taken with meals, preferably at the end of meals, and patients require dietician or nurse support to understand proper administration and to maintain normal caloric healthy diets rather than outdated low-fat diets.
- Non-response to therapy should prompt evaluation of compliance, adequacy of dosing relative to fat intake, and consideration of adding a proton pump inhibitor if intraluminal pH is contributing to enzyme inactivation.
- In cystic fibrosis patients on newer modulator medications, the speaker recommends rescreening for pancreatic function as these drugs may improve exocrine function to the point where enzyme doses can be decreased or discontinued.

– The speaker noted in discussion that exocrine insufficiency occurs in many non-pancreatic conditions including diabetes, heart failure, and inflammatory bowel disease, and suggested potential benefit of enzyme therapy in these populations though more evidence is needed.

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