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Summary

How to optimise medical therapy: Enzyme replacement therapy and beyond

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UEG Week Barcelona 2026 | Presentation

Surgery | Pancreas | Endoscopy

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The speaker presented an approach to optimizing medical therapy in chronic pancreatitis, emphasizing individualized pancreatic enzyme replacement therapy, evidence-based pain management with pregabalin, and systematic nutritional assessment.

KEY POINTS

- The speaker reported that in a European registry of almost 500 chronic pancreatitis patients with pancreatic exocrine insufficiency, 62% achieved therapeutic goals with standard enzyme dosing (50,000 units lipase with meals), while 40% required dose optimization, ultimately achieving success in 97% of patients.
- A recently published randomized placebo-controlled trial found that pancreatic enzymes showed no benefit over placebo for pain in chronic pancreatitis, with identical outcomes for pain intensity, painful days, analgesic use, and quality of life.
- The speaker stated that pregabalin is supported by four randomized placebo-controlled trials and meta-analysis showing efficacy for pain response, though dizziness and drowsiness are significantly more common than placebo, and patients should be counseled that pain relief takes 2-3 weeks while side effects appear immediately.
- The speaker recommended diagnosing pancreatic exocrine insufficiency based on symptoms of maldigestion plus nutritional deficiencies, not faecal elastase alone, and treating only when both are present.
- In the Q&A, the speaker stated he does not prescribe proton pump inhibitors from the start in chronic pancreatitis, reserving them as a second or third optimization step, except in pancreatic cancer with ductal obstruction.

– The speaker emphasized that lifelong follow-up is required, assessing nutritional recovery, pain relief, metabolic control, and ongoing alcohol/smoking cessation at each visit, with any clinical change prompting reassessment for complications and cancer.

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