European Consensus on Malabsorption—UEG & SIGE, LGA, SPG, SRGH, CGS, ESPCG, EAGEN, ESPEN, and ESPGHAN. Part 1: Definitions, Clinical Phenotypes, and Diagnostic Testing for Malabsorption

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Standards and Guidelines

Endoscopy | Pancreas | Primary Care | Small Intestine & Nutrition

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A European consensus involving ten scientific societies addresses malabsorption, covering diagnostic approaches, nutritional management, and the role of primary care in early detection and multidisciplinary care.

KEY POINTS

- Malabsorption is characterised by defective passage of nutrients into blood and lymphatic streams and may be caused by multiple congenital or acquired disorders including cystic fibrosis, exocrine pancreatic insufficiency, coeliac disease, lactase deficiency, small intestinal bacterial overgrowth, autoimmune atrophic gastritis, Crohn's disease, and gastric or small bowel resections.
- Early recognition is key for tailoring diagnostic work-up, which includes patient medical and pharmacological history, endoscopy with small intestinal biopsies, non-invasive functional tests, and radiological imaging.
- Coeliac disease should always be looked for in cases of malabsorption with no other obvious explanations and in high-risk individuals due to its high prevalence.
- Nutritional support is key in management and includes oral supplements, enteral or parenteral nutrition; teduglutide proved effective in reducing the need for parenteral nutrition in patients with short bowel syndrome.
- Primary care physicians play a central role in early detection of malabsorption and should be involved in multidisciplinary teams for improving overall patient management.

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