Clinical Nutrition (2006) **25**, 275–284

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Clinical Nutrition

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ESPEN GUIDELINES

ESPEN Guidelines on Enteral Nutrition: Pancreas ☆

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Received 21 January 2006; accepted 21 January 2006

KEYWORDS
Guideline;
Clinical practice;
Enteral nutrition;
Oral nutritional supplements;
Tube feeding;
Pancreatitis;
Undernutrition;
Malnutrition

Summary The two major forms of inflammatory pancreatic diseases, acute and chronic pancreatitis, require different approaches in nutritional management, which are presented in the present guideline. This clinical practice guideline gives evidence-based recommendations for the use of ONS and TF in these patients. It was developed by an interdisciplinary expert group in accordance with officially accepted standards and is based on all relevant publications since 1985. The guideline was discussed and accepted in a consensus conference.

In mild acute pancreatitis enteral nutrition (EN) has no positive impact on the course of disease and is only recommended in patients who cannot consume normal food after 5–7 days. In severe necrotising pancreatitis EN is indicated and should be supplemented by parenteral nutrition if needed. In the majority of patients continuous TF with peptide-based formulae is possible. The jejunal route is recommended if gastric feeding is not tolerated.

In chronic pancreatitis more than 80% of patients can be treated adequately with normal food supplemented by pancreatic enzymes. 10–15% of all patients require nutritional supplements, and in approximately 5% tube feeding is indicated.

The full version of this article is available at www.espen.org.

Abbreviations: EN, enteral nutrition (both oral nutritional supplements and tube feeding); IU, international units; PEG, percutaneous endoscopic gastrostomy; MCT, medium chain triglycerides; ONS, oral nutritional supplements; TF, tube feeding

☆For further information on methodology see Schütz et al.[77] For further information on definition of terms see Lochs et al.[78]

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☆☆The authors of the DGEM (German Society for Nutritional Medicine) guidelines on enteral nutrition in pancreatitis are acknowledged for their contribution to this article.

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doi:10.1016/j.clnu.2006.01.019

Summary of statements: Acute pancreatitis

Subject	Recommendations	Grade[77]	Number
Indications			
Mild acute pancreatitis	Enteral nutrition is unnecessary, if the patient can consume normal food after 5–7 days.	B	1.3
	Enteral nutrition within 5–7 days has no positive impact on the course of disease and is therefore not recommended.	A	1.6
	Give tube feeding, if oral nutrition is not possible due to consistent pain for more than 5 days.	C	1.6
Severe necrotising pancreatitis	Enteral nutrition is indicated if possible.	A	1.3
	Enteral nutrition should be supplemented by parenteral nutrition if needed.	C	1.3
	In severe acute pancreatitis with complications (fistulas, ascites, pseudocysts) tube feeding can be performed successfully.		1.8
Application	Tube feeding is possible in the majority of patients but may need to be supplemented by the parenteral route.	A	1.4
	Oral feeding (normal food and/or oral nutritional supplements) can be progressively attempted once gastric outlet obstruction has resolved, provided it does not result in pain, and complications are under control. Tube feeding can be gradually withdrawn as intake improves.	C	1.10
Severe pancreatitis	Use continuous enteral nutrition in all patients who tolerate it.	C	1.7
Route	Try the jejunal route if gastric feeding is not tolerated.	C	1.4
	In case of surgery for pancreatitis an intraoperative jejunostomy for postoperative tube feeding is feasible.	C	1.7
	In gastric outlet obstruction the tube tip should be placed distal to the obstruction. If this is impossible, parenteral nutrition should be given.	C	1.8
Type of formula	Peptide-based formulae can be used safely.	A	1.5
	Standard formulae can be tried if they are tolerated.	C	1.5

Grade: Grade of recommendation; Number: refers to statement number within the text.

Summary of statements: Chronic pancreatitis

Subject	Recommendations	Grade[77]	Number
General	Adequate nutritional therapy as well as pain treatment may have a positive impact on nutritional status. Caloric intake is increased after an attenuation of postprandial pain.	C	2.4