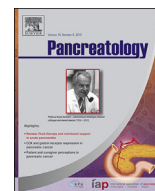




Contents lists available at ScienceDirect

Pancreatology

journal homepage: www.elsevier.com/locate/pan

Review article

Summary and recommendations from the Australasian guidelines for the management of pancreatic exocrine insufficiency

Working Party of the Australasian Pancreatic Club: Ross C. Smith ^{a, b, *}, Sarah F. Smith ^b, Jeremy Wilson ^c, Callum Pearce ^{d, e}, Nick Wray ^f, Ruth Vo ^c, John Chen ^g, Chee Y. Ooi ^{h, i}, Mark Oliver ^j, Tamarah Katz ^k, Richard Turner ^l, Mehrdad Nikfarjam ^{m, b}, Christopher Rayner ^{n, o}, Michael Horowitz ^p, Gerald Holtmann ^{q, r}, Nick Talley ^{s, t}, John Windsor ^u, Ron Pirola ^v, Rachel Neale ^w

^a Department of Surgery, University of Sydney, NSW, Australia^b Australasian Pancreatic Club, Australia^c Liverpool Hospital, University of NSW, Australia^d Institute for Immunology and Infectious Diseases, Murdoch University, WA, Australia^e Fremantle Hospital, WA, Australia^f Nutrition & Dietetics, School of Health Sciences, Flinders University, Adelaide, SA, Australia^g South Australian Liver Transplant & HPB Unit, RAH & Flinders Medical Centre, SA, Australia^h School of Women's and Children's Health, Dept. of Medicine, University of NSW, Australiaⁱ Department of Gastroenterology, Sydney Children's Hospital, Randwick, NSW, Australia^j Department of Gastroenterology and Clinical Nutrition, Royal Children's Hospital, Parkville, VIC, Australia^k Sydney Children's Hospital, Randwick, NSW, Australia^l Hobart Clinical School and Dept. Surgery, University of Tasmania, Australia^m Dept. Surgery, University of Melbourne, VIC, Australiaⁿ School of Medicine, University of Adelaide, SA, Australia^o Centre for Digestive Diseases, Royal Adelaide Hospital, SA, Australia^p Endocrine and Metabolic Unit, University of Adelaide and Royal Adelaide Hospital, SA, Australia^q Faculty of Medicine and Biomedical Sciences, University of Queensland, Australia^r Translational Research Institute, Department of Gastroenterology & Hepatology, Princess Alexandra Hospital, Qld, Australia^s Faculty of Health and Medicine, University of Newcastle, NSW, Australia^t Royal Australasian College of Physicians, Australia^u Dept. of Surgery, University of Auckland, New Zealand^v Faculty of Medicine, SW Sydney Clinical School, University of NSW, Australia^w Cancer Control Laboratory, Queensland Institute of Medical Research, Qld, Australia

ARTICLE INFO

Article history:

Available online xxx

Keywords:

Exocrine pancreatic insufficiency
Pancreatic exocrine replacement therapy
Pancreatic diseases
Pancreatic function tests
Pancreatic neoplasms
Pancreatitis

ABSTRACT

Aim: Because of increasing awareness of variations in the use of pancreatic exocrine replacement therapy, the Australasian Pancreatic Club decided it was timely to re-review the literature and create new Australasian guidelines for the management of pancreatic exocrine insufficiency (PEI).

Methods: A working party of expert clinicians was convened and initially determined that by dividing the types of presentation into three categories for the likelihood of PEI (definite, possible and unlikely) they were able to consider the difficulties of diagnosing PEI and relate these to the value of treatment for each diagnostic category.

Results and conclusions: Recent studies confirm that patients with chronic pancreatitis receive similar benefit from pancreatic exocrine replacement therapy (PERT) to that established in children with cystic fibrosis. Severe acute pancreatitis is frequently followed by PEI and PERT should be considered for these patients because of their nutritional requirements. Evidence is also becoming stronger for the benefits of PERT in patients with unresectable pancreatic cancer. However there is as yet no clear guide to help identify those patients in the 'unlikely' PEI group who would benefit from PERT. For example, patients

* Corresponding author. Level 8 Kolling Building, Royal North Shore Hospital, Northern Clinical School, University of Sydney, St. Leonards, NSW 2065 Australia.
Tel.: +61 294373511; fax: +61 294373522.

E-mail address: Ross.smith@sydney.edu.au (R.C. Smith).

with coeliac disease, diabetes mellitus, irritable bowel syndrome and weight loss in the elderly may occasionally be given a trial of PERT, but determining its effectiveness will be difficult. The starting dose of PERT should be from 25,000–40,000 IU lipase taken with food. This may need to be titrated up and there may be a need for proton pump inhibitors in some patients to improve efficacy.
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Contents

Introduction	00
Methods	00
Pancreatic exocrine insufficiency and its diagnosis	00
Symptoms of PEI	00
Clinical consequences of PEI	00
Testing for PEI	00
Pancreatic exocrine replacement therapy (Table 1)	00
Key points	00
Dietary management of PEI (Table 2)	00
Key points	00
Acute pancreatitis and PERT (Table 3)	00
Key points	00
Chronic pancreatitis (Table 4)	00
Key points	00
PEI in cystic fibrosis (Table 5)	00
Key points	00
PEI after bowel resection (Table 6)	00
Key points	00
PEI after gastric surgery (Table 7)	00
Key points	00
Use of PERT after pancreatectomy (Table 8)	00
Key points	00
PEI in patients with unresectable pancreatic cancer (Table 9)	00
Key points	00
Diabetes and PERT (Table 10)	00
Key points	00
Coeliac disease and PERT (Table 11)	00
Key points	00
Irritable bowel syndrome and PERT (Table 12)	00
Key points	00
The ageing pancreas (Table 13)	00
Recommendations	00
References	00

Introduction

In 2014 The Australasian Pancreatic Club felt that it was time to revisit the 2009 Australasian Guidelines for the Management of Pancreatic Exocrine Insufficiency because of several new relevant concepts and publications. A working party of expert independent clinicians was convened under the Chairmanship of E/Professor Ross Smith, APC President. It was particularly noted that there was still some confusion in the medical community about indications for prescribing and effective dosage of pancreatic exocrine replacement therapy (PERT). Further that the cost of PERT was significant for the community and therefore the indications should be carefully defined. The working party agreed that it was important for this document to be independent of influence from the pharmaceutical industry.

Methods

Members of the working party, who were assigned topics for review, conducted new literature searches. Final formatting and editorial assistance was obtained from an independent editor, S.S.

As part of their review, working party members were to make recommendations based on levels of evidence according to the Oxford Centre for Evidence Based Medicine (CEBM) v1, www.cebm.net/oxford-centre-evidence-based-medicine-levels-evidence-march-2009/, with the inclusion of a category 3c: Critical review of the literature. Because such a review is not a systematic review, it may be subject to bias, but this category was included because some references cited in these Guidelines have evaluated multiple studies including RCTs and cohort studies and we believe they warrant a higher level of evidence than 4 (case series) and 5 (expert opinion without explicit critical appraisal, bench research or “first principles”).

This involved categorising the highest level of evidence of each article which contributes to a recommendation.

The Levels of Evidence are:

- 1a Systematic review (with homogeneity) of randomized controlled trials
- 1b Individual randomized controlled trial (with narrow confidence interval)

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