

# Adherence to the United European Gastroenterology Evidence-Based Guidelines for Chronic Pancreatitis (HaPanEU) from the Largest Pancreatic Centre in Ireland

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## Background

- Chronic pancreatitis (CP) leads to progressive exocrine and endocrine pancreatic insufficiency and subsequently linked to nutrition-related diseases and shortened life expectancy (1)
- The working group on “Harmonizing diagnosis and treatment of chronic pancreatitis across Europe” (HaPanEU) developed evidence-based guidelines for the diagnosis and management of CP patients in 2016 (2)
- In 2020, a Dutch group conducted a nationwide survey to determine adherence to the HaPanEU guidelines, reporting a low-moderate adherence to the guidelines (3)
- Little known about compliance in Ireland/UK with the HaPanEU guidelines

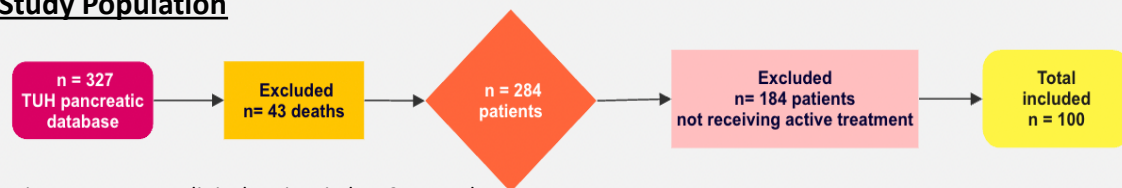
## Objective

- To compare current practice regarding the diagnosis and management of CP patients attending TUH to 39 non-invasive quality indicators (QIs) from the HaPanEU guidelines

## Methodology

- Cross sectional observational cohort study comparing practice to QIs from the HaPanEU guidelines and based on Dutch study (3)
- April 2023: Preliminary/pilot audit conducted (n=50; 20 QIs)
- August-November 2023: Numbers increased to 100 patients and measured QIs increased to 39
- Data were retrieved from clinical notes, radiology records, operation & procedure notes
- The study was approved by the TUH Quality Improvement Lead (Ref 2903)

## Study Population



\*Active treatment = clinical review in last 24 months

## Results

- Compliance to the QIs from the HaPanEU guidelines were variable:
- High adherence (>70%):** Documentation of smoking: 82%; documentation of alcohol: 78%; implementation of nutritional interventions: 84%; baseline BMI measurements: 85%; biochemical assessments: 97%; measurement of HbA1C/fasting glucose: 86%; nutritional assessments: 85%
- Moderate adherence (30%-70%):** Bone density assessment guidelines and therapy of osteoporosis (DEXA scan performed once in 24 months): 54%; measurement & supplementation of (i) vitamin A: 48% / (ii) vitamin D: 68% / (iii) vitamin E: 47%; documentation of application of PERT: 42%
- Low adherence (<30%):** measurement & supplementation of vitamin K: 5%; Quality of Life (QoL) assessment: 2%; application of therapy according to WHO pain ladder: 28%

## Conclusion

- In the first such audit of adherence to HaPanEU CP management guidelines in the UK and Ireland, there was variable compliance with QIs, including low adherence to the assessment of QoL, application of WHO pain guidelines, and vitamin K measurement & supplementation representing key areas that require immediate attention to improve care**
- There was high adherence to several important indices including nutritional management, alcohol and smoking documentation, and moderate adherence to bone health guidelines**
- These findings support robust protocolised management for CP as well as ongoing audit and evaluation to ensure high quality, evidence-based management**

## References:

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