

A Service Review of Long Term Nutritional Complications After Admission for Severe Acute Pancreatitis (SAP)

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Introduction

Severe Acute Pancreatitis (SAP), is defined by persistent organ failure beyond 48 hours or with local or regional complications¹. Patients often experience weight loss, exocrine and endocrine insufficiency which may persist beyond hospital admission². Clinical guidelines in acute pancreatitis lack recommendations regarding long-term nutritional monitoring².

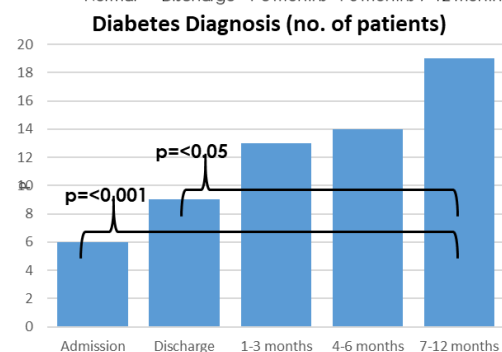
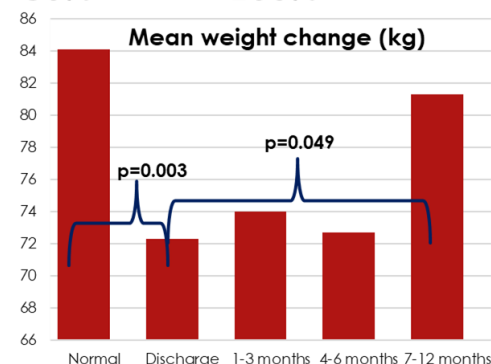
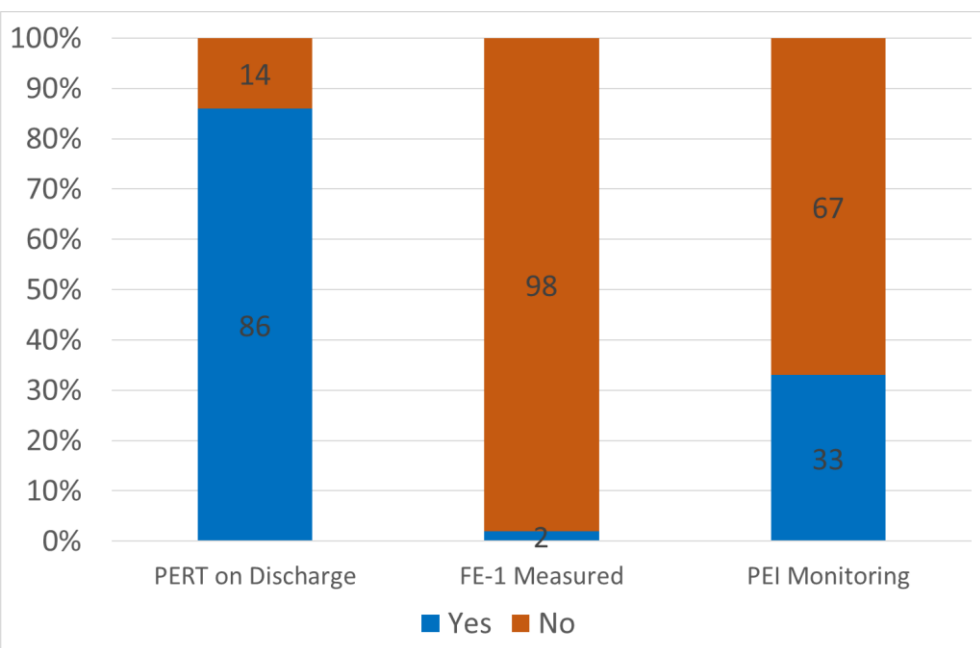
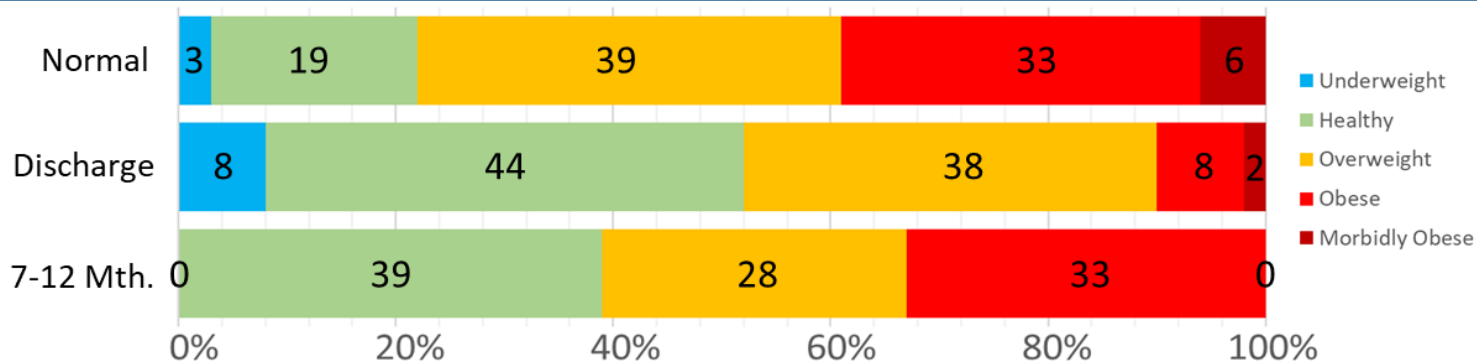
Aim

To assess monitoring practices and changes to weight, biochemistry, exocrine and endocrine function after SAP

Methodology

All patients referred to the Freeman Hospital for management of SAP from Jan 2018-Dec 2019 were included. Data recorded regarding: Patient demographics; weight changes, evidence of pancreatic exocrine insufficiency (PEI) (Faecal elastase (FE-1), symptom reporting), Pancreatic Enzyme Replacement Therapy (PERT) prescription, HbA1c along with treatment type. Biochemical monitoring was reviewed including treatment of abnormalities.

Results



Conclusions & Recommendations

- Unable to understand nutritional consequences of SAP due to lacking data on weight, FE-1 and biochemical measurements.
- Weight lost during admission regained 12 months following discharge, limited by lack of body composition data providing no insight into extent of muscle loss or regain.
- Increasing diagnosis of diabetes plus prescription of PERT and insulin reflects the impact SAP has on pancreatic function following discharge. Failure to measure FE-1 prevents drawing a clear conclusion on whether PEI persists in follow-up period.
- Highlights the need for dietetic outpatient input to assess body composition, micronutrient status and to ensure the appropriate prescription of PERT.
- There is scope for future prospective research to evidence the necessity of increased dietetic services and to inform the development of guidelines on monitoring long-term nutritional outcomes in SAP.

References

- Banks PA, Bollen TL, Dervenis C. Classification of acute pancreatitis-2012: revision of the Atlanta classification and definitions by international consensus acute pancreatitis classification Working group. *Gut* 2013;62:102–11.
- Arvanitakis M, Ockenga J, Bezmarevic M, et al. ESPEN guideline on clinical nutrition in acute and chronic pancreatitis. *Clinical Nutrition* 2020; 39:612–31.