UKINETs Bitesize Guidance for the Management of Pancreatic Exocrine Insufficiency (PEI)

Diagnosis

- Patients should be screened for malnutrition using a validated nutrition risk screening tool e.g. MUST, SGA, NRS-2002. Patients at risk should be referred to a dietitian. Specialist dietitian or clinical nurse specialist input is recommended alongside this.

Treatment

- In the presence of PEI, patients should be treated with PERT e.g. Creon 25,000, Nutrizym 22, Pancrease HL. This should be started at a dose of at least 44,000-50,000 units of lipase with meals and 22,000-25,000 units of lipase with snacks, supplement drinks or milky drinks. Patients should be encouraged to adjust their dose if this is ineffective.

  - PERT should be taken at the beginning of meals and split dose at intervals throughout the meal if taking longer to eat or having multiple courses.
  - There is no maximum dose of PERT in adults, however, where doses exceed 100,000 units lipase with meals, comorbidities such as small intestinal bacterial overgrowth, bile acid diarrhoea, infection, coeliac disease, IBD, IBS and lactose intolerance should be excluded.

  - All PERT is porcine derived with no alternative available. Patients should be counselled on this upon commencement.

  - Troubleshooting if symptoms persist
    - Check PERT is being taken at appropriate timings
    - Is the patient taking with milky drinks, snacks and nutritional supplement drinks?
    - Is PERT being stored at <25°C?
    - Check capsules are being swallowed whole with a cool drink
    - Introduce a PPI if ongoing symptoms at higher doses
    - Trial an alternative brand of enteric coated PERT

- Patients with PEI are at risk of vitamin and mineral deficiencies. Consider vitamin and mineral monitoring and supplementation.

- Please consider referring to local or national guidance for more detailed management advice.
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References


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