Cairns Private Hospital

CHRONIC PANCREATITIS – Salient Points

(Adapted from NICE guidelines)

1. **Consider chronic pancreatitis as a possible diagnosis for patients presenting with chronic or recurrent episodes of upper abdominal pain.**

2. **Do not assume that chronic pancreatitis is alcohol-related just because the person drinks alcohol. Other causes to consider:**
   a) genetic factors
   b) autoimmune disease e.g IgG4 disease
   c) metabolic causes
   d) structural or anatomical factors

3. **Be aware that people with chronic pancreatitis are at high risk of malabsorption, malnutrition and a deterioration in their quality of life**
   - Annual (every 6 months if under 16s) clinical and biochemical assessment for PEI and malnutrition
   - Nutritional bloods e.g FBC, LFT, U&E, lipids, Vit B12, Folate, Iron studies, Vit D, Calcium, Magnesium, Zinc, Phosphate (may need repeat 3 – 6 monthly)
   - Refer to Pancreas clinic and consider starting PERT
   - Consider referral to specialist dietician for advice on nutrition and supplements

4. **Monitor HbA1c for diabetes type 3c at least every 6 months (lifetime risk as high as 80%; risk increases with duration of pancreatitis and presence of calcific pancreatitis)**

5. **Bone density assessment every 2 years**

6. **Pain management**
   - Avoid opiates long-term
   - Start pain modulator early e.g Amitriptyline, Duloxetine

7. **Consider annual monitoring for pancreatic cancer in people with hereditary Pancreatitis (5% of all CP, lifetime risk around 40%)**

8. **Advise to quit smoking – not a primary cause in itself but may exacerbate the condition**

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