

Introduction

Exocrine pancreatic insufficiency (EPI) is a condition that occurs due to a reduction in pancreatic enzyme production, delivery, and/or activity to a level below the threshold required to maintain normal digestion. EPI results in impaired digestion and decreased absorption of nutrients.^{1,2}

1

EPI should always be considered in individuals with a newly diagnosed pancreatic disease predisposing to EPI, including chronic pancreatitis, cystic fibrosis, pancreatic cancer, pancreatectomy, and gastrointestinal surgeries.^{3*}

2

Investigate EPI if suggestive signs and symptoms develop in a patient with a known pancreatic disease or in patients with a **predisposing condition**.³

The following signs and symptoms should be considered suggestive of EPI:

- Large-volume malodorous stools
- Steatorrhea
- Unexplained weight loss
- Unexplained deficits in fat-soluble vitamins
- Clinical sequelae of certain micronutrient deficiencies
- Diabetes mellitus secondary to chronic pancreatitis

3

For patients with a condition predisposing to EPI, regular screening should include³:

- Weight and body mass index
- Fat-soluble vitamins and other nutritional markers
- HbA1c
- Bone mineral density scan
- Fecal tests such as FE-1

4

For patients with signs or symptoms suggestive of EPI, thorough investigation should include the following considerations³:

- Duration and nature of symptoms (eg, steatorrhea)
- Documented unexplained weight loss
- Other basic laboratory values (including complete blood counts with differential, comprehensive metabolic panel, international normalized ratio, serum albumin, and prealbumin levels)
- Patient's clinical history (including prior chronic or recurrent acute pancreatitis, alcohol abuse, smoking, and GI surgery)
- Any family history of a pancreatic disease

*These are select recommendations from the consensus guidance. For a complete list of recommendations, please refer to Durie P, et al. *Curr Med Res Opin.* 2018;34(1):25-33.

References:

1. Lindkvist B. *World J Gastroenterol.* 2013;19(42):7258-7266. 2. Pezzilli R, Andriulli A, Bassi C, et al. *World J Gastroenterol.* 2013;19(44):7930-7946. 3. Durie P, Baillargeon JD, Bouchard S, Donnellan F, Zepeda-Gomez S, Teshima C. *Curr Med Res Opin.* 2018;34(1):25-33.