

Mission:Cure

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The “Alcoholic Pancreatitis” Label is Scientifically Inaccurate and Harms Patients: Please Take Action

Contrary to common understanding, chronic pancreatitis is not an alcoholic’s disease nor is alcohol the primary cause of chronic pancreatitis. Misinformation about alcohol and chronic pancreatitis impedes physicians’ ability to treat patients effectively and stigmatizes patients.

Intense Emphasis What the Science Really Says about Alcohol and Chronic Pancreatitis

1. While alcohol is a risk factor for chronic pancreatitis, the amount of alcohol that must be consumed to place patients at an increased risk for chronic pancreatitis is ≥ 5 drinks per day.¹ Research shows that 1-2 drinks/day appears to be protective.^{2,3}
2. Even among heavy drinkers (those who drink ≥ 5 drinks per day) the absolute risk remains low - only 2-3% of people who drink excessively will develop acute pancreatitis in their lifetime, and only 1% will develop chronic pancreatitis.^{1,2}
3. The commonly cited 45% figure for alcoholic pancreatitis is based on providers’ working diagnosis rather than the ≥ 5 drinks/day standard and is taken out of context.⁴
4. New evidence suggests that alcohol may be a trigger for genetically-driven chronic pancreatitis.⁵⁻⁷
5. Smoking is a much more significant risk factor for chronic pancreatitis than alcohol.⁸

Misinformation about Alcohol and Pancreatitis is Harming Patients

Labeling chronic pancreatitis as “alcoholic” often means that clinicians do not explore other etiologies or co-occurring disorders or pursue possible treatments other than stopping alcohol use. Patients are made to feel that they are responsible for their illness; the stigma and guilt compound their suffering. As a patient organization, Mission: Cure hears from hundreds of patients. Essentially all of them, including parents of small children, have been accused of drinking too much and bringing the disease on themselves. It is not uncommon for parents of young children with pancreatic pain to be accused of giving their children alcohol, because many providers believe that is the only way to get pancreatitis. Other times, children are misdiagnosed because providers assume they would not have an “alcoholic’s disease.”

We Ask You to Commit to the Following:

1. Do not repeat that chronic pancreatitis is largely caused by alcohol in your scientific presentations and articles.
2. When asking patients about their alcohol use, only ask if they consume an amount that has been scientifically proven to lead to chronic pancreatitis (5 or more drinks per day).
3. Correct your colleagues in clinical settings if you witness them inaccurately blaming chronic pancreatitis on alcohol. Explain the correct relationship between alcohol and pancreatitis and note the danger in stigmatizing patients.
4. Support Mission: Cure’s efforts to change the ICD codes for pancreatitis by eliminating the designation for “alcoholic chronic pancreatitis” and instead treating it as a risk factor like smoking is coded as a risk factor for lung cancer in the ICD-10.

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Demonstrating a new model for curing disease, starting with pancreatitis

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1. Yadav D, Whitcomb DC. The role of alcohol and smoking in pancreatitis. *Nat Rev Gastroenterol Hepatol*. 2010;7(3):131-145. doi:10.1038/nrgastro.2010.6
2. Spagnolo DM, Greer PJ, Ohlsen CS, et al. Acute and Chronic Pancreatitis Disease Prevalence, Classification, and Comorbidities: A Cohort Study of the UK BioBank. *Clin Transl Gastroenterol*. 2022;13(1):e00455. doi:10.14309/ctg.0000000000000455
3. Setiawan VW, Pandol SJ, Porcel J, et al. Prospective Study of Alcohol Drinking, Smoking, and Pancreatitis: The Multiethnic Cohort. *Pancreas*. 2016;45(6):819-825. doi:10.1097/MPA.0000000000000657
4. Coté GA, Yadav D, Slivka A, et al. Alcohol and smoking as risk factors in an epidemiology study of patients with chronic pancreatitis. *Clin Gastroenterol Hepatol Off Clin Pract J Am Gastroenterol Assoc*. 2011;9(3):266-273; quiz e27. doi:10.1016/j.cgh.2010.10.015
5. Clemens DL, Schneider KJ, Arkfeld CK, Grode JR, Wells MA, Singh S. Alcoholic pancreatitis: New insights into the pathogenesis and treatment. *World J Gastrointest Pathophysiol*. 2016;7(1):48-58. doi:10.4291/wjgp.v7.i1.48
6. Rosendahl J, Kirsten H, Hegyi E, et al. Genome-wide association study identifies inversion in the CTRB1-CTRB2 locus to modify risk for alcoholic and non-alcoholic chronic pancreatitis. *Gut*. 2018;67(10):1855-1863. doi:10.1136/gutjnl-2017-314454
7. Maléth J, Balázs A, Pallagi P, et al. Alcohol disrupts levels and function of the cystic fibrosis transmembrane conductance regulator to promote development of pancreatitis. *Gastroenterology*. 2015;148(2):427-439.e16. doi:10.1053/j.gastro.2014.11.002
8. Singhvi A, Yadav D. Myths and realities about alcohol and smoking in chronic pancreatitis. *Curr Opin Gastroenterol*. 2018;34(5):355-361. doi:10.1097/MOG.0000000000000466

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