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# Nutrition for Chronic Pancreatitis



**Mary Phillips,**  
Hepato-Pancreato-Biliary Specialist Dietitian

**Mission:Cure**



# Agenda

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**Welcome**

Megan Golden

**Nutrition for Chronic Pancreatitis**

Mary Phillips

**Q&A**

Eric Golden

**Closing Remarks**

Sofia Garcia

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# Our Story



Eric and Megan



Amy and Linda

**SEEKING RELIEF FROM PANCREATITIS PAIN**  
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# Guest Speaker



## Mary Phillips

### HPB Specialist Dietitian

- Royal Surrey County NHS Foundation Trust
- Department of Nutrition and Dietetics



National Health Service



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# Before We Begin

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## Everyone's Situation is Different!

- We cannot provide individual medical advice during this webinar. This advice is not intended to be a substitute for professional medical advice, diagnosis or treatment.

## Expert Recommendations Might Differ From Your Individual Needs

- What works for *most* might not work for *you*. Use this advice to talk to your care team about your options for nutrition.



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# Why Focus on Nutrition?

## Common Nutritional Challenges for CP Patients

### Malnutrition

- 5% of people with CP are likely to need tube feeding

### Exocrine Pancreatic Insufficiency

- Inability to produce sufficient digestive enzymes

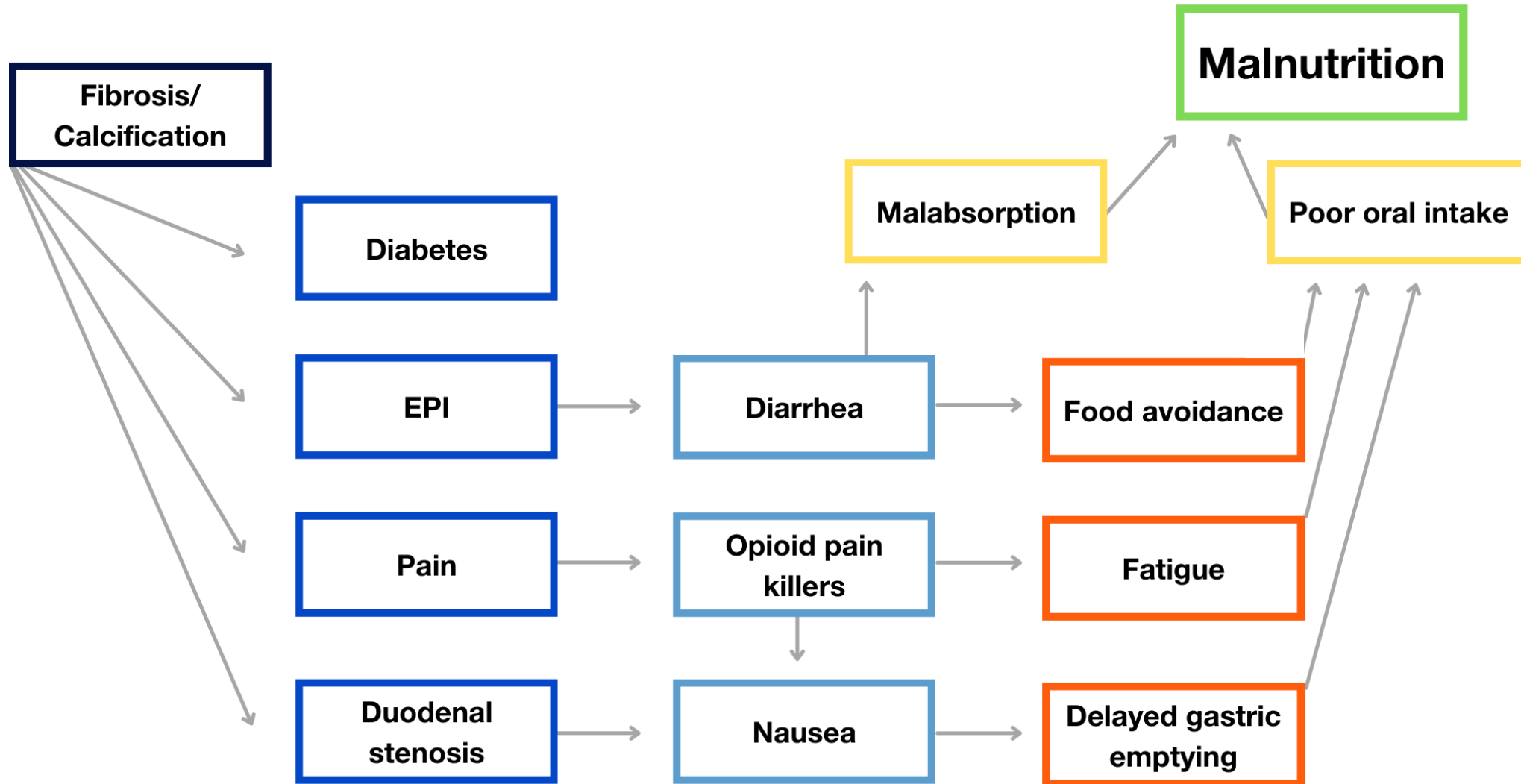
### Type 3c Diabetes

- 80% of CP patients carry a risk of diabetes

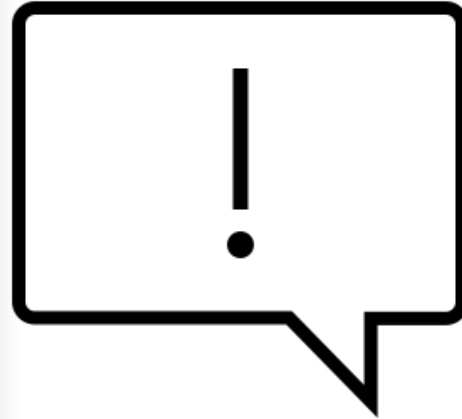


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# Causes of Malnutrition in CP



# Malnutrition and Malabsorption



Injured pancreas = patient cannot absorb nutrients properly—especially fats

Pancreatitis patients need to look out for fat-soluble vitamin deficiencies

**Vitamins A, D, E, & K**

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# Exocrine Pancreatic Insufficiency (EPI)

When pancreas does not secrete enough digestive enzymes for normal digestion

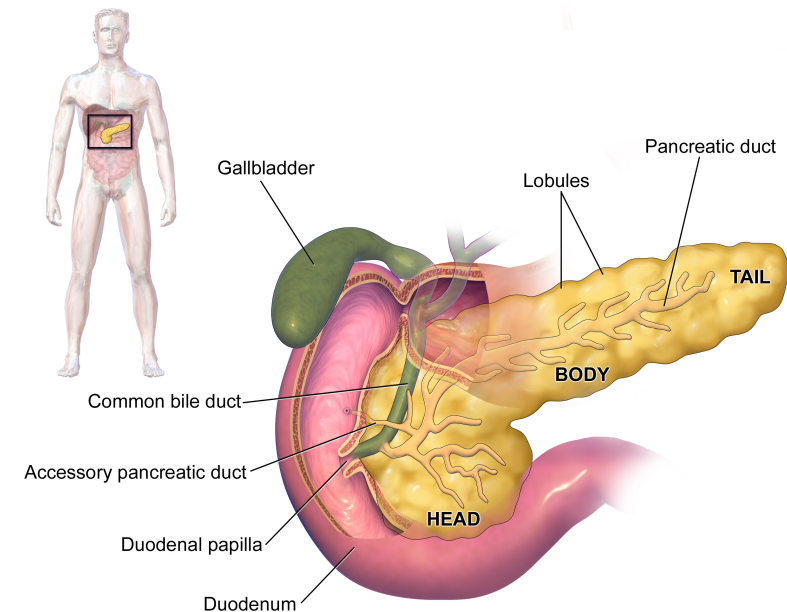
## Effects of EPI:

- Long term vitamin and mineral deficiency
- Higher prevalence of osteopathy
- Malnutrition
- Higher incidence of cardiovascular disease

## Incidence of EPI in CP patients:

- At diagnosis: 8–22%
- 13-26 years: 44–48%
- 14-36 years: 91–100%

**EPI can be treated** with pancreatic enzyme replacement therapy (PERT)



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# Type 3c Diabetes

When pancreas cannot secrete insulin due to damage

**Symptoms that indicate that the endocrine pancreas is not working properly:**

- Unexplained weight loss
- Dry mouth
- Excessive thirst
- Having to urinate frequently

**Treatment and management:**

- Managed with insulin injections and sometimes oral medications
- Long-term management is necessary to prevent future complications



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# What Tests Should You Get? How Often?

## Fat-soluble vitamin levels

- A, D, E, K
- Once a year

## Liver function and HbA1c test

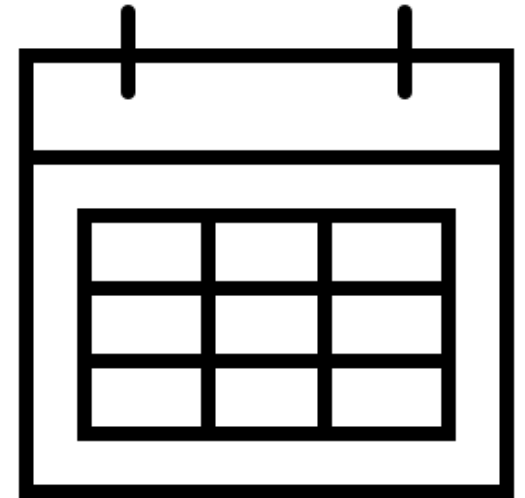
- Once a year

## Bone mineral density

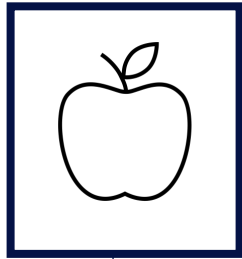
- Once every two years, unless risk factors are present

## Standard lipid panel for triglycerides

- Once a year

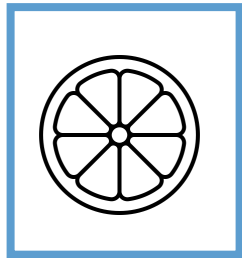


# What do the Experts Recommend?



## Low-Fat Diet

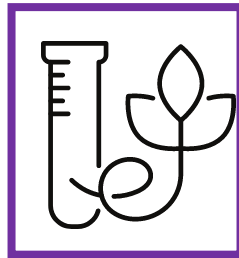
- Different recommendations in the UK and the US



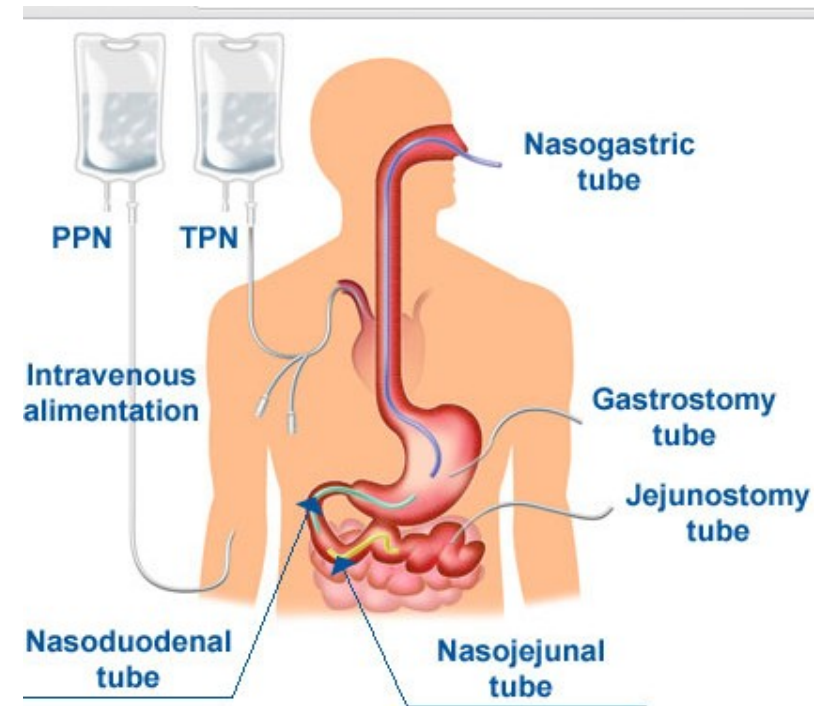
## Nutritional Supplements



## Pancreatic Enzyme Replacement Therapy



## Enteral Feeding



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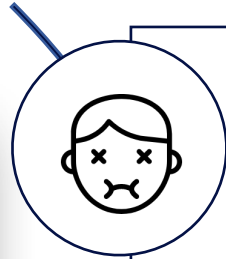
# Good Fat, Bad Fat, No Fat

- Some people are intolerant to fat
  - Consider bile salt malabsorption, small intestinal bacterial overgrowth



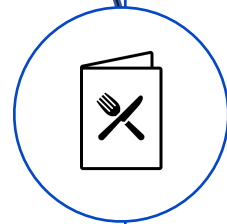
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# General Advice



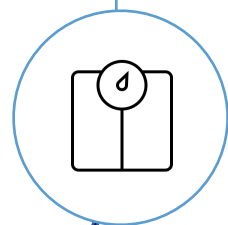
## Dealing with **nausea** and **vomiting**

- Avoid greasy, spicy foods
- Keep some food in your stomach



## Managing poor **appetite**

- Eat small meals throughout the day
- Get plenty of rest



## Managing unplanned **weight loss**

- Talk with your doctor about what is causing your weight loss
- Consider nutritional supplement drinks

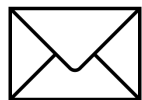


## Address **hydration**

- Dehydration could lead to flares



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