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Acg pancreatitis guidelines 2020

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Guidelines on optimizing the use of proton pump inhibitors: PPI stewardship. cecehare Dutta AK, Jain A, Jearth V, Mahajan R, Panigrahi MK, Sharma V, Goenka MK, Kochhar R, Makharia G, Reddy DN, Kirubakaran R, Ahuja V, Berry N, Bhat N, Dutta U, Ghoshal UC, Jain A, Jalihal U, Jayanthi V, Kumar A, Nijhawan S, Poddar U, Ramesh GN, Singh SP, Zargar S, Bhatia S. Dutta AK, et al. Indian J Gastroenterol. 2023 Oct;42(5):601-628. doi: 10.1007/s12664-023-01428-7. Epub 2023 Sep 12. mohimujixugibi Indian J Gastroenterol. 2023. PMID: 37698821 Review. This guideline will provide an evidence-based practical approach to the diagnosis and management of CP for the general gastroenterologist. zedeyoro Patients with chronic pancreatitis Female, Male, Adolescent, Adult, Older adult Ambulatory, Hospital, Outpatient Nurse, nurse practitioner, physician, physician assistant Assessment and screening, Diagnosis, Management, Treatment D010195 - Pancreatitis, D007165 - Immunosuppression, D007166 - Immunosuppressive Agents, D001327 - Autoimmune Diseases, D050500 - Pancreatitis, Chronic autoimmune, chronic inflammatory disease (CID), pancreatitis, chronic pancreatitis, inflammatory Gardner, Timothy B. MD, MS, FACG; Adler, Douglas G. MD, FACG; Forsmark, Chris E. MD, FACG; Sauer, Bryan G. MD, MSc (Clin Res), FACG (GRADE Methodologist); Taylor, Jason R. MD; Whitcomb, David C. hozabadahepeda MD, PhD, FACG. ACG Clinical Guideline, The American Journal of Gastroenterology: March 2020 - Volume 115 - Issue 3 - p 322-339 doi: 10.14309/ajg.0000000000000535 Background: Chronic pancreatitis (CP) is a complex inflammatory disease with remarkably impaired quality of life and permanent damage of the pancreas. This paper is part of the international consensus guidelines on CP and presents the consensus on factors elevating the risk for CP. Methods: An international working group with 20 experts on CP from the major pancreas societies (IAP, APA, JPS, and EPC) evaluated 14 statements generated from evidence on four questions deemed to be the most clinically relevant in CP.

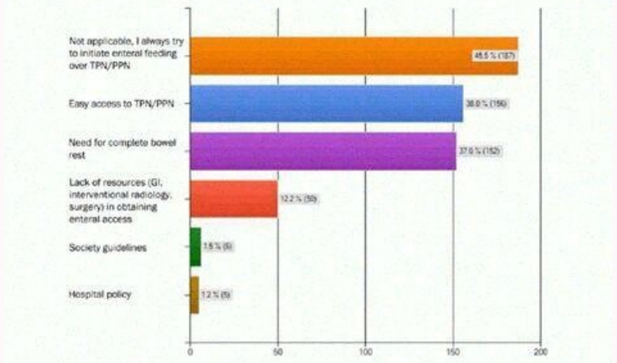
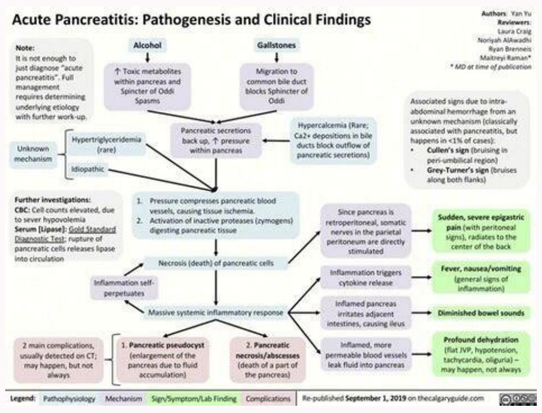
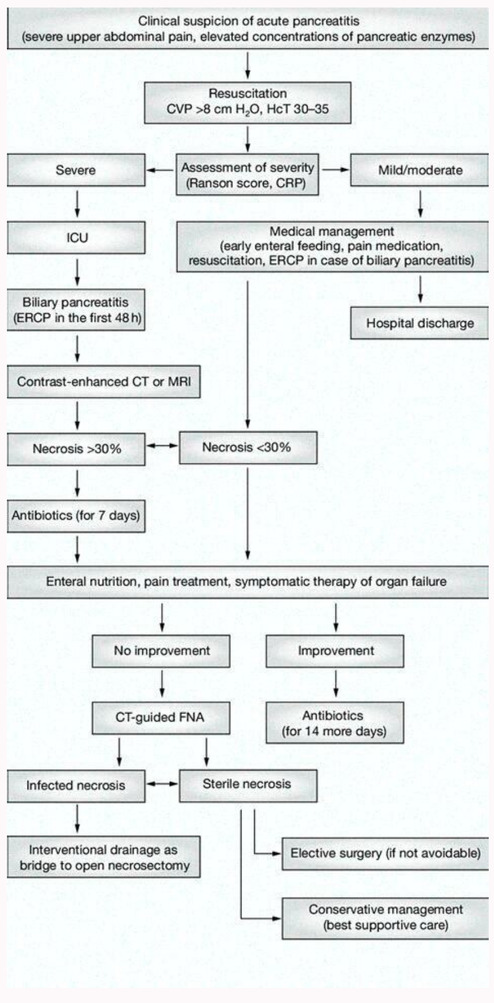


Figure 1. Reasons why TPN/PPN is initiated in the management of acute pancreatitis over enteral nutrition. The 411 available respondents could chose more than one answer and a total of 556 responses were collected. Percentages are computed within the number of respondents.

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United European Gastroenterology evidence-based guidelines for the diagnosis and therapy of chronic pancreatitis (HaPanEU)

J Matthias Löhr[1], Enrique Dominguez-Munoz[2], Jonas Rosendahl[3], Marc Besselink[4], Julia Mayerle[5,6], Markus M Lerch[5], Stephan Haas[7], Fatih Akisik[8], Nikolaos Kartalis[9], Julio Iglesias-Garcia[2], Jutta Keller[7], Marja Boermeester[4], Jens Werner[10], Jean-Marc Dumonceau[11], Paul Fockens[4,*], Ashjorn Drewes[12], Gürlap Ceyhan[13], Björn Lindkvist[14], Joost Drenth[15], Nils Ewald[16], Philip Hardt[16], Enrique de Madaria[17], Heiko Witt[18], Alexander Schneider[19], Riccardo Manfredi[20], Frøkjer J Brøndum[21], Sasa Rudolf[22], Thomas Bollen[23] and Marco Bruno[24]; HaPanEU/UEG Working Group

Abstract

Background: There have been substantial improvements in the management of chronic pancreatitis, leading to the publication of several national guidelines during recent years. In collaboration with United European Gastroenterology, the working group on 'Harmonizing diagnosis and treatment of chronic pancreatitis across Europe' (HaPanEU) developed these European guidelines using an evidence-based approach.

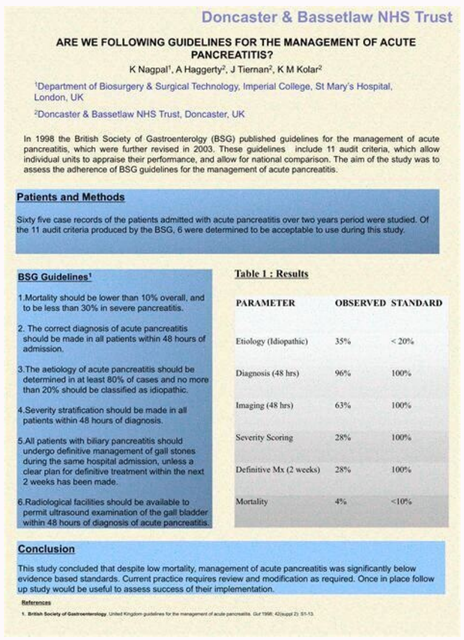
Methods: Twelve multidisciplinary review groups performed systematic literature reviews to answer 101 predefined clinical questions. Recommendations were graded using the Grading of Recommendations Assessment, Development and Evaluation system and the answers were assessed by the entire group in a Delphi process online. The review groups presented their recommendations during the 2015 annual meeting of United European Gastroenterology. At this one-day, interactive conference, relevant remarks were voiced and overall agreement on each recommendation was quantified using plenary voting (Text and Evaluation Directorate). After a final round of adjustments based on these comments, a draft version was sent out to external reviewers.

Results: The 101 recommendations covered 12 topics related to the clinical management of chronic pancreatitis: aetiology (working party (WP)1), diagnosis of chronic pancreatitis with imaging (WP2 and WP3), diagnosis of pancreatic exocrine

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[21]Aarhus University, Aarhus, Denmark
[22]Department of Radiology, University Medical Centre Murcher, Murcher, Germany
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Doncaster & Bassetlaw NHS Trust

ARE WE FOLLOWING GUIDELINES FOR THE MANAGEMENT OF ACUTE PANCREATITIS?

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In 1998 the British Society of Gastroenterolgy (BSG) published guidelines for the management of acute pancreatitis, which were further revised in 2003. These guidelines include 11 audit criteria, which allow individual units to appraise their performance, and allow for national comparison. The aim of the study was to assess the adherence of BSG guidelines for the management of acute pancreatitis.

Patients and Methods

Sixty five case records of the patients admitted with acute pancreatitis over two years period were studied. Of the 11 audit criteria produced by the BSG, 6 were determined to be acceptable to use during this study.

BSG Guidelines[1]

1.Mortality should be lower than 10% overall, and to be less than 30% in severe pancreatitis.

2. The correct diagnosis of acute pancreatitis should be made in all patients within 48 hours of admission.

3.The aetiology of acute pancreatitis should be determined in at least 80% of cases and no more than 20% should be classified as idiopathic.

4.Severity stratification should be made in all patients within 48 hours of diagnosis.

5.All patients with biliary pancreatitis should undergo definitive management of gall stones during the same hospital admission, unless a clear plan for definitive treatment within the next 2 weeks has been made.

6.Radiological facilities should be available to permit ultrasound examination of the gall bladder within 48 hours of diagnosis of acute pancreatitis.

Table 1 : Results

PARAMETER	OBSERVED	STANDARD
Etiology (Idiopathic)	35%	< 20%
Diagnosis (48 hrs)	96%	100%
Imaging (48 hrs)	63%	100%
Severity Scoring	28%	100%
Definitive Mx (2 weeks)	28%	100%
Mortality	4%	<10%

Conclusion

This study concluded that despite low mortality, management of acute pancreatitis was significantly below evidence based standards. Current practice requires review and modification as required. Once in place follow up study would be useful to assess success of their implementation.

References

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