

Crucial Impact of Weight Loss in Acute Pancreatitis: Risk Factors and Clinical Consequences

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INTRODUCTION

Acute pancreatitis (AP) presents a risk for malnutrition due to its hypermetabolic state and impaired nutrient absorption. Identifying patients at risk of weight loss during hospitalization is crucial for timely interventions, resource allocation, and improved clinical outcomes. However, no studies to date have focused on inpatient weight loss in AP patients.

RESULTS

- Of 1,795 patients admitted to the unit, 1,018 had data on body weight change.
- The average age was 56 ± 17 years, and 56% of the cohort was male. Weight loss was observed in 26.2% of patients, while 8.1% gained weight.
- Men were more likely to lose weight (30%) compared to women (22%).
- The most common etiologies were biliary (n=432), alcoholic (n=242), and idiopathic (n=159).
- The highest proportion of weight loss (7/20, 35%) was observed in AP triggered by pancreatobiliary tumors, followed by biliary etiology (128/432, 30%) and hypertriglyceridemia (12/43, 28%).
- Patients with no prior AP attacks experienced weight loss more often (180/620, 29%) than those with recurrent AP episodes or severe pre-existing pancreatic exocrine damage (chronic pancreatitis, 34/162, 21%).
- Weight loss was observed in 34% of diabetic, 28% of prediabetic, and 22% of healthy patients.
- AP severity was directly proportional to both the likelihood and degree of weight loss. In severe pancreatitis 49% of patients lost weight, which was double the rate observed in mild pancreatitis (23%).
- Weight loss also increased in parallel with the length of hospital stay. Among those requiring hospitalization longer than a week, more than half (104/188, 55%) experienced weight loss.

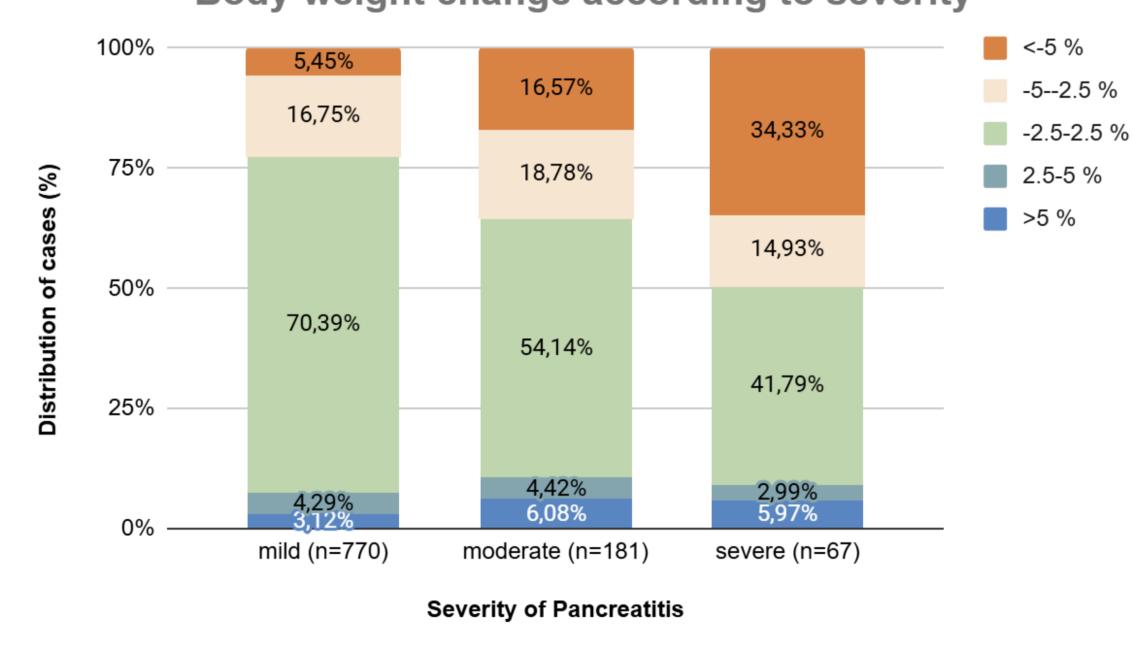
AIMS

This study aimed to determine which AP patients are at risk of weight loss during hospitalization.

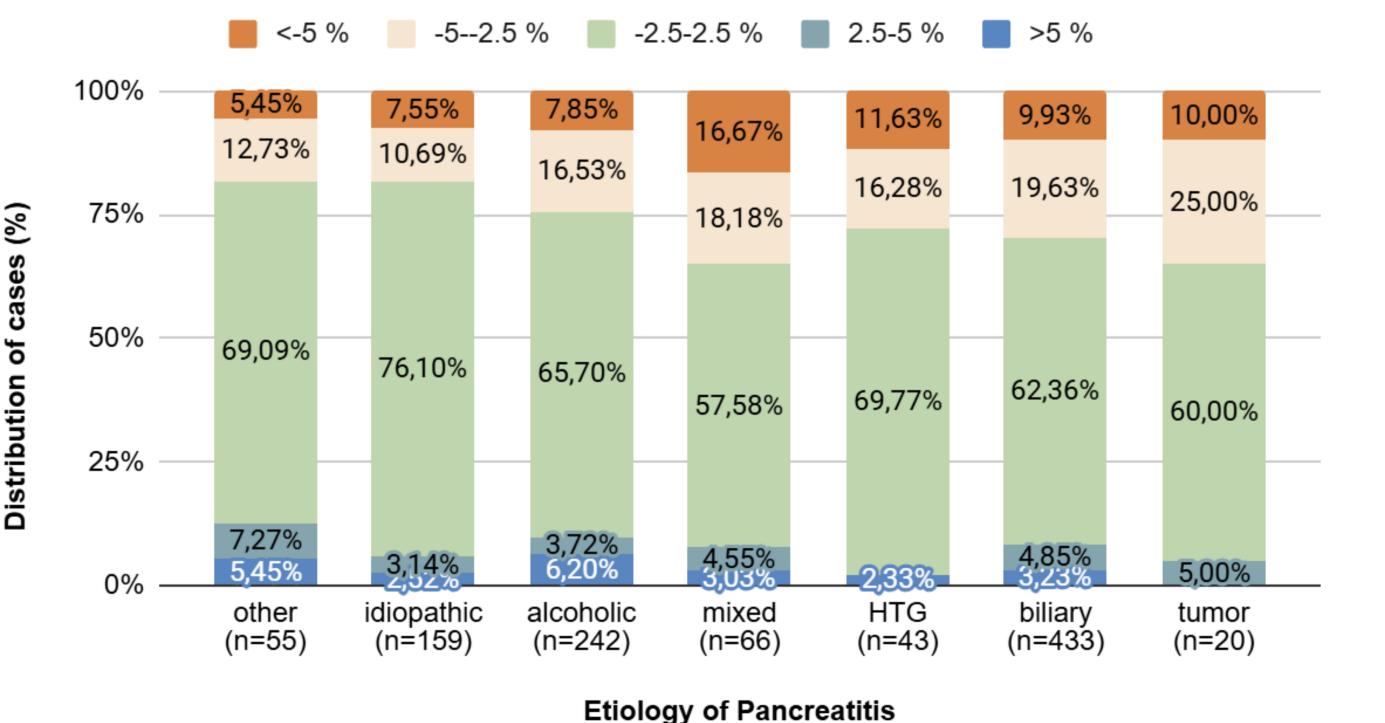
METHODS

- We conducted a prospective cohort study of patients presenting with AP at a national tertiary care center (Semmelweis University Institute of Pancreatic Diseases) from 4th October 2021, to 30th September, 2024.
- Body weight was measured on admission and at discharge. Weight stability was defined as a change of -2.5% to +2.5%; changes outside this range were classified as weight loss or gain.
- We explored associations with demographic factors, pre-existing exocrine and endocrine pancreatic damage, etiology, AP severity, and length of hospital stay.

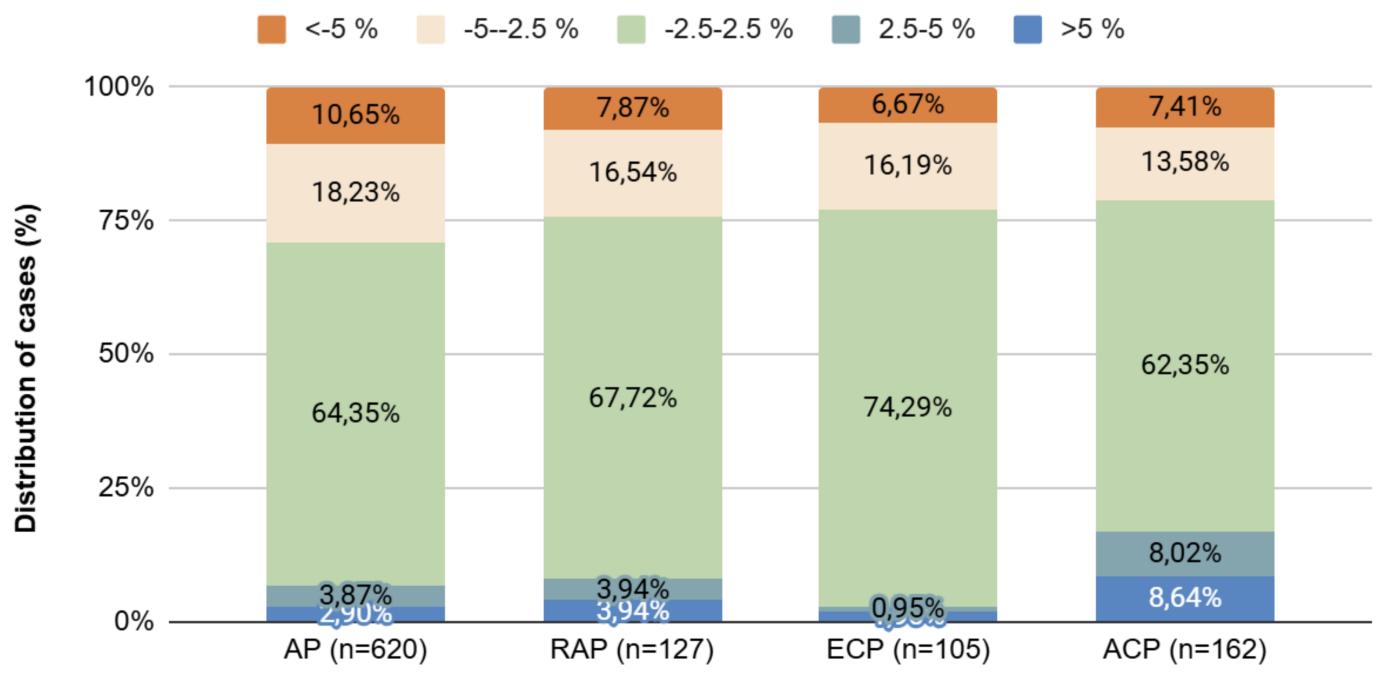
Body weight change according to severity



Body weight change according to etiology



Body weight change according to exocrine pancreas status



Pre-existing exocrine pancreatic damage

CONCLUSIONS

Male gender, AP severity, prolonged hospitalization, and pre-existing endocrine pancreatic damage (but not exocrine pancreatic damage) are associated with a higher risk of weight loss during hospitalization. AP triggered by pancreatobiliary tumors, biliary etiology, or hypertriglyceridemia carries a greater risk of weight loss compared to other etiologies.