

Early identification of malnutrition in acute pancreatitis patients

INTRODUCTION

Our study aimed to identify factors associated with malnutrition at hospital admission for acute pancreatitis. Malnutrition is associated with worse clinical outcomes. Acute pancreatitis (AP) poses a high risk of malnutrition, necessitating early nutritional intervention for at-risk patients. However, no studies have comprehensively identified patient characteristics most predictive of malnutrition risk in this population.

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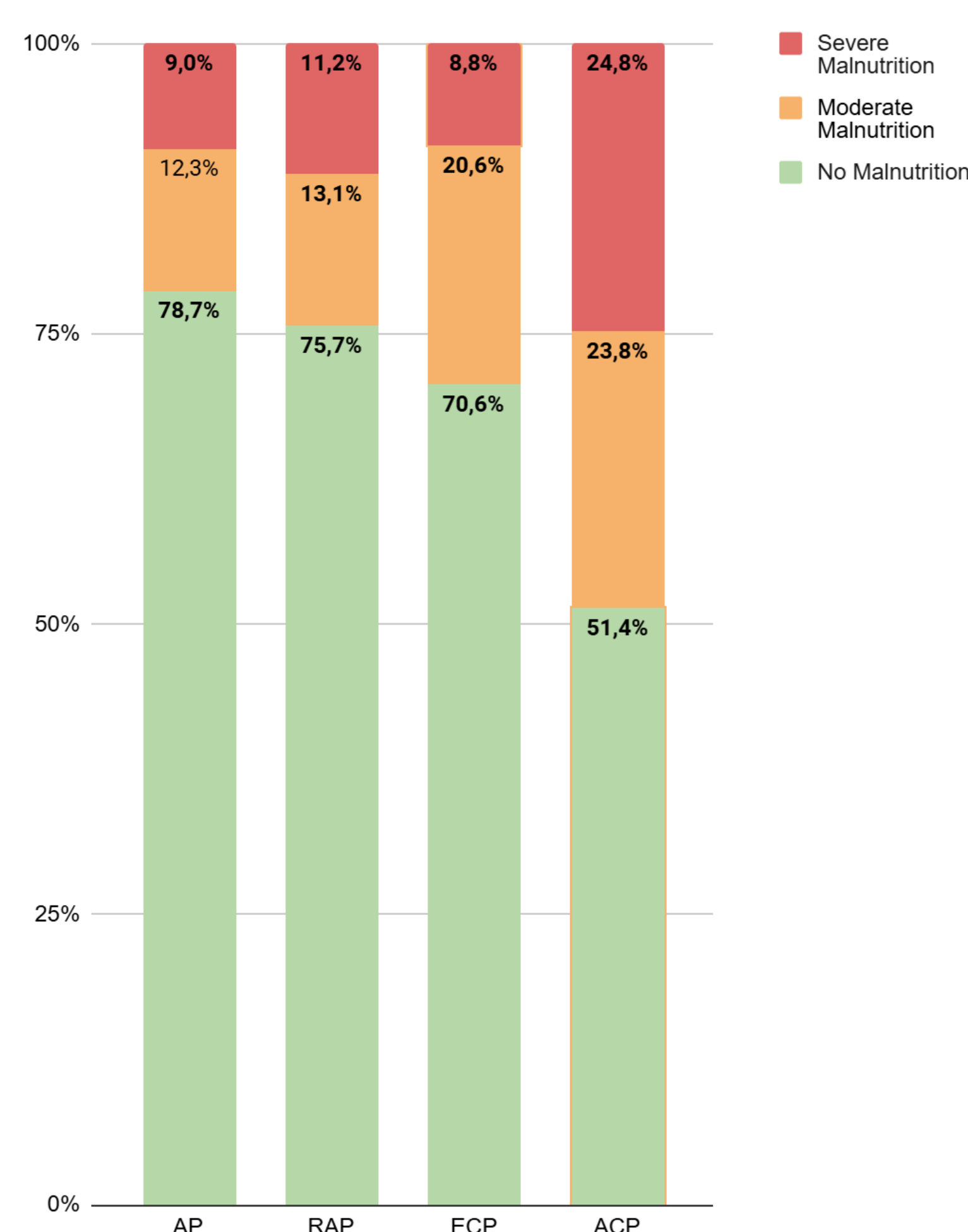
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METHODS

This prospective cohort study included patients hospitalised with AP at a national tertiary care center (Semmelweis University Institute of Pancreatic Diseases) between 2021.10.04 and 2024.10.01. Malnutrition was defined as (1) low body mass index (BMI <18.5 kg/m², WHO) and (2) moderate or severe malnutrition per the Global Leadership Initiative on Malnutrition (GLIM) criteria. Associations with gender, lifestyle factors (alcohol and smoking), pre-existing pancreatic damage (exocrine and endocrine), and AP etiology were analyzed. this

RESULTS

Malnutrition & Pre-existing exocrine pancreatic damage



-Total number of patients: 2,216

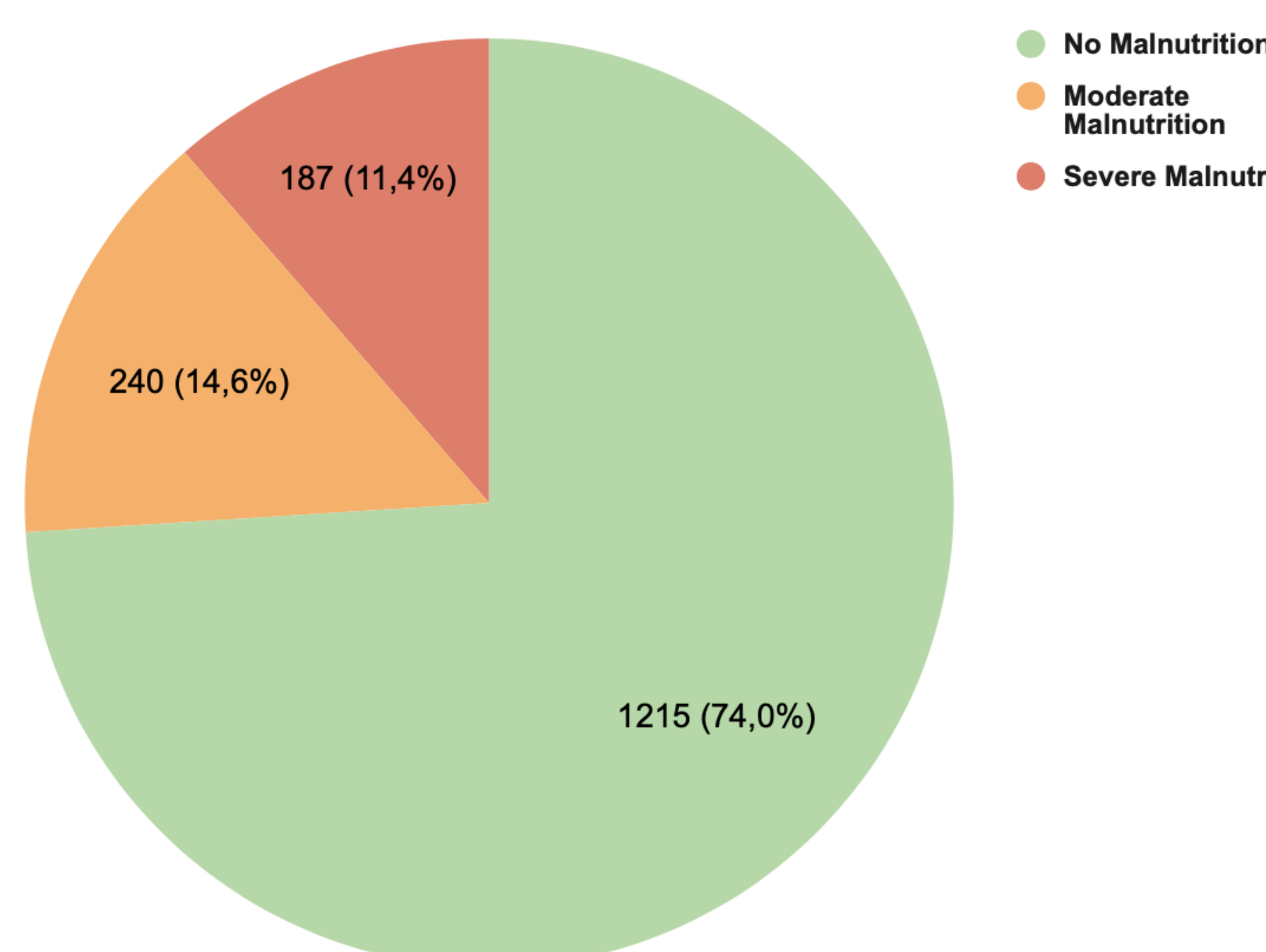
-GLIM-based malnutrition (n=1642) : 14.6% moderate and 11,4 % severe malnutrition. - malnutrition among those who smoke and drink alcohol : 33,3%

Severe malnutrition prevalence was highest in tumor-associated (48,2%) and alcoholic (29,3%) acute pancreatitis.

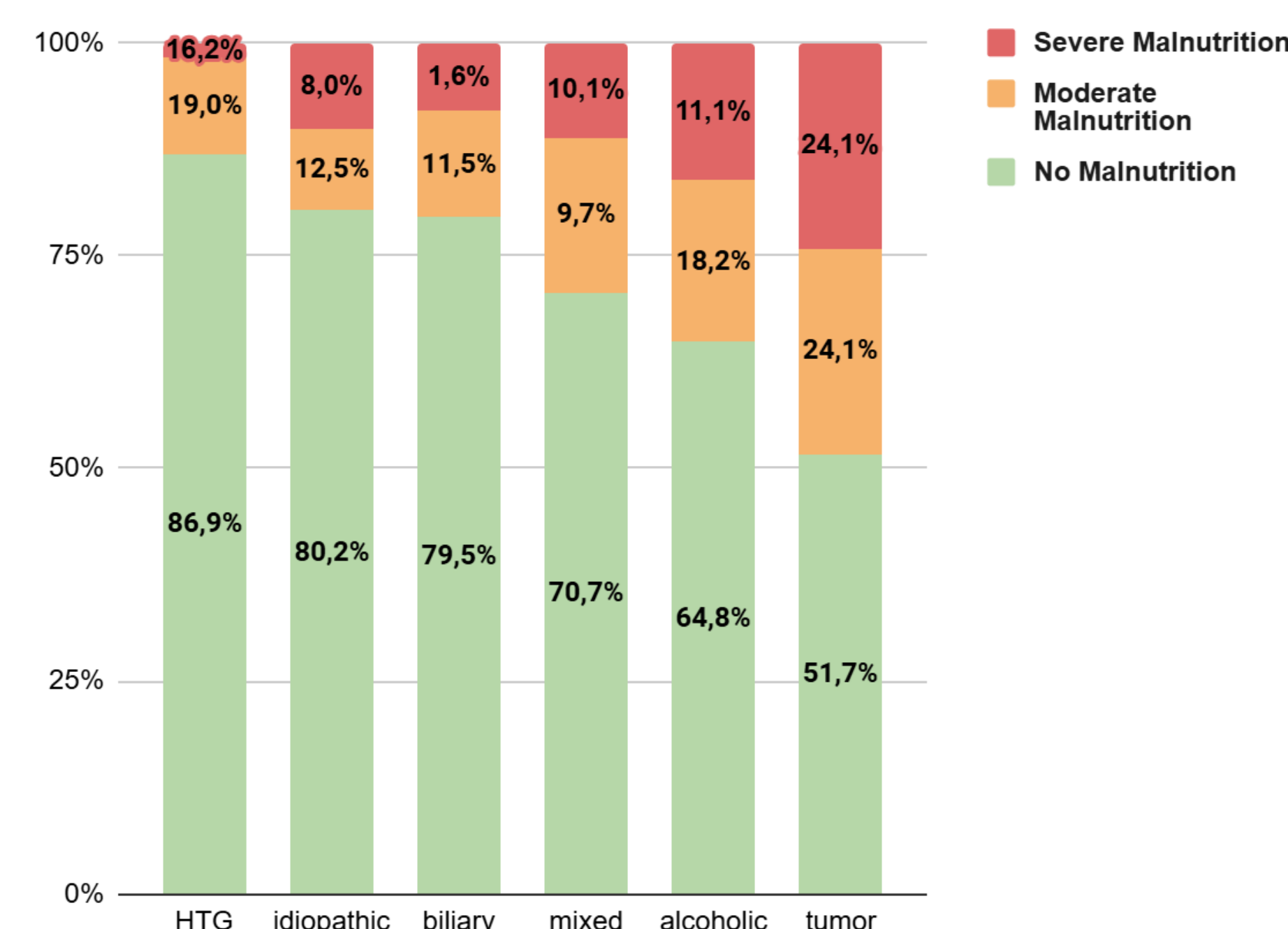
-Malnutrition and pancreatic damage:

Chronic pancreatitis 48,6%

GLIM DIAGNOSIS



Etiology & Malnutrition



CONCLUSIONS

Alcohol and smoking synergistically increase the risk of malnutrition at admission in AP patients. Malnutrition worsens with exocrine pancreatic damage, peaking in chronic pancreatitis. Pancreatobiliary tumor- and alcohol-related AP are key risk factors for malnutrition.