

Diagnosing **Exocrine Pancreatic Insufficiency (EPI)** can be a challenge if your patients don't open up about their GI symptoms. But with the right questions, you can get what you need for a diagnosis.*

Use the information within to guide your next patient conversation to help confirm or rule out EPI.

QUESTIONS TO HELP GUIDE YOUR DIAGNOSIS

Symptoms¹

Are you experiencing one or more symptoms such as:

- Diarrhea
- Abdominal pain
- Bloating
- Flatulence
- Unexplained weight loss
- Steatorrhea[†]

Urgency and Frequency

- What happens typically after you eat?
- Do you experience symptoms like diarrhea, gas, or bloating that seem to be associated with meals?¹ How frequently does this happen?
- Is there a sense of urgency to find a bathroom? How often does this happen?

Stool Details

- Is your stool loose?
- Is it greasy?
- Does it smell very foul?
- Is it difficult to flush?

IdentifyEPI.com has a variety of **tools**, **resources**, **and support** to help patients learn about their condition, track their symptoms, and more.

References

1. Alkaade S, Vareedayah AA. A primer on exocrine pancreatic insufficiency, fat malabsorption, and fatty acid abnormalities. *Am J Manag Care*. 2017;23(suppl 12):S203-S209. 2. Fieker A, Philpott J, Armand M. Enzyme replacement therapy for pancreatic insufficiency: present and future. *Clin Exp Gastroenterol*. 2011;4:55-73.



^{*}Tests may help confirm a diagnosis.

[†]Steatorrhea: >7 g of fecal fat per day while consuming 100 g of dietary fat per day.2

Helpful context when confirming your clinical EPI diagnosis

TO GET PATIENTS TO OPEN UP. ASK QUESTIONS LIKE:

DIET

- · Have you made any major changes to your diet recently?
- Do you notice when certain foods trigger your GI symptoms? Which foods?
- If/when you eat something fatty, do you notice any "stomach issues" or abdominal symptoms?
- What foods have you stopped eating to avoid and/or improve your symptoms?

LIFESTYLE

- Are any of your symptoms affecting your day-to-day activities?
- Have you avoided any activities or life events due to symptoms—or fear of potential symptoms?
- How frequently are you stopping/leaving activities due to symptoms?
- How much is your overall lifestyle impacted by these symptoms?

Look beyond just symptoms, diet, and lifestyle when making an EPI diagnosis.¹⁻³

CONSIDER YOUR PATIENT'S MEDICAL HISTORY WHEN DETERMINING THEIR RISK FOR EPI.4

Underlying conditions and procedures for EPI include:

- Cystic fibrosis⁵
- Chronic pancreatitis^{5,6}
- Pancreatectomy^{7,8}
- Pancreatic cancer⁵

Other underlying conditions and procedures in which EPI has been reported include:

- Acute pancreatitis^{9,10}
- Crohn's disease¹¹
- Celiac disease¹¹
- Type I diabetes¹¹
- Gastric resection/bypass^{12,13}

Get more EPI resources for patients and your practice at identifyEPI.com/hcp.

References

1. Alkaade S, Vareedayah AA. A primer on exocrine pancreatic insufficiency, fat malabsorption, and fatty acid abnormalities. Am J Manag Care. 2017;23(suppl 12):S203-S209. 2. Leeds JS, Oppong K, Sanders DS. The role of fecal elastase-1 in detecting exocrine pancreatic disease. Nat Rev Gastroenterol Hepatol. 2011;8(7):405-415. 3. Lindkvist B. Diagnosis and treatment of pancreatic exocrine insufficiency. World J Gastroenterol. 2013;19(42):7258-7266. 4. Durie P, Baillargeon JD, Bouchard S, et al. Diagnosis and management of pancreatic exocrine insufficiency (PEI) in primary care: consensus guidance of a Canadian expert panel. Current Medical Research and Opinion. 2018;34(1):25-33. 5. Keller J, Layer P. Human pancreatic exocrine response to nutrients in health and disease. Gut. 2005;54(suppl 6):vi1-vi28. 6. Kempeneers MA, Ali UA, Issa Y, et al. Natural course and treatment of pancreatic exocrine insufficiency in a nationwide cohort of chronic pancreatitis. Pancreas. 2020;49:242-248. 7. Matsumoto J, Traverso LW. Exocrine function following the Whipple operation as assessed by stool elastase. J Gastrointest Surg. 2006;10:1225-1229. 8. Yuasa Y, Murakami Y, Nakamura H, et al. Histological loss of pancreatic exocrine cells correlates with pancreatic exocrine function after pancreatic surgery. Pancreas. 2012;41(6):928-933. 9. Hollemans RA, Hallensleben NDL, Mager DL, et al. Pancreatic exocrine insufficiency following acute pancreatitis: systematic review and study level meta-analysis. Pancreatology. 2018;1-10. 10. Huang W, de la Iglesia-García D, Baston-Rey I, et al. Exocrine pancreatic insufficiency following acute pancreatitis: systematic review and meta-analysis. Dig Dis Sci. 2019;64:1985-2005. 11. Singh VK, Haupt ME, Geller DE, Hall JA, Quintana Diez PM. Less common etiologies of exocrine pancreatic insufficiency. World J Gastroenterol. 2017;23(39):7059-7076. 12. Chaudhary A, Domínguez-Muñoz JE, Layer P, Lerch MM. Pancreatic exocrine insufficiency as a complication of gastrointestinal surgery and the impact of pancreatic enzyme replacement therapy. Dig Dis. 2020;38:53-68. 13. Pezzilli R, Andriulli A, Bassi C, et al. Exocrine Pancreatic Insufficiency Collaborative Group. Exocrine pancreatic insufficiency in adults: a shared position statement of the Italian Association for the Study of the Pancreas. World J Gastroenterol. 2013;19(44):7930-7944.