



Spring Newsletter

The International Study Group of Pediatric Pancreatitis: In search for a cuRE (INSPPIRE)

Spring Issue 5 April 2022

Our Team: 25 Centers Worldwide

YOUR INPUT MATTERS! INSPPIRE 2 data analyzed from questionnaires you completed allows for better understanding of quality of life in children with pancreatitis.

Health-related Quality of Life in Pediatric Pancreatitis

Little is known about the health-related quality of life (HRQOL) in children with acute recurrent pancreatitis (ARP) and chronic pancreatitis (CP) or the risk factors for poor HRQOL



Multi-center cohort study

- Demographics
- Pain assessment
- HRQOL (Child Health Questionnaire™)
- Child Behavior Checklist

Patient characteristics	Mean physical HRQOL (0-100)	Mean psychosocial HRQOL (0-100)	Risk factors associated with low physical HRQOL
<p>368 children with ARP (65.2%) and CP (34.8%)</p>	<p>38.5 ± 16 (Low)</p>	<p>49.5 ± 10.2 (Normative)</p>	<ul style="list-style-type: none"> Clinical levels of emotional and behavioral problems ($p < 0.001$) Episodic abdominal pain ($p = 0.03$) Constant abdominal pain ($p < 0.001$)

Risk factors associated with low psychosocial HRQOL

- Borderline and clinical levels of emotional and behavioral problems ($p < 0.001$)
- Constant pain ($p < 0.001$)

Future focus: Study the impact of medical and surgical interventions on longitudinal HRQOL and test psychological treatments to improve HRQOL

Early assessment and treatment of pain and psychosocial problems may be key factors to improving HRQOL

Health-related Quality of Life in Pediatric Acute Recurrent or Chronic Pancreatitis: Association with Biopsychosocial Risk Factors
Tham et al. (2022)



MEET OUR NORTHEAST SITES

The Pancreas Programs at our Northeast sites provide specialized care for children with pancreas disorders. We offer organized, coordinated and efficient means to find out if kids have pancreatitis and to treat them. We closely work with pain, endocrinology and surgery teams to provide the best of patient care.



Pittsburgh Children's Hospital



Site PI: Kate Ellery, DO
Co-PI (s):
Coordinator(s): Amy Bookser
Tel: 412-692-5180

Nationwide Children's Hospital



Site PI: Cheryl Garipey, MD
Co-PI(s): Jaimie Nathan, MD
Research Scientist: Fred Woodley, PhD
Coordinator: Ling Fan
Tel: 614-722-3412

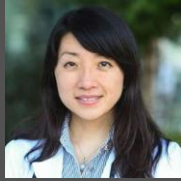
Children's Hospital of Philadelphia



Site PI: Asim Maqbool, MD
Co-PI(s): Jefferson Brownell, MD
Coordinator(s): Phoebe Wood
Tel: 267-426-8411

Yuhua Zheng MD, MS

Associate Professor
Children's Hospital Los Angeles
University of Southern California



Pancreatitis and Nutrition

Q: Does pancreatitis cause malnutrition?

A: Yes, it may. The exocrine part of the pancreas makes proteins called enzymes to digest fat, protein, and carbohydrates. In people who have had severe or recurrent pancreatitis, the pancreas may not make enough enzymes. This can lead to food not being digested well, or diarrhea, resulting in malnutrition (low weight or weight loss). Vitamins A, D, E, and K need fat to be absorbed into the body. They are called fat-soluble vitamins. If the body cannot absorb fat, then your body may not have enough of these vitamins. Low levels of these vitamins can cause health problems. For example, low vitamin A levels can cause night blindness. Insufficient vitamin D has been linked to an increased risk of osteoporosis (weak and brittle bones). Patients will be fasting or not feel hungry if they experience chronic abdominal pain, admission to the hospital for pancreatitis or undergo procedures/surgeries. This also increases the risk of developing malnutrition.

Q: My doctor talked about a low-fat diet. What is a low-fat diet? Does my child need a low-fat diet?

A: The main types of dietary fat are polyunsaturated, monounsaturated, trans, and saturated fats. These four types of fat differ in make-up. Saturated and trans fats are solid at room temperature and unhealthy. Mono and polyunsaturated fats are liquid at room temperature and beneficial to health. Fats are needed for vitamin absorption. There are some fats that our bodies need but cannot make. These are essential fatty acids. They are required for many vital body functions. In a regular healthy diet, around 30% of calories come from fat. A low-fat diet has 30% or less calories that come from eating fat. For example, if a food provides 100 calories, and it has 3 grams or less of fat, it is considered low-fat food. Most adults should not consume more than 50 grams of fat a day. Children will need less depending on their size. What you eat does not directly cause pancreatitis, but it can lead to gallstones by increasing lipid (fat and cholesterol) levels in the blood. This in turn can lead to pancreatitis. If your child has recurrent attacks of pancreatitis and ongoing pain, your doctor may ask that you lower your child's fat intake.

Q: What should my child eat or drink during an acute pancreatitis attack?

A: In the past, when patients had acute pancreatitis, they were not given anything to eat or drink. This was thought to rest the gut and the pancreas. Now there is proof that early nutrition during pancreatitis lowers the severity of the attack and leads to better outcomes. Starting nutrition within 48-72 hours of the start of the attack is preferred. During the acute pancreatitis episode, hydration is the key, and you can initiate a low-fat diet within 48-72 hours. If your child can't tolerate eating by mouth, your doctor may recommend a feeding tube to be inserted through the nose (NG or NJ tube) to feed stomach or small intestine so your child can get the nutrition needed for healing.

Q: How do I watch my child's nutrition status?

A: You will work with your doctor closely to watch your child's nutrition status. Your child's weight, bowel movements, and fat-soluble vitamin levels will be checked periodically. You should support your child to have a balanced diet with carbs, protein, fat (30-50 g a day), vegetables and fruits. It is also important to make sure that your child drinks enough fluids and does not drink alcohol or use tobacco products.

Q: Should I give my child digestive enzyme supplements to improve nutrition?

A: If your child had severe or recurrent pancreatitis, your doctor will check to see if their pancreas is making enough digestive enzymes. Your doctor may ask if your child has diarrhea, oily material in their stools or weight loss. Your child may be asked to collect a stool sample to test and see if your child's pancreas is making enough digestive enzymes. If there is proof that your child's pancreas is not making enough digestive enzymes, your doctor may recommend that your child take pancreatic enzyme supplements.

Watch your inbox!

Seattle Children's and the University of Iowa invite you to complete a survey! We want to help youth reduce the impact of pain in their lives by learning more about pain, health, and medication use in youth with pancreatitis and their parents/families. **If you receive an email with the subject "Pediatric Pancreatitis Survey Study (INSPPIRE-2)" or similar, please click the link to learn more about the study and participate.** Parents who complete the survey earn a \$15 Amazon.com gift card, and youth who complete the survey earn a \$10 Amazon.com gift card.

Your site name:

PI:

Research coordinator:

Tel:

