

Patient experiences of pancreatic enzyme replacement therapy (PERT): an exploration of real-life practice.

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BACKGROUND

Pancreatic exocrine insufficiency (PEI) is common in many pancreatic diseases, including chronic pancreatitis (CP), pancreatic cancer (PC), acute pancreatitis (AP) and post-pancreatic resection.

PEI can cause gastrointestinal symptoms and maldigestion which adversely affect nutritional status, quality of life and survival.

PERT is the cornerstone of management for PEI. Patient education and follow up is recommended for patients prescribed PERT, however support is often not easily accessible.

RESEARCH AIMS

- Explore patient-reported administration of PERT and barriers/ challenges to administration
- Explore education and support provided by HCPs
- Identify areas for improvement in patient education

METHODS

- 28-question survey offered to patients prescribed PERT admitted to HPB wards or attended outpatient clinics at a tertiary referral centre (Freeman hospital). Patients were offered either web based or paper surveys depending on their preference.
- Data collected over 6 weeks from June 2024
- Inclusion criteria: ≥ 18 years, reported diagnosis of CP, PC, AP or pancreatic resection, reported diagnosis of PEI & current PERT use.

RESULTS

- n=52 completed survey

Table 1. Patient demographics

Gender (n=51)	29 male, 22 female
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Diagnosis (n=49)	
Chronic pancreatitis	16 (33%)
Acute Pancreatitis	11 (22%)
Pancreatic resection	15 (31%)
Pancreatic cancer (no surgery)	6 (12%)
Cancer (other)	1 (2%)

Length of time on PERT (n=52)	
<6 months	23 (44%)
6 months –2 years	12 (23%)
3 years +	17 (33%)

Advice and support given by healthcare professionals

90% received advice on how and when to take PERT

88% received information about how many capsules to take

75% received explanation about how PERT works

78% received written information

55% received information on dose adjustment

58% reported having HCP follow-up to support PERT administration

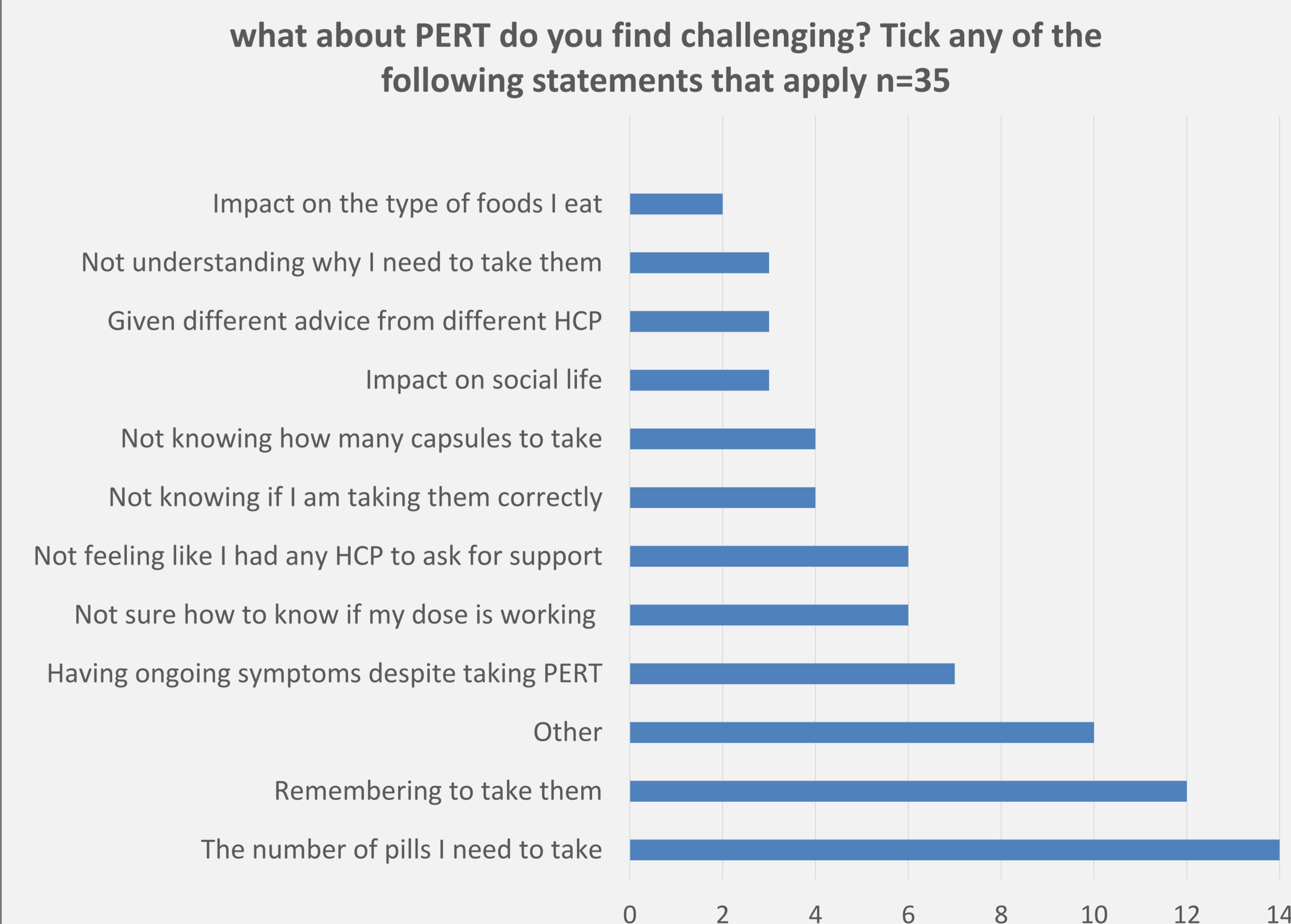
RESULTS

Administration of PERT

- 1/3 were incorrectly taking PERT before or after eating.
- 14/50 reported taking PERT with meals only.
- 16/50 reported not taking PERT with milky drinks.

Barriers to taking PERT effectively

- 27/48 of patient reported they forget to take PERT.
- 6/51 purposefully miss doses of PERT.
- 29/52 had issues accessing PERT.
- 29/51 of patients found taking PERT challenging.



- All 'other' free text responses related to the size of capsules.

CONCLUSIONS

- PERT is challenging for patients and there are multiple barriers to effective management.
- Despite patients receiving advice, there is a gap in correct administration of PERT.
- Current HCP practice does not meet the needs of all patients and further work is needed to address this.