

Pancreatitis

Literature Review

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Pancreatitis

Pancreatitis is a painful and debilitating disease that affects hundreds of thousands of people around the world. It is also essential to understand the disease to ensure proper treatment. According to Medline (2016), pancreatitis is a severe disease in which the pancreas inflames due to digestive enzymes digesting the pancreas itself (Medline, 2016). According to Liu and Zhang (2020), it is crucial to understand the disease because if left untreated, it could lead to severe issues such as chronic pancreatitis, which is life-threatening. By understanding the activities in the patient's lives, the health care provider will be better prepared to treat the patient. This literature review will review various qualitative research articles to determine the best therapeutic health plans for patients with pancreatitis.

The Lived Experience of Inpatients with Acute Recurrent Pancreatitis

After conducting their research, the authors believe that an essential item that must be addressed as a health care professional when it comes to pancreatitis patients is educating the patient about the disease. According to Liu and Zhang (2020), most test subjects had little to no knowledge about how pancreatitis affected their daily living, and a lack of knowledge increased recurrences (Liu & Zhang, 2020). Gaining knowledge and educating the patient is a central goal with pancreatitis patients to ensure a successful treatment plan.

Key Points

The main question the authors are trying to gather data for is how patients live with acute recurrent pancreatitis daily and the correlation with flare-ups. By gathering data on the individual's lives, the researchers can compare daily living activities to pancreatitis recurrences.

In the article, the authors mention some findings during the research that they separated into categories that explain the patient's status: anxiety and fear, lack of professional knowledge, inevitability and helplessness, guilt and shame, hope, and perseverance. Liu and Zhang (2020) mention in the article that certain activities in these categories lead to an acute recurrent pancreatitis episode, which is painful, debilitating, and sometimes needs medical attention (Liu & Zhang, 2020). Throughout, the data shows that how the patients live their lives dramatically affects the disease.

Assumptions

There are many aspects of the patient to take into consideration when providing treatment. With pancreatitis, it is essential to reduce the recurrences to minimize further damage to the pancreas and surrounding tissue. As a nurse, using holistic treatment is the best way to reduce rehospitalization. The categories that Liu and Zhang (2020) discuss in the article provide information about how patients are affected, with each patient having a different attribute that contributed to a specific situation

Anxiety and fear are a common complaint with the participants in the study. During the episodes, the patients would be in such severe pain that their anxiety level increased dramatically, making it difficult to focus (Liu & Zhang, 2020). Some of the patients were unable to get immediate help, and they feared they would die (Liu & Zhang, 2020).

Educating a patient is vital to decreasing visits to the hospital and complying with the teachings. In a disease like pancreatitis, it is vital to know the changes needed to avoid flare-ups. If a patient does not have the information, they need, they will have no way of knowing or

improving the situation. In the article by Liu and Zhang (2020), the patients in their study did not know what pancreatitis was or even how to avoid occurrences (Liu & Zhang, 2020). With the lack of education, some of the patients believed that the reoccurrence happened accidentally or by misfortune (Liu & Zhang, 2020). Ensuring correct information will make for a more educated decision, which will lead the patient on a positive path for a healthier lifestyle.

Feeling of inevitability and helplessness can be very difficult to overcome, especially when it involves the social aspect in daily lives. Sometimes people feel pressured to drink to celebrate an occasion, or there is a festival happening, and enjoying it is the number one priority in most cases. According to Liu and Zhang (2020), two of their subjects claimed that it was part of the celebration after a successful job at work; the other subject indulged in food and beverage during an annual traditional festival (Liu & Zhang, 2020). Shortly after, hospitalization is needed for acute recurrent pancreatitis.

Guilt and shame can be manageable in a particular situation, but when a disease is disrupting as pancreatitis, the feelings are unavoidable. The patients in the study had had intense guilt and shame when it came to the financial cost of hospitalization and treatment. Many of the patients in Liu and Zhang (2020) expressed how difficult it is to pay for some of the treatments needed for this disease (Liu & Zhang, 2020). Furthermore, the patient's family took care of their medical needs, which added to the guilt and shame they felt already (Liu & Zhang, 2020). Cost and care are two variables that are part of the treatment of pancreatitis. Approaching each with a proper assessment is the best method to gather data to decrease the shame and guilt the patient might endure.

Dealing with any type of disease like pancreatitis can be frustrating and makes the individual feel hopeless and lose motivation. Keeping a positive attitude towards the new teachings and having patience with the patient will increase the likelihood of developing a healthier lifestyle. According to the patients in Liu and Zhang (2020), they were all very positive about recovering; most of them praised the medical staff for the help and education (Liu & Zhang, 2020). People with pancreatitis must live with the signs and symptoms every day. It can be frustrating at times to deal with the symptoms of pancreatitis. With good health education and perseverance, pancreatitis can be well managed, and patients can have a better outcome.

Taking the line of reasoning that the author has provided has many advantages that are beneficial to treating pancreatitis and other disease processes. From lowering hospital stay time to improving social life, the possibilities limit the disease. Understanding the daily actions of an individual can uncover clues as to why certain habits increase the chances of an acute symptom. Compliancy is vital in maintaining a proactive and positive, healthy lifestyle.

Failing to take the reasoning that the authors have provided, the treatment plan's outcome needs reevaluating, and more data collected. Ensuring that patients with pancreatitis have good mental health is essential. The seriousness of a client's lack of education due to medical negligence can lead to severe cases and sometimes be fatal. Avoiding any other complications that a patient might have is a high priority.

Deficit/Conclusion

To conclude, understanding how someone with pancreatitis lives is vital to a successful treatment plan. It is easy to forget that a diagnosis of pancreatitis includes specific guidelines to follow to maintain health. Sometimes, a job-related celebration involves alcohol. During the celebration, the guidelines will be ignored, and the information needed to make the right decision is no longer a concern. Then a hospitalization is needed due to acute reoccurring pancreatitis because of excessive alcohol consumption. Knowing what the cause of the symptoms might be can be beneficial to the decrease in hospital stays. Liu and Zhang (2020) provided well thought out research that will help understand how diseases affect people mentally, physically, and in their everyday life. By describing the categories of anxiety and fear, lack of professional knowledge, inevitability and helplessness, guilt and shame, hope, and perseverance, the authors were able to provide data that represented the patient as a whole and emphasize the importance of educating the patient on pancreatitis.

Comparison of the Preference of Nutritional Support for Patients with Severe Acute Pancreatitis

People with severe acute pancreatitis (SAP) have a difficult time when it comes to proper nutrition. Patients with severe acute pancreatitis have a high metabolic state with enhanced protein degradation, gluconeogenesis, and fat mobilization in the body (Hui et al., 2019). They need to receive proper nutrition to lower the risk of complications and manage the disease's symptoms. According to the research, placing a nasojejunal tube for early enteral nutrition increases patients' nutritional status with severe acute pancreatitis (Hui et al., 2019). Early enteral nutrition shortens the course of SAP and reduces the risk of infection and death (Hui et al.,

2019). Early enteral nutrition provides the patient with many benefits that will make the disease manageable.

Key Points

The main question that the authors are gathering data for is determining the benefits of early enteral nutrition in patients with a diagnosis of severe acute pancreatitis (SAP). In the study, the researchers used three methods of early nutrition support therapy; the enteral nutrition group (EN group), the total parenteral nutrition group (TPN group), and the enteral plus parenteral group (E+PN group) (Hui et al., 2019). They subdivided the enteral nutrition group (EN) into older than 65-year and younger than 65-year groups to determine the effects of the experiment on age differences (Hui et al., 2019). Throughout the article, the data shows that with early enteral nutrition as a part of a treatment plan, patients with severe acute pancreatitis can increase their nutrition and decrease the stress on the pancreas.

Assumptions

Treating a patient with enteral nutrition has many benefits for a patient with severe acute pancreatitis. The data in the article compares categories that the researchers believe are vital to determining enteral nutrition. The authors compared the incidences of death and complication, and incidences of complications of the patients in the enteral nutrition group (Hui et al., 2019). At discharge, the total parenteral nutrition group and the enteral/total parenteral nutrition groups had increases cases of death, prolonged hospital stay, and increased cases of gastrointestinal bleeding and pancreatic infection compared with the EN group (Hui et al., 2019). These results further prove that early enteral nutrition is beneficial to patients with severe acute pancreatitis.

Furthermore, the authors subdivided the enteral nutrition group into older than 65-year and younger than 65-year groups. The incidences of complications of the patients in the enteral nutrition group in the older than 65-year group had a much higher incidence of abdominal distension, regurgitation, aspiration, or gastrointestinal bleeding than the younger than 65-year group (Hui et al., 2019). This was due to the effect the aging process has on the body which has more impact on the older adults. According to Eliopoulos (2018), adults 65 and older are at higher risk for complications because their body functions are decreased or impaired by a chronic disease (Eliopoulos, 2018). Although the older than the 65-year group had complications, the nutrition they received during the treatment helped improve their health more than if they would not have received the treatment.

Applying the research recommendations, the health team will see a significant difference in the length of hospital visits, increases in nutrition values, and a decrease in infections in patients with severe acute pancreatitis. If the patient presents severe malnutrition symptoms, their condition will worsen, and the mortality will increase (Hui et al., 2019). Hence, early nutritional support is necessary for a positive outcome.

A negative side of this research is that the study has some limitations. The sample size is relatively small, and it is a single-center study (Hui et al., 2019). A recommendation for the research team would be to find a larger sample of individuals and a multi-center that provides them with diverse patients (Houser, 2018). By having more data for their research, the authors will have more accurate information.

Deficit/Conclusion

In conclusion, early enteral nutrition can be an intervention that is beneficial to the treatment of severe acute pancreatitis. When compared to the other types of feedings with enteral nutrition, the results where the enteral group had a better positive treatment rate (Hui et al., 2019). Better treatment is vital because the less time a patient spends in the hospital receiving treatment, the likelihood of complications decreases. The effects of enteral nutrition were also compared to younger and older than 65-year patients to improve the treatment on different populations (Hui et al., 2019). The authors discovered that older patients had more complications to the treatment than those that are younger. With this data, the health care provider can modify the treatment depending on the patient's assessment. The research concluded that patients who started an early enteral nutrition treatment have improved nutritional status, reduced the release of inflammatory mediators, and improved the imbalance of the intestinal flora (Hui et al., 2019).

Acute Pancreatitis Induced by Diabetic Ketoacidosis with Major Hypertriglyceridemia: Report of Four Cases

Acute pancreatitis is a significant cause of hospitalizations. The most frequent cause of pancreatitis is consuming a lot of alcohol and frequent gallstone issues that aggravate the ducts in the pancreas (Bouchaala et al., 2020). However, the article states that another cause for pancreatitis is diabetic ketoacidosis (DKA) (Bouchaala et al., 2020). In the article, the authors collected data from patients admitted to the hospital for acute pancreatitis induced by diabetic ketoacidosis. The primary purpose of the research is to provide evidence about the correlation between acute pancreatitis and diabetic ketoacidosis as well as validate that DKA causes acute pancreatitis.

Key Points

The main reason for the article is to present that patients that develop diabetic ketoacidosis are at risk for acute pancreatitis. In the article, the authors collected data from patients with pancreatitis related to DKA and not related to gallstones or excessive alcohol consumption. After analyzing the data, the determination is that diabetic ketoacidosis causes acute pancreatitis (Bouchaala et al., 2020). In the following assumption, the authors present evidence of patients developing acute pancreatitis due to diabetic ketoacidosis.

Assumptions

To prove that diabetic ketoacidosis causes acute pancreatitis, the authors gathered data from a select set of patients that came to the hospital for treatment. The first two patients that were analyzed were previously healthy 12-year-old females. The patients presented to the hospital with a history of nausea, abdominal pain, fever, polyuria, and polydipsia for the previous 10 to 28 days (Bouchaala et al., 2020). After assessing the information, the diagnosis of acute pancreatitis induced by diabetic ketoacidosis was obtained, which proved the article's claim (Bouchaala et al., 2020). One of the pediatric patients was sent to the intensive care unit, treated, and discharged after five days (Bouchaala et al., 2020). Despite the intensive treatment provided, the other pediatric patient died 12 days after admitted to the intensive care unit from pancreatitis complications related to diabetic ketoacidosis (Bouchaala et al., 2020). The key to the prevention of complications is early detection when it comes to treating acute pancreatitis. That is the critical point the authors are making in the article.

The article also had two other patients in the research that developed pancreatitis related to diabetic ketoacidosis. Both patients had the same duration of signs and symptoms of diabetic ketoacidosis as well as a 10 to 14 duration of the symptoms (Bouchaala et al., 2020). This patient was a 37-year-old male with consciousness alteration and a Glasgow Coma Scale score of 8/15, which alerts the medical team to have intubation equipment prepared (Bouchaala et al., 2020). As claimed by Bouchaala, Bahloul, Bradii, Kallel, Chtara, and Bouaziz (2020), the patient developed pancreatitis because of diabetic ketoacidosis (Bouchaala, Bahloul, Bradii, Kallel, Chtara & Bouaziz, 2020). He later developed septic shock with multiorgan failure and died 45 days after admission to the intensive care unit (Bouchaala et al., 2020). The last patient was a 42-year-old man that presented signs and symptoms of diabetic ketoacidosis and abdominal pain (Bouchaala et al., 2020). Compound tomography scan revealed an acute pancreatitis grade E with fluid collections in the pancreas associated with peritoneal effusion (Bouchaala et al., 2020). The patients in the study all had a diagnosis of acute pancreatitis related to diabetic ketoacidosis. Acute pancreatitis, combined with diabetic ketoacidosis, has a worse prognosis than uncomplicated acute pancreatitis with devastating consequences that cause multiorgan failure (Bouchaala et al., 2020).

Although it is sometimes difficult to diagnose acute pancreatitis because of the overlapping factors, the article claims that early treatment and diagnosis of metabolic diseases such as diabetic ketoacidosis is imperative to preventing further complications.

Following the claims of the research will decrease the chances of developing acute pancreatitis when in diabetic ketoacidosis. Health care members should educate their patients about metabolic diseases (diabetic ketoacidosis). Informing patients about diabetic ketoacidosis and the risk of developing acute pancreatitis will enable the health care team to provide earlier

intervention and guidelines for the treating of just one of the diseases instead of when combined with pancreatitis. A better understanding of DKA's pathophysiology and the adoption of DKA treatment guidelines have led to better management, treatment, and declines in DKA in-hospital mortality (Benoit et al., 2018). An understanding of diabetic ketoacidosis's pathway to acute pancreatitis is vital for the best management (Bouchaala et al., 2020).

Failing to take the line of the reason the research provides will lead to increased mortality rates of acute pancreatitis related to diabetic ketoacidosis (Bouchaala et al., 2020). It will also cause more extended hospital stays requiring intravenous feeding for 3 to 6 weeks while the pancreas slowly heals (Wake Gastroenterology, 2020). To avoid increases in mortality rates and decrease hospitalization, health care providers must educate the clients on the risk factors for diabetic ketoacidosis complications leading to acute pancreatitis (Eliopoulos, 2018).

Deficit/Conclusion

To conclude, pancreatitis is a real clinical challenge. It remains a significant cause of emergency room visits and a common cause for hospitalization (Bouchaala et al., 2020). By analyzing the results and identifying the cause of acute pancreatitis, the research can provide guidelines for assessing diabetic ketoacidosis. Although pancreatitis can be acute and chronic, recent information on treatments can make managing the disease more tolerable for some patients. Having some control over a disease that can cause devastation can improve the chances of the patient living a better life.

Conclusion

In conclusion, the research conducted on pancreatitis has been a significant contribution to the medical world. By applying the different methods of the studies, health care members can

expand their knowledge and treatment methods for pancreatitis; patients can manage their symptoms, reducing hospitalization and mortality rates (Benoit et al., 2018). Researchers hope to find a method to slow down the disease's progression or reverse it completely (White, 2015). According to White (2015), a group of researchers has discovered a pharmacological agent that blocks the scar tissue growth and slows the disease process of pancreatitis (White, 2015). In some of the subjects, the experimental drug has even reversed the disease process of pancreatitis (White, 2015). From understanding how patients live with pancreatitis to identifying variables that cause pancreatitis, this literature review has provided information on research to understand pancreatitis better and further expand the knowledge of pancreatitis.

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