Your guide to...

debunking pancreatitis myths

When it comes to pancreatitis, there are many myths and misconceptions. Let's clear things up and debunk five common pancreatitis myths with some information you can trust!

Common myths vs. reality

Myth #1: Pancreatitis is always caused by alcohol

Debunked!

The reality: Alcohol is a major risk factor, but it is not the only cause.

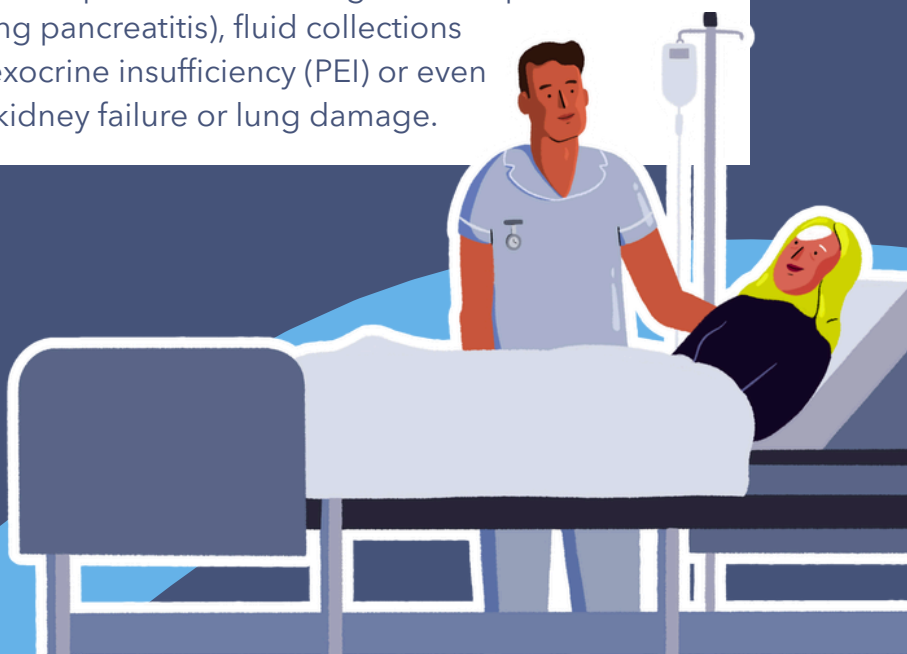
- **Other causes:** Gallstones are one of the most common causes of pancreatitis. High blood fats, structural variations, infections, trauma and genetic factors, such as the cystic fibrosis gene, can also be causes.
- **Idiopathic pancreatitis:** Between 1 and 3 out of 10 cases have no known clear cause. This is known as idiopathic pancreatitis.

Myth #2: Pancreatitis is just a stomach ache

Debunked!

The reality: Pancreatitis is far more serious than a bit of stomach ache. This is reflected by the severe level of pain people have.

- **Severity:** It is a severe, inflammatory condition that can be life-threatening and life-changing if not treated promptly in a hospital setting.
- **Complications:** It can lead to serious complications including death of pancreatic tissue due to inflammation (necrotising pancreatitis), fluid collections (pseudocysts), diabetes, pancreatic exocrine insufficiency (PEI) or even problems with other organs such as kidney failure or lung damage.



KRANKY PANKY

Myth #3: Once you recover, pancreatitis won't come back

The reality: Pancreatitis can reoccur.

- **Recurrence risk:** About 21 out of 100 adults who experience acute pancreatitis will have another attack. This is known as recurrent pancreatitis.
- **Prevention and lifestyle:** While not all cases are preventable, addressing route causes such as having gallstones removed and adopting healthy lifestyle changes reduces future risk. Completely stopping alcohol and smoking are essential to prevent recurrent attacks and slow down irreversible tissue damage.

Debunked!

Myth #4: Nutrition doesn't matter for pancreatitis

The reality: Nutrition is critical for the recovery, management and long-term care of pancreatitis.

- **Risk of malnutrition:** Malnutrition is a major risk in both acute and chronic pancreatitis. Weight loss and reduced muscle mass are particularly common in chronic pancreatitis. People with chronic pancreatitis often have increased nutritional needs but a poor appetite, making it hard to get enough nutrients.
- **Associated conditions:** Poor digestion caused by pancreatic exocrine insufficiency (PEI) and conditions like type 3c diabetes make managing nutrition even more vital. Always follow the guidance of your dietitian and medical team.

Debunked!

Myth #5: Following a low-fat diet can cure pancreatitis

The reality: While dietary changes are essential for managing pancreatitis, simply eating low-fat food is not a cure and can sometimes lead to poor nutrition if not managed properly.

- **Nutritional needs:** People with chronic pancreatitis or pancreatic exocrine insufficiency (PEI) often struggle to absorb essential nutrients and healthy fats. Restricting fat too heavily without medical supervision can make weight loss and malnutrition worse.
- **Medical support:** Managing pancreatitis requires tailored advice from a registered dietitian, often alongside pancreatic enzyme replacement therapy (PERT) to help the body digest food effectively.

Debunked!



Need more information on your digestive condition or symptoms?
Guts UK is the national charity for the digestive system. For information and guidance, go to **gutscharity.org.uk/information.**

Need support? Contact our Helpline on 0300 102 4887 or gutscharity.org.uk/helpline.

Registered charity no. 1137029