

ASSESSMENT OF EXOCRINE PANCREATIC INSUFFICIENCY AND QUALITY OF LIFE IN PATIENTS WITH CHRONIC PANCREATITIS

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Chronic pancreatitis (CP) is a progressive inflammatory disease of the pancreas characterized by fibrosis of the pancreatic tissue and functional insufficiency. As a result of the disease, both exocrine and endocrine insufficiency develop. Exocrine insufficiency leads to impaired digestion, malabsorption, and trophic changes. This article analyzes the degree of exocrine pancreatic insufficiency and the quality of life indicators in patients with chronic pancreatitis. **Chronic pancreatitis** is a long-standing inflammatory process characterized by fibrosis of the pancreatic parenchyma and a decline in secretory function. The etiology of the disease includes alcohol consumption, metabolic disorders, genetic factors, and biliary tract pathology. Exocrine insufficiency develops as a result of decreased enzyme production by the pancreas. This condition leads to impaired digestion and absorption of fats, proteins, and carbohydrates. Consequently, patients experience weight loss, steatorrhea, hypovitaminosis, and general weakness.

Keywords: chronic pancreatitis, exocrine insufficiency, quality of life, steatorrhea, pancreatic enzymes, malabsorption.

Study Objective

To determine the degree of exocrine pancreatic insufficiency in patients with chronic pancreatitis and to comprehensively assess their quality of life.

Materials and Methods

Patients diagnosed with chronic pancreatitis were enrolled in the study. The diagnosis was established based on clinical, laboratory, and instrumental examinations. To assess exocrine insufficiency, the following methods were used:

- Determination of fecal elastase-1 levels
- Coprogram analysis
- Assessment of the degree of steatorrhea

Quality of life was evaluated using the international questionnaire — SF-36 (Short Form Health Survey). Statistical analysis was performed using modern biostatistical methods.

Results

According to the study results, the majority of patients with chronic pancreatitis were found to have varying degrees of exocrine insufficiency. A decreased level of fecal elastase-1 indicated severe enzyme deficiency. In patients with exocrine insufficiency, the following were observed: Body weight loss; dyspeptic complaints, steatorrhea, and deficiency of fat-soluble vitamins. According to the SF-36 (Short Form Health Survey) questionnaire results, significant reductions were identified in physical functioning, general health perception, vitality, and psychological well-being. Pain syndrome and chronic dyspepsia also limited patients' social activity. As the severity of exocrine insufficiency increased, quality of life indicators significantly worsened. Progressive destruction of the pancreatic parenchyma in chronic



pancreatitis leads to decreased enzyme secretion. Exocrine insufficiency affects not only the somatic condition but also the psycho-emotional state of patients. Enzyme replacement therapy (pancreatic enzyme preparations) plays an important role in reducing clinical symptoms and improving quality of life. Timely diagnosis and adequate treatment help prevent trophic disorders.

Conclusion

1. Exocrine pancreatic insufficiency is highly prevalent in patients with chronic pancreatitis.2. The degree of exocrine insufficiency directly affects quality of life indicators.3. The SF-36 (Short Form Health Survey) questionnaire is an effective tool for assessing the physical and psychological condition of patients.4. A comprehensive approach (enzyme therapy, diet, and symptomatic treatment) significantly improves quality of life.

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