How I Treat... Canine and Feline Pancreatitis with Diet.

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Pancreatitis is defined as inflammation of the pancreas, which also includes conditions accompanied by necrosis or fibrosis. The main clinical signs include vomiting and abdominal pain, and apathy, anorexia, fever and diarrheal may also occur. In cats, the signs are variable and can be ambiguous: lethargy, and anorexia are common, frequently associated with liver and gastrointestinal conditions. In dogs and cats, pancreatitis has also been associated with diabetes mellitus.

NUTRITIONAL MANAGEMENT

The nutritional management of pancreatitis, especially in cats, is controversial; further studies are needed. Some of the points regarding the nutritional therapy under discussion include:

Start of nutritional support

The fasting of food and/or water per oral route for 24 or 48 hours in order to let 'rest' the pancreas to limit vomiting and abdominal pain has been a common practice. However, a study in dogs with acute pancreatitis showed a lower incidence of vomiting or abdominal pain in a group fed early by enteral tube (within 24 hours after admission) vs. a group given parenteral nutrition. Another study comparing early enteral nutrition (within 48 hours after admission) vs. later feeding, found that early feeding resulted in patients regaining voluntary ingestion earlier and decreasing gastrointestinal intolerance. In cats, a retrospective study showed good tolerance of enteral nutrition in patients with suspected acute pancreatitis. Early introduction of enteral nutrition is recommended in patients with acute pancreatitis.

Route of feeding

In human medicine, for the same reasons stated to recommend fasting, the parenteral route has historically, been recommended for nutritional support of patients with pancreatitis. Studies have shown no benefits of this route compared to the enteral route. The enteral route allows avoiding enterocytes atrophy and consequent bacterial translocation, apart from being more economical. Until a recent study in which no specific advantages were observed, the enteral tube at jejunal level had been recommended in anorexic patients with pancreatitis. This practice had also been recommended in veterinary medicine. However, currently we do not have data for veterinary medicine due to the greater complexity of placement and management, and the greater associated risks; therefore, the use of other feeding probes is preferred than jejunostomy.

Reduction of dietary fat

The decrease of fat levels (relative to the patient's usual diet) is the general recommendation for dogs with acute pancreatitis. A tendency towards a lower number of episodes of gastrointestinal intolerance has been observed when reducing the diet fat.

Although further studies are necessary, highly digestible diets with moderate to low levels of fat (<20% of metabolizable energy) that allow to supply energy enough to cover the needs of the patient, are indicated in dogs with acute pancreatitis.
In cats, there no data are available on the benefits of dietary fat decrease in patients with pancreatitis.
For the management of long-term pancreatitis, it is essential to determine the fat levels of the patient's diet at the time when the disease developed, mainly in dogs, since, if it is an acute, punctual and non-hyperlipidemic episode linked to an identified cause (ingestion of unusual foods, surgeries, drugs, food indiscretion), it is indicated a progressive introduction of its usual diet. However, in cases of chronic pancreatitis, hyperlipidaemia or recurrent acute episodes, it is indicated to introduce a diet with lower levels of fat than usual. There are multiple commercial choices that can result in lower fat levels than the usual ones. There are also commercial low fat products (<20% metabolizable energy) for dogs; if these diets are not tolerated, ultra-low fat homemade food may be necessary.

Obesity is a risk factor for pancreatitis, so once the patient is stabilized, it is recommended to treat overweight. Commercially available low fat diets may be indicated in these patients; however, due to their limited energy density, they are not indicated in patients with poor body conditions.

In cats, commercial choices with moderate fat are more limited (many are also rich in fibre and / or low in energy density), which limits their use in these patients. In general, the use of highly digestible foods is recommended to support gastrointestinal disorders.

The adequacy of the chosen diet should be monitored by the presence/absence of clinical signs. In chronic pancreatitis, where clinical signs may be absent or very subtle, follow-up by ultrasound and PLI (pancreatic lipase immunoreactivity) is recommended, initially on a monthly basis and if everything is all right, twice a year.


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