**Underdiagnosed and Overlooked: Screening for Pancreatic Exocrine Insufficiency in Individuals with Diabetes**

**Background**

Gastrointestinal symptoms are common in diabetes and may result from medications, autonomic neuropathy, Coeliac disease, or pancreatic exocrine insufficiency (PEI). Diabetes increases the risk of PEI, which is associated with malnutrition/weight loss, osteoporosis, cardiovascular events, reduced quality of life, and increased mortality; yet remains significantly underdiagnosed.

Direct pancreatic function tests (e.g. secretin-caerulein testing) are the gold-standard test for diagnosing PEI but are invasive and costly. Indirect tests, faecal pancreatic elastase (FE) and nutrition screening are non-invasive, cost-effective alternatives with reasonable diagnostic accuracy.

**Aim**

To examine the prevalence of PEI in people with diabetes using a gastrointestinal symptom- and risk factor-based screening tool.

**Methods**

In this prospective cohort study, individuals with diabetes attending quaternary diabetes outpatient clinics were screened in an unselected manner, excluding those with known type 3c diabetes. A seven-item physician-assisted questionnaire assessed three gastrointestinal symptoms in the last year (abdominal discomfort/bloating, pain or steatorrhea) and four PEI risk factors (smoking, alcohol, personal history of pancreatitis, and family history of pancreatic cancer or pancreatitis). Positive screening prompted testing of serum electrolytes, micronutrients, and FE analysis.

**Results**

106 patients were screened using the Diabetes GI questionnaire (median age 51 [IQR 30-65] years; diabetes duration 18 [9-24] years; HbA1C 8.0 [7.1-9.1] %). Sixty-three patients (59%) had at least one symptom or risk factor and were invited for pathology testing; 25 (40%) completed testing, and 18 (29%) provided stool samples. FE concentrations consistent with PEI were detected in 5 patients (28% of those tested; 5% of the total cohort). Low FE was not significantly associated with micronutrient levels.

**Conclusion**

Over a quarter of individuals with PEI symptoms or risk factors demonstrated biochemical evidence of PEI. A short physician-assisted questionnaire aids identifying at-risk individuals and facilitates diagnostic testing. Further studies to expand this and other cohorts are warranted to confirm these findings.