Table 1

**Recommendations on treatment of risk (etiology) factors of pancreatic pain upon CP (according to S. S. Olesen et al., 2013 [115])**

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| --- | --- | --- |
| **Risk (etiology) factor** | **Treatment** | **Comments** |
| Alcohol | Alcohol cessation | Decrease disease progression and may have beneficial effects on pain |
| Nicotine | Smoking cessation | Decrease disease progression and may have beneficial effects on pain |
| Nutritional | No specific recommendations | No prospective data |
| Hereditary | Endoscopic surveillance  Pancreatectomy with autolog stem cell transplantation | Currently no formal evidence, a prospective trial has been initiated  Upon high risk of malignant change |
| Pancreas divisum | Endoscopy or surgical interventions | The benefit of intervention is controversial |
| Immunological | Steroid treatment | Treatment of autoimmune pancreatitis follows guidelines [65] |
| Metabolic | Lipid lowering therapy, parathyroidectomy, etc. | Consider referral to an endocrinologist |
| Peptic ulcer | Proton pump inhibitor +/- eradication of Helicobacter pylori | Avoid NSAIDs in CP patients |
| Pseudocysts | Endoscopic drainage, transcutaneous drainage or surgical drainage | Preferred treatment dependent on pseudocyst localization and morphology |
| Duodenal obstruction | Endoscopic dilation or surgical therapy | Endoscopic dilation preferred as first line therapy |
| Bile duct obstruction | Covered metal stent or plastic stent | Controversial, one study found no relationship between bile duct obstruction and pain |