

GI Effects Stool Profile

Digestion: A Focus on the Digestive Capacity

Lahnor Powell, ND, MPH

Medical Education Specialist | Genova Diagnostics

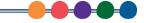


Objectives for This Presentation

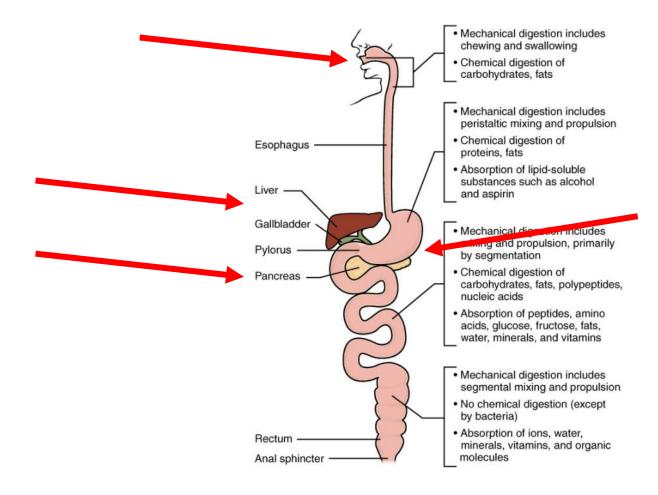
- Overview of digestion and absorption
- In-depth review of digestion and absorption markers on the GI Effects Profile
- Discuss the benefit and clinical management or results





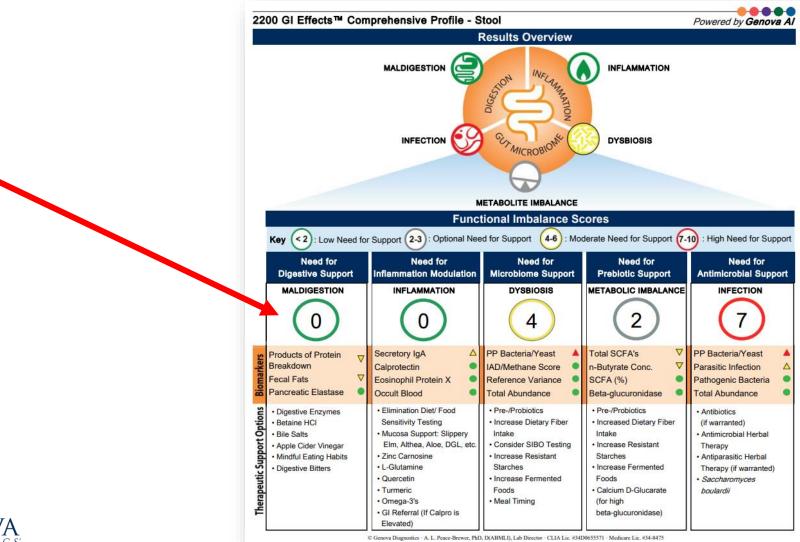


Digestion and Absorption Overview



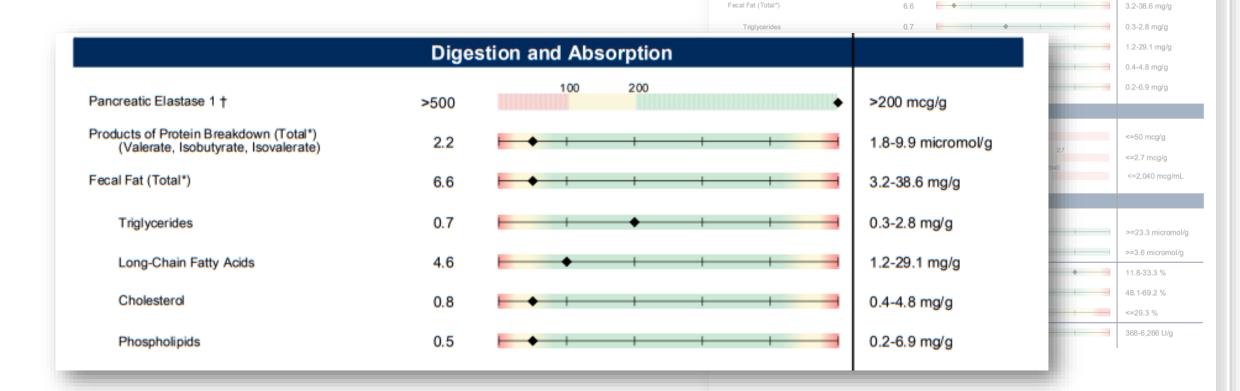


Digestion and Absorption





Digestion and Absorption





2200 GI Effects™ Comprehensive Profile - Stool

Methodology: GC-FID, Automated Chemistry, EIA

Products of Protein Breakdown (Total*)

(Valerate, Isobutyrate, Isovaleraté)

Page 4

Reference Range

>200 mcg/g

1.8-9.9 micromol/g

QUINTILE DISTRIBUTION and 3rd 4ti

[&]quot;Total value is equal to the sum of all measurable parts.

[†]These results are not represented by quintile values.

Tests were developed and their performance characteristics determined by Genova Diagnostics. Unless otherwise noted with *, the assays have not been cleared by the U.S. Food and Drug Administration.

Pancreatic Elastase 1 (PE-1)



A digestive enzyme secreted exclusively by the pancreas

Insight into pancreatic exocrine function

Fecal PE-1 (mcg/g)	Interpretation
>200	Normal exocrine pancreatic
	function
100 to 199	Mild-to-moderate exocrine
	pancreatic insufficiency (EPI)
<100	Severe pancreatic
	insufficiency





- Exocrine pancreatic insufficiency (EPI) symptoms
 - Diarrhea
 - Steatorrhea
 - Foul-smelling stools
 - Bloating and/or excess gas
 - Abdominal discomfort
 - Weight loss

- Common Causes of EPI
 - Pancreatic Causes
 - Cystic Fibrosis, Chronic pancreatitis, Gl Surgery, Gallstones, or Pancreatic tumor/cancer
 - Non-Pancreatic Causes
 - Celiac disease, IBD, aging, alcoholism, SIBO, smoking, obesity, vegan/vegetarian diets, or diabetes/insulin resistance





Therapeutic considerations

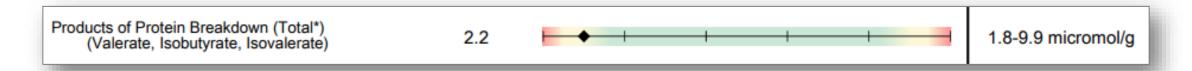
- Further investigation to determine the underlying cause of dysfunction
- Address cause for dysfunction
- Support patients with pancreatic enzyme replacement therapy
- Consider small and frequent meals

Further Evaluation

 Consider nutritional assessment as pancreatic exocrine insufficiency may be associated with deficiencies in nutrients



Products of Protein Breakdown (PPB)



- Products of Protein Breakdown (Isovalerate, Valerate, and Isobutyrate)
 - Derived from bacterial fermentation of protein by colonic bacteria
- Therapeutic Considerations
 - Evaluate dietary protein intake
 - Assess for, and treat, root causes of insufficient protein digestion
 - Digestive support with meals



Products of Protein Breakdown (PPB)

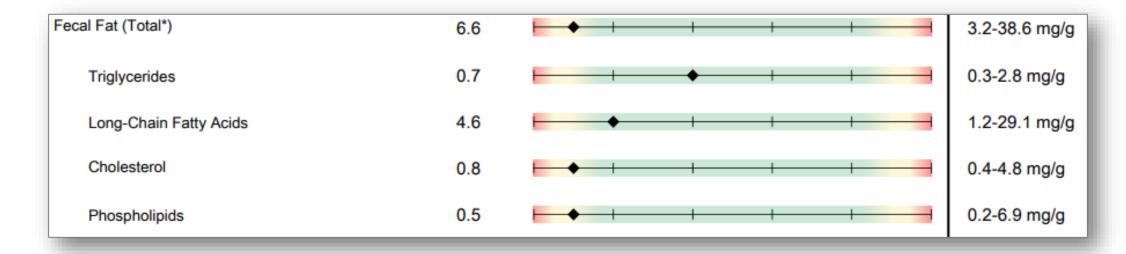
- Causes of low PPB
 - Very low protein diet
 - Antibiotic use
 - Low commensal bacteria
 - Intestinal inflammation

- Causes of high PPB
 - High protein diet
 - Exocrine pancreatic dysfunction
 - SIBO
 - Low gastric HCL
 - Rapid transit time

- Further Evaluation
 - Consider nutritional assessment of amino acids as elevated PPB may be associated with deficiencies



Fecal Fats



- Evaluates multiple lipid analytes including triglycerides (TG), long-chain fatty acids (LCFAs), phospholipids, and cholesterol
- The total fecal fat is derived from a sum of the lipid analytes.



Fecal Fats

- Triglycerides
 - Increased fecal TG signifies maldigestion
- LCFAs
 - Increased fecal LCFAs are often indicators of malabsorption
- Cholesterol
 - Increased levels can indicate maldigestion or malabsorption but also can be derived from the diet
- Phospholipids
 - Elevations in fecal phospholipids can be due to mucosal cell turnover, malabsorption, or bile.



Fecal Fats

- Causes of fat maldigestion
 - Exocrine pancreatic insufficiency
 - Bile salt insufficiency
 - PPI usage and hypochlorhydria
 - Small intestinal bacterial overgrowth
 - Use of medications designed to impair intestinal lipase activity (i.e., weight loss products)

Causes of fat malabsorption

- Intestinal dysbiosis and SIBO
- Intestinal parasites
- Gastric bypass, ileal resection, or other surgeries that limit absorptive surface area
- Irritable bowel syndrome (mainly D)
- Inflammatory bowel disease
- Celiac disease



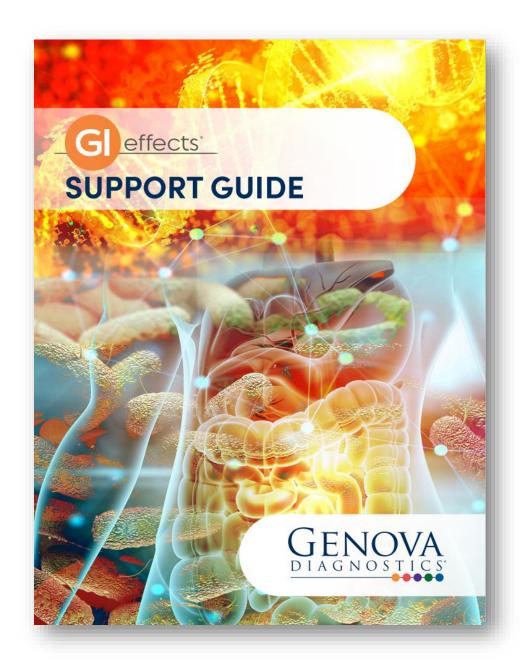


- Therapeutic considerations
 - Assess for, and treat, root causes of insufficient digestion or absorption of fats
 - Digestive support with meals
- Further Evaluation
 - Consider nutritional assessment of essential fatty acids and fat-soluble vitamins as fat maldigestion/absorption may be associated with deficiencies in fat or fat-soluble nutrients





- GI Effects Support Guide
- Complimentary Education Appointments
 - US Client Services: 800.522.4762
 - UK Client Services: 020.8336.7750
- Learning Library (www.gdx.net)
- Podcast (The Lab Report)







GI Effects Stool Profile

Digestion: A Focus on the Digestive Capacity

Lahnor Powell, ND, MPH

Medical Education Specialist | Genova Diagnostics

