

## GI Effects Stool Profile

**Digestion: A Focus on the Digestive Capacity** 

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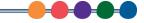


## Objectives for This Presentation

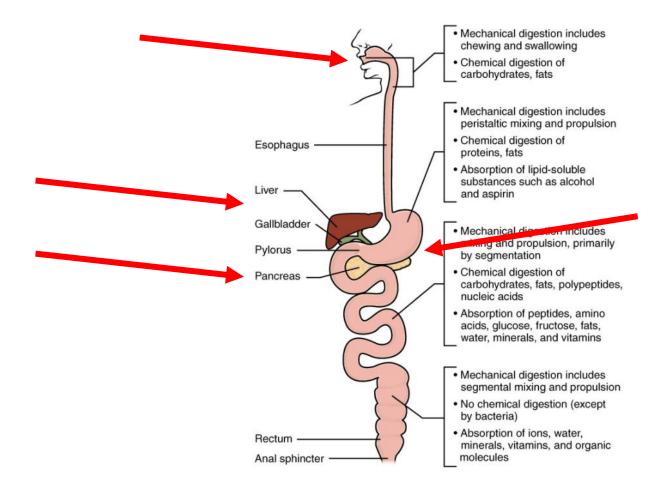
- Overview of digestion and absorption
- In-depth review of digestion and absorption markers on the GI Effects Profile
- Discuss the benefit and clinical management or results





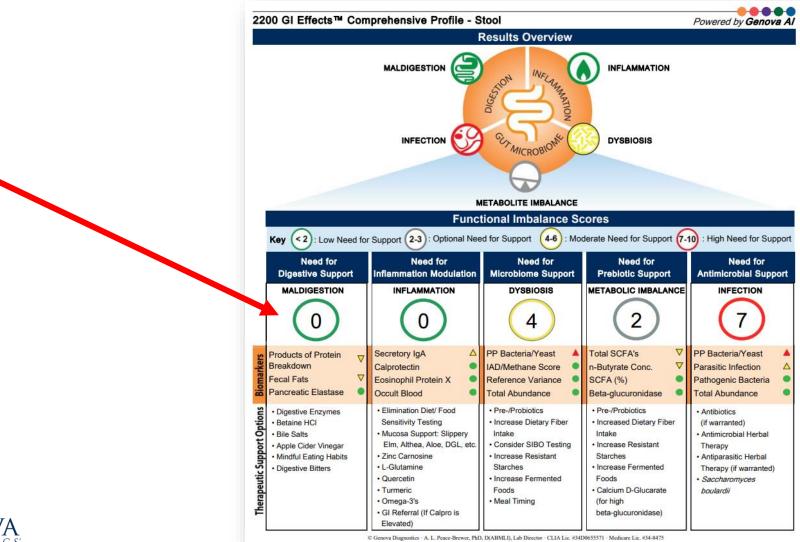


# Digestion and Absorption Overview



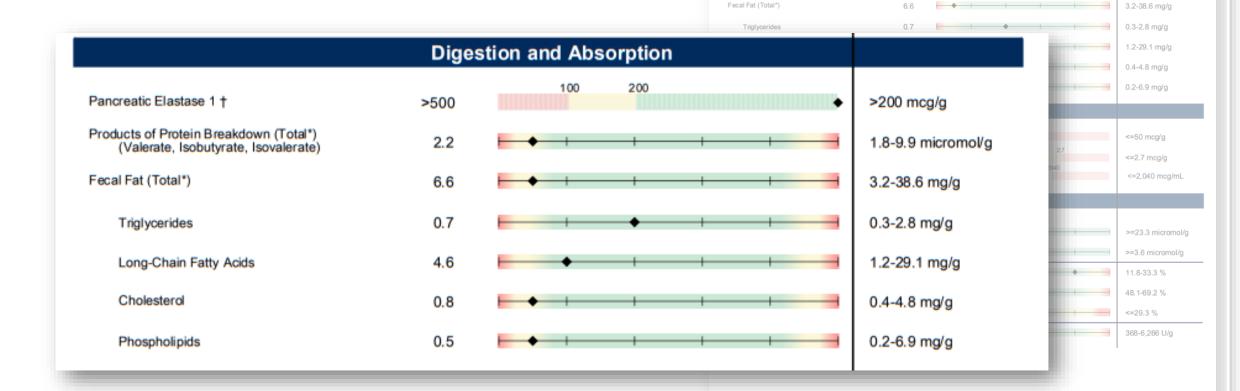


# Digestion and Absorption





# Digestion and Absorption





2200 GI Effects™ Comprehensive Profile - Stool

Methodology: GC-FID, Automated Chemistry, EIA

Products of Protein Breakdown (Total\*)

(Valerate, Isobutyrate, Isovaleraté)

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Reference Range

>200 mcg/g

1.8-9.9 micromol/g

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<sup>&</sup>quot;Total value is equal to the sum of all measurable parts.

<sup>†</sup>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

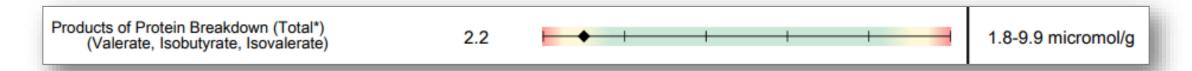
- Further investigation to determine the underlying cause of dysfunction
- Address cause for dysfunction
- Support patients with pancreatic enzyme replacement therapy
- Consider small and frequent meals

#### 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)

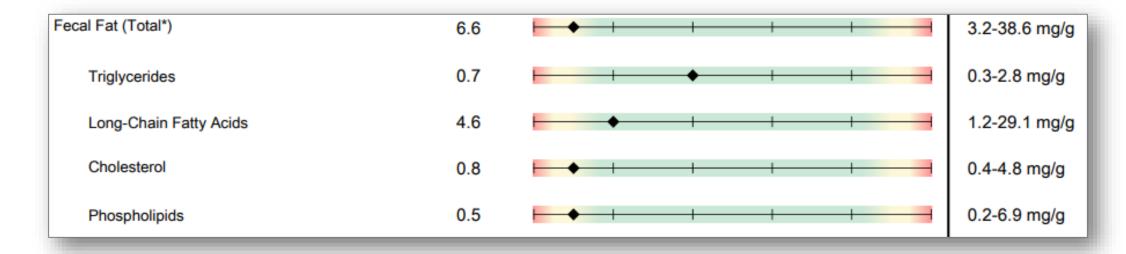
- Causes of low PPB
  - Very low protein diet
  - Antibiotic use
  - Low commensal bacteria
  - Intestinal inflammation

- 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



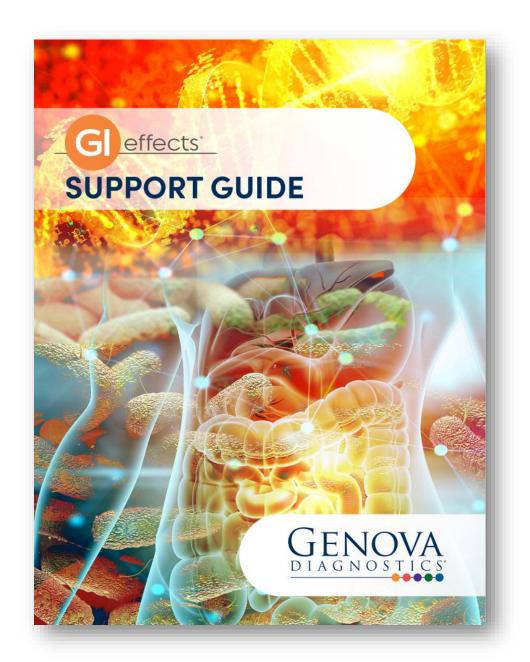


- Therapeutic considerations
  - Assess for, and treat, root causes of insufficient digestion or absorption of fats
  - Digestive support with meals
- Further Evaluation
  - Consider nutritional assessment of essential fatty acids and fat-soluble vitamins as fat maldigestion/absorption may be associated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







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