Paediatric update

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Welcome to our paediatric nutrition column 'Paediatric update'. In each column, Kiran Atwal, Freelance Paediatric Dietitian, will update you on new guidance, tools and current affairs. Here, Kiran explores: *Malabsorption management in primary care: new guidelines.*

What do we know?

Malabsorption is a multidimensional entity defined as impaired nutrient absorption, characterised by disease-specific variables that are congenital or acquired.[1] The exact prevalence is unknown as malabsorption forms part of many diseases and disorders. It has been reported to affect between 10% and 25% of patients.[2] Treatment largely depends on the aetiology and diagnosis; it may also focus on resolving symptoms and/or complications, such as diarrhoea or nutrient deficiencies.[1]

What's new?

New European primary care consensus guidelines for healthcare professionals have summarised best practices for screening, diagnosis and management of malabsorption. In children, an algorithm is proposed for primary care assessments and investigations, ranked in order and dependent on clinical indicators and local resources. For any abnormalities detected, a paediatric gastroenterologist or paediatrician referral is suggested for advanced diagnostic tests and investigations. Beyond this, the guideline suggests how primary care professionals can support specialists in the monitoring and adherence to treatment plans.[3]

Assessment: where to begin?

The initial baseline assessment recommended in the algorithm includes a clinical history that explores a family history of coeliac disease, autoimmune gastritis, other autoimmune disorders, gastrointestinal surgery, drug use, travel history, other predisposing conditions to malabsorption and physical examination, including a growth history. Initial laboratory testing recommendations are outlined and, from a nutrient perspective, include iron, ferritin and transferrin, vitamin B12, folic acid and vitamin D. Stool examinations include faecal calprotectin and faecal elastase, especially in children with signs of fat malabsorption. This subgroup is also recommended for regular screening of fat-soluble vitamin deficiencies.[3]

Dietary and psychosocial assessments, which may include diagnostic lactose or fructose elimination, are also recommended. Validation of non-genetic carbohydrate malabsorption diagnosis by symptom assessment before and after ingestion of the suspected carbohydrate, as well as diet history, are suggested.[3] The paediatric Carbohydrate Perception Questionnaire (pCPQ) is referenced for symptom assessment, which uses a 5-point smiley-face Likert scale to indicate the severity of a child's symptoms. However, this is only useful for children old enough to comprehend the questions (the group tested were 8 years and older).[4]

There is no mention of dietetics referral for guidance on elimination diets or to correct nutrient deficiencies.[3] The only specific mention of dietetics referral is for patients diagnosed with inflammatory bowel disease and those with, or at high risk of malnutrition.[3] However, no specific malnutrition screening tools are recommended for monitoring children with malabsorption.

High-risk groups

Other key takeaways from the guideline include screening for coeliac disease in high-risk children presenting with iron deficiency anaemia, irritable bowel syndrome, functional diarrhoea and growth failure, to name but a few.[3] Previously published European Society for Paediatric Gastroenterology, Hepatology and Nutrition recommendations for serological testing in coeliac disease are emphasised, without the need for biopsy, when tissue transglutaminase IgA antibody levels are ten times the upper limit and over.[5]

How will this impact practice?

Whilst the guideline may seem overwhelming as it covers many disease areas that could present in primary care, it demonstrates the vastness of malabsorption. Most likely, these new guidelines will help guide: 1) Initial assessments for general practitioners and dietitians in primary care with a lack of experience in managing malabsorption issues at initial presentation; 2) Patients on long waiting lists for specialist input; 3) The shared care of patients under specialist services.

References: **1.** Zuvarox T, Belletieri C (2025). Malabsorption Syndromes. In: StatPearls. Treasure Island (FL): StatPearls Publishing, 2025. **2.** Paz JC (2014). Chapter 8 - Gastrointestinal System. In: Paz JC, West MP, editors. Acute Care Handbook for Physical Therapists (Fourth Edition) [Internet]. St. Louis: W.B. Saunders, 2014. **3.** Lenti MV, *et al.* (2025). European Consensus on Malabsorption - UEG & SIGE, LGA, SPG, SRGH, CGS, ESPCG, EAGEN, ESPEN, and ESPGHAN. United Eur Gastroenterol J.; doi: 10.1002/ueg2.70011. **4.** Hammer J, *et al.* (2020). Development and validation of the paediatric Carbohydrate Perception Questionnaire (pCPQ), an instrument for the assessment of carbohydrate-induced gastrointestinal symptoms in the paediatric population. Neurogastroenterol Motil.; 32(12): e13934. **5.** Román Riechmann E, *et al.* (2020). Rational application of the new European Society for Paediatric Gastroenterology, Hepatology and Nutrition (ESPGHAN) 2020 criteria for the diagnosis of coeliac disease. An Pediatr.; 92(2): 110.e1-110.e9.