

PREVALENCE AND MANAGEMENT OF ENTERAL NUTRITION INTOLERANCE IN THE NON-ICU SETTING IN CANADA

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Background

Enteral nutrition intolerance (ENI) is described as one or more gastrointestinal (GI) symptoms that may interfere with delivery of enteral nutrition (EN). ENI is reported to affect patient quality of life (QOL) and reduce EN volume delivered, which may result in nutrition deficits, dehydration and malnutrition. Literature exists regarding ENI in the critical care setting, however, little is known about ENI outside the ICU.

Objective To investigate the prevalence and management of ENI in non-ICU settings in Canada.

Subjects and Methods

An on-line survey was administered to registered dietitians (RDs) working in acute care (AC) long-term care (LTC), and home care (HC) settings across Canada. Respondents were recruited via convenience sample.

Results

- 240 RDs completed the survey (100 AC; 80 LTC; 60 HC), recalling information on 5611 EN patients managed in the preceding three months.
- Between 35%–66% of patients had \geq one GI symptom [Figure 1], with diarrhea the most prevalent reported across care settings (AC 27%; HC 20%; LTC 15%) $P=0.001$.
- Symptoms of reflux, fullness, nausea and bloating were more prevalent in HC patients, $P<0.05$.
- Across all symptoms and care settings, reducing EN volume was a common management approach (28-57%) [Figure 2].

Figure 1: Prevalence of ≥ 1 GI Symptom among Tube Fed Patients

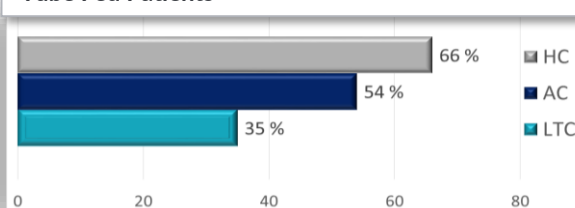
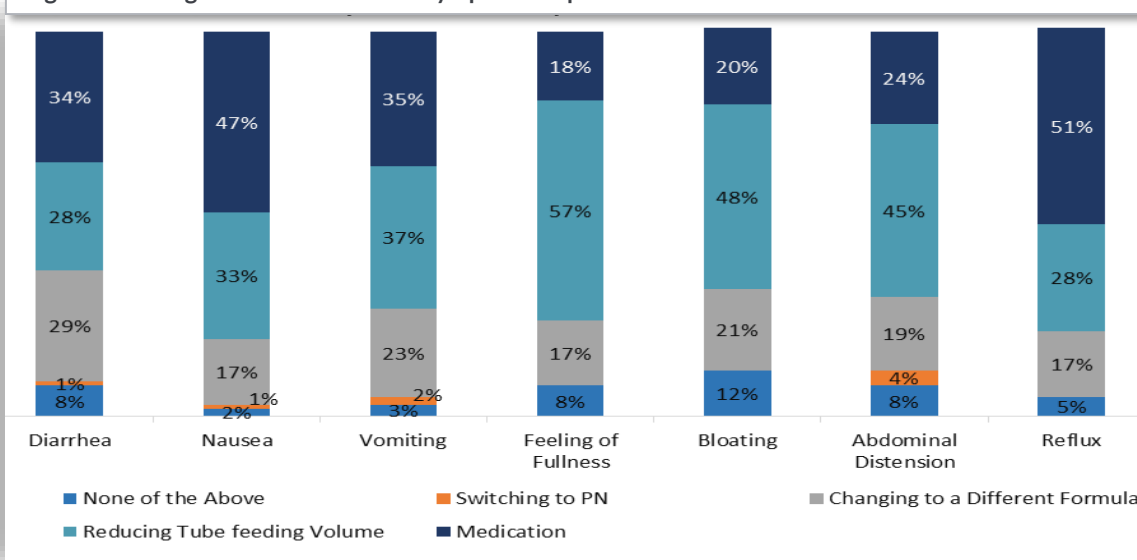


Figure 2: Management to Address GI Symptoms Experienced



Conclusion

ENI is common among tube fed patients in AC, LTC and HC settings. Based on these findings, there may be negative implications for nutrition delivery, malnutrition risk, and patient QOL.

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