

Symposium Abstract Book

11th
SEPTEMBER



Nestlé Health Science Satellite Symposium

HOME ENTERAL NUTRITION

Guidelines, COVID, Advances & new
approach to bolus feeding

Nestlé Health Science Satellite Symposium

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Introduction

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SPEAKER BIOGRAPHY

Stephan C. Bischoff is Director of the Institute of Nutritional Medicine at the University of Hohenheim in Stuttgart/Germany since 2004. He is a trained physician specialized in Internal Medicine, Gastroenterology, Allergy/Clinical Immunology and Clinical Nutrition. His research interests are obesity and related diseases, disease-related malnutrition, adverse reactions to food and mast cell biology, the gastrointestinal barrier and the microbiome.

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New ESPEN Guideline for Home Enteral Nutrition: Implications for Practice

ABSTRACT

This guideline will inform physicians, nurses, dieticians, pharmacists, caregivers and other home enteral nutrition (HEN) providers about the indications and contraindications for HEN, and its implementation and monitoring. This guideline will also inform interested patients requiring HEN.

The guideline is based on current evidence and expert opinion and consists of 61 recommendations that address the indications for HEN, relevant access devices and their use, the products recommended, the monitoring and criteria for termination of HEN, and the structural requirements needed to perform HEN.

The guideline is available as publication in Clinical Nutrition (1) and will become available as Practical Guideline with 16 flow charts, also for usage by App (see App stores) and Web (<https://www.espen.org/>) within the next few months.

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Bischoff SC, Austin P, Boeykens K, Chourdakis M, Cuerda C, Jonkers-Schuitema C, Lichota M, Nyulasi I, Schneider SM, Stanga Z, Pironi L. ESPEN guideline on home enteral nutrition. Clin Nutr. 2020;39:5-22. doi: 10.1016/j.clnu.2019.04.022





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Home Enteral Nutrition in the Post-Covid 19 ERA: Current Challenges and Future Trends

SPEAKER BIOGRAPHY

Dr. Muscaritoli is a full professor of Internal Medicine and the director of the Unit of Internal Medicine and Clinical Nutrition at the "Policlinico Umberto I" University Hospital of the Sapienza University of Rome. Director, Home Artificial Nutrition Unit, at the "Policlinico Umberto I" University Hospital of the Sapienza University of Rome.

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President of SINuC, the Italian Society of Clinical Nutrition and Metabolism. Chief Editor, Frontiers Clinical Nutrition. Associate Editor, Clinical Nutrition. Associate Editor, Clinical Nutrition and Metabolism. Coordinator, Cachexia-Anorexia Special Interest Group of ESPEN. Coordinator, NESG/Nutrition Education in Medical Schools (NEMS) of ESPEN.

Dr. Muscaritoli's research mainly focuses on Clinical Nutrition in chronic diseases and on the study of the metabolic changes occurring in chronic diseases, with a particular focus on cancer and the mechanisms of cancer cachexia and the loss of muscle mass and function in experimental models of cancer cachexia and in cancer patients.

Dr. Muscaritoli is author of more than 250 national and international publications including peer reviewed articles, papers, ESPEN clinical guidelines, including the latest ESPEN Practical Guideline: Clinical Nutrition in Cancer.

ABSTRACT

Together with parenteral nutrition, enteral nutrition (EN) has been traditionally included among the "artificial nutrition" techniques. More recently, the term has been replaced by medical nutrition therapy. According to the current terminology proposed and promoted by ESPEN, EN (synonym enteral tube feeding) is nutrition therapy given via a tube or stoma into the intestinal tract distal to the oral cavity. Enteral formulas are classified as foods for special medical purposes" (FSMPs) defined as "specially processed or formulated and intended for the dietary management of patients, including infants, to be used under medical supervision". EN formulas composition has been progressively improved in order to better fit the nutritional and metabolic needs of patients with chronic and acute diseases. EN represents the nutritional therapy of choice when oral food intake is insufficient to cover nutritional needs in patients in whom the gastrointestinal tract is at least partially working and may be delivered in hospital or at home. Long-term, home enteral nutrition is largely



utilized in patients with neurodegenerative diseases who would otherwise bear the negative consequences of dysphagia, de-hydration and malnutrition. Critically ill patients are also frequently candidate to EN which is considered the treatment modality of choice in the ICU setting, including COVID-19-related critical illness. The most recent data confirm that EN is feasible and well-tolerated in COVID-19 patients with mechanical ventilation within the first week of enteral nutrition initiation. Although more studies are needed to elucidate the impact of nutritional therapy on SARS-CoV-2 infection course and outcomes, EN has proven safe and effective in ensuring appropriate nutritional therapy even in the current, challenging pandemic situation.

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Bolus Feeding in Enteral Fed Patients from ICU to Home Care

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Degree in Medicine and Surgery cum laude (1988), Master in Science of the Nutrition cum laude (1992), Degree in Clinical and Community Psychology (2007).

Director of the Clinical Nutrition Unit at Azienda Sanitaria Città di Torino (Italy) 2009-now

President of Piemonte Regional Section of A.D.I. (Italian Association of Clinical Nutrition) for four years (1999-2002).

Member of the representative advisory technical group of the network of the Dietetic and Clinical Nutrition Departments of Piemonte Region, created inside the Councillorship to the Health of Piemonte Region in 1999, coordinator of this group since November 1, 2012.

Member of the multidisciplinary work group for the creation of Guidelines on the collective scholastic and hospital catering as coordinator.

Member of technical working group at the Italian ministry of Health (UN Decade, eating disorders, Hospital Food) 2016-now.

Adjunct Professor in public and private Universities (Torino, Pavia, Pollenzo), and in public and private institutions, with a scientific production of 200 scientific articles (books, articles, invited papers, abstracts).

Alternate member of the group of experts for technical advice on the School Fruit Scheme in November 2011 (European Commission, 2011/C 349/05), member of the Workshop – Hearing: Feeding the planet sustainably as an expert, invited by the European Commission in November 2012 and in the expert group for Food Safety 2050, DG SANCO in 2016.

Member of the IAP of the FAO/WHO international Symposium on sustainable food system for healthy diet and improved nutrition, Rome December 2016

ABSTRACT

The administration of enteral nutrition has been a subject of study and debate for many years. Bolus administration was initially used more in relation to the difficult finding and high cost of enteral pumps, subsequently it was often used for easy implementation, mainly in home care or nursing home settings, in medically stable patients with feeding tubes ending in the stomach.



According to Ichimaru (2018), the main advantages of the bolus feeding are the respect of physiology, the reduced costs, the positive effects on rehabilitation programs as the patients is more free to move about. The disadvantages are the increased risk of diarrhea due to delayed gastric emptying and an increased risk of aspiration in unstable patients.

The interest in studying the role of bolus nutrition from a clinical and technical point of view remains very strong, also in relation to what happened in intensive care units during the COVID pandemic emergency. In pronated patients with severe respiratory insufficiency, bolus nutrition was widely used, both for clinical/nursing reason and, in some cases, due to a lack of nutritional pumps in adequate numbers for all the hospitalized patients.

Bolus feeding is described in many papers as a safe, secure, adequate method of administration in enteral nutrition, from the critically ill patient to the home care setting. In home enteral nutrition many aspects must be carefully evaluated in order to increase the benefits and reduce the risks: clinical implications, economic aspects, quality of life of the patients and the caregivers must be taken into consideration. So far we have no evidences of the benefits of bolus feeding versus other methods of enteral nutrition administration, therefore in all the above mentioned settings additional randomized controlled studies comparing intermittent with bolus feeding are required.

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