



ESPEN GUIDELINES

## ESPEN Guidelines on Enteral Nutrition: Geriatrics<sup>☆</sup>

D. Volkert<sup>a,\*</sup>, Y.N. Berner<sup>b</sup>, E. Berry<sup>c</sup>, T. Cederholm<sup>d</sup>, P. Coti Bertrand<sup>e</sup>,  
A. Milne<sup>f</sup>, J. Palmblad<sup>g</sup>, St. Schneider<sup>h</sup>, L. Sobotka<sup>i</sup>, Z. Stanga<sup>j</sup>,  
DGEM: <sup>☆</sup> <sup>☆</sup> R. Lenzen-Grossimlinghaus, U. Krys, M. Pirlich, B. Herbst,  
T. Schütz, W. Schröer, W. Weinrebe, J. Ockenga, H. Lochs

<sup>a</sup>Head Medical Science Division, Pfrimmer-Nutricia, Erlangen, Germany

<sup>b</sup>Head Geriatric Department, Meir Hospital, Kfar Saba, Israel

<sup>c</sup>Department of Human Nutrition & Metabolism, Hebrew University, Hadassah Med School, Jerusalem, Israel

<sup>d</sup>Department of Public Health and Caring Science, Uppsala University, Uppsala, Sweden

<sup>e</sup>Unité de Nutrition Clinique, CHUV, Lausanne, Switzerland

<sup>f</sup>Health Services Research Unit, University of Aberdeen, Aberdeen, UK

<sup>g</sup>Department of Medicine, Karolinska Institute, Huddinge University Hospital, Huddinge, Sweden

<sup>h</sup>Gastroentérologie et Nutrition Clinique, Hopital de l'Archet, Nice, France

<sup>i</sup>Metabolic Care Unit, Department of Gerontology and Metabolic Care, Charles University, Faculty of Medicine, Hradec Kralove, Czech Republic

<sup>j</sup>Internal Medicine and Clinical Nutrition, Inselspital/University Hospital, Bern, Switzerland

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### KEYWORDS

Guideline;  
Clinical practice;  
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**Summary** Nutritional intake is often compromised in elderly, multimorbid patients. Enteral nutrition (EN) by means of oral nutritional supplements (ONS) and tube feeding (TF) offers the possibility to increase or to insure nutrient intake in case of insufficient oral food intake.

The present guideline is intended to give evidence-based recommendations for the use of ONS and TF in geriatric patients. It was developed by an interdisciplinary expert group in accordance with officially accepted standards and is based on all

**Abbreviations:** ADL, activities of daily living; BCM, body cell mass; BMI, body-mass index; CI, confidence interval; EN, enteral nutrition; FFM, fat-free mass; IADL, instrumental activities of daily living; MAC, mid-arm circumference; MAMC, mid-arm muscle circumference; NGT, nasogastric tube; ONS, oral nutritional supplement; OR, odds ratio; PEG, percutaneous endoscopic gastrostomy; RR, relative risk; SD, standard deviation; TF, tube feeding; TSF, triceps skin fold

<sup>☆</sup>For further information on methodology see Schütz et al.<sup>173</sup> For further information on definition of terms see Lochs et al.<sup>174</sup>

\*Corresponding author. Tel.: +49 9131 7782 31; fax: +49 9131 7782 86.

E-mail address: [d.volkert@nutricia.com](mailto:d.volkert@nutricia.com) (D. Volkert).

<sup>1</sup>Dorothee Volkert had been employed at the Department of Nutrition Science, University of Bonn, until May 31, 2005; she was not industry employed during the development of the guidelines.

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Enteral nutrition;  
Oral nutritional  
supplements;  
Tube feeding;  
Geriatric patients;  
Undernutrition;  
Malnutrition;  
Elderly;  
Aged-80-and-over

relevant publications since 1985. The guideline was discussed and accepted in a consensus conference.

EN by means of ONS is recommended for geriatric patients at nutritional risk, in case of multimorbidity and frailty, and following orthopaedic-surgical procedures. In elderly people at risk of undernutrition ONS improve nutritional status and reduce mortality. After orthopaedic-surgery ONS reduce unfavourable outcome. TF is clearly indicated in patients with neurologic dysphagia. In contrast, TF is not indicated in final disease states, including final dementia, and in order to facilitate patient care. Altogether, it is strongly recommended not to wait until severe undernutrition has developed, but to start EN therapy early, as soon as a nutritional risk becomes apparent.

The full version of this article is available at [www.espen.org](http://www.espen.org).

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### Summary of statements: Geriatrics

Subject	Recommendations	Grade <sup>173</sup>	Number
Indications	In patients who are <b>undernourished or at risk of undernutrition</b> use oral nutritional supplementation to increase energy, protein and micronutrient intake, maintain or improve nutritional status, and improve survival.	A	2.1
	<b>In frail elderly</b> use oral nutritional supplements (ONS) to improve or maintain nutritional status.	A	2.2
	<b>Frail elderly</b> may benefit from TF as long as their general condition is stable (not in terminal phases of illness).	B	2.2
	In geriatric patients with <b>severe neurological dysphagia</b> use enteral nutrition (EN) to ensure energy and nutrient supply and, thus, to maintain or improve nutritional status.	A	2.3
	In geriatric patients <b>after hip fracture and orthopaedic surgery</b> use ONS to reduce complications.	A	2.4
	In <b>depression</b> use EN to overcome the phase of severe anorexia and loss of motivation.	C	2.6
	In <b>demented patients</b> ONS or tube feeding (TF) may lead to an improvement of nutritional status.		2.7
	In <b>early and moderate dementia</b> consider ONS—and occasionally TF—to ensure adequate energy and nutrient supply and to prevent undernutrition.	C	2.7
	In patients with <b>terminal dementia</b> , tube feeding is not recommended.	C	2.7
	In patients with dysphagia the <b>prevention of aspiration pneumonia</b> with TF is not proven.		2.9
	ONS, particularly with high protein content, can reduce the risk of <b>developing pressure ulcers</b> .	A	2.10
	Based on positive clinical experience, EN is also recommended in order to improve <b>healing of pressure ulcers</b> .	C	2.10

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