Upcoming ESPEN Guidelines

Nutritional support in neurology

R. Burgos (ES)
ESPEN GUIDELINE ON CLINICAL NUTRITION IN NEUROLOGY

Dr. Rosa Burgos
On behalf of ESPEN Guideline Development Group
ESPEN GUIDELINES ON CLINICAL NUTRITION IN NEUROLOGY
GUIDELINE DEVELOPMENT GROUP

• Chairperson: Rosa Burgos

• Members of the GDG:
  Irene Bretón, Emanuele Cereda, Jean Claude Desport, Rainer Dziewas,
  Laurence Genton, Filomena Gomes, Pierre Jésus, Andreas Leischker,
  Maurizio Muscaritoli, Kalliopi-Anna Poulia, Jean Charles Preiser,
  Marjolein Van der Marck, Rainer Wirth.

• ESPEN Guideline Editorial Board: Stephan Bischoff, Pierre Singer P.
Invited editorial

ESPEN disease-specific guideline framework

Jean-Charles Preiser
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Stéphane M. Schneider
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ESPEN GUIDELINES ON NUTRITION SUPPORT IN NEURODEGENERATIVE DISORDERS (NON-DEMENTIA)
ESPEN GUIDELINES ON NUTRITION IN NEURODEGENERATIVE DISORDERS
RELEVANT ISSUES TO BE ADDRESSED IN THE GUIDELINES ON NUTRITION IN NEURODEGENERATIVE DISORDERS

1. Nutritional support in neuromuscular disorders (with special attention to Amyotrophic Lateral Sclerosis).

2. Nutritional support in extrapyramidal (Parkinson’s Disease) and movement disorders.

3. Nutritional support in demyelinating diseases (with special attention to Multiple Sclerosis, MS)

4. Global issues for oropharyngeal dysphagia in patients with neurodegenerative disease

5. Ethical issues
Editorial

Standard operating procedures for ESPEN guidelines and consensus papers

Stephan C Bischof, Pierre Singer, Michael Koller, Rocco Barazzoni, Tommy Cederholm, Andrè Van Gossum
1. Change the scope of the GL to Neurology, including not only neurodegenerative disorders.

2. Ethical issues addressed in a specific GL: deleted.

✓ We decide:
  ✓ To include Stroke
  ✓ To incorporate to the GDG experts to do this

✓ ESSD decided to leave the project in January 2016
ESPEN GUIDELINE ON CLINICAL NUTRITION IN NEUROLOGY

• 4 big topics:
  – Amyotrophic lateral sclerosis
  – Multiple sclerosis
  – Parkinson’s disease
  – Stroke
  – Oropharyngeal dysphagia

• For each topic, we asked for a relevant clinical questions that generate doubts, debate or areas or uncertainty.
• 41 specific clinical questions.

• After the literature search, evaluation and grading of the evidence, the GDG drafted a total of 88 recommendations.

• The draft was send to the ESPEN members via email in a first Delphi round in July 2016.

• We received
  – strong consensus (agreement of > 90 %) in 91.8 % of recommendations.
  – consensus (agreement of 75-90 %) in 8.1 % of recommendations.
  – None of the recommendations reached an agreement lower than 75 %.
The recommendations with an agreement lower than 90% were discussed in an ESPEN guidelines consensus conference, on September 18th during ESPEN Congress 2016 in Copenhagen.

After the voting, all the selected recommendations were discussed; modifications were included, and reached a consensus.

The manuscript was finally reviewed and align with the recent ESPEN Guidelines on definitions and terminology in clinical nutrition.
1. Amyotrophic Lateral Sclerosis (ALS)
AMYOTROPHIC LATERAL SCLEROSIS. CLINICAL QUESTIONS

- Nutritional status a prognostic factor for survival in ALS patients.
- Nutritional requirements in ALS patients.
- Prevalence and natural history of oropharyngeal dysphagia in ALS. When and how to screen.
- Treatment of OFD in ALS patients.
- Role of ONS or EN in survival.
- Gastrostomy. Which is the best timing? Which method?
- Role of PN
2. Parkinson’s Disease (PD)
PARKINSON’S DISEASE

- Nutritional requirements of PD patients
- When and how to screen for dysphagia?
- Dysphagia assessment
- Role of pharmacological treatment of PD on dysphagia
- Side effects of antiparkinsonian drugs that influence nutritional status
- Treatment of dysphagia in PD patients
- Role of protein redistribution and/or low protein diet in PD patients on levodopa treatment
- Medical nutrition therapy on QoL and survival in PD patients.
3. Multiple Sclerosis (MS)
MULTIPLE SCLEROSIS

- Is there a role for a dietary prevention of MS?

- Can medical nutrition therapy decrease the rate and severity of relapses in MS patients?

- Does medical nutrition therapy improve nutritional status and/or survival in MS patients?

- Screening and treatment of dysphagia in MS patients.
4. Stroke
STROKE

- Screening of dysphagia.
- Nutritional screening.
- Individual dietetic counselling
- ONS
- Texture modified foods
- Enteral feeding

EN: nasogastric tube vs gastrostomy on morbidity or other outcomes in acute stroke patients.
OROPHARYNGEAL DYSPHAGIA. ADDITIONAL ASPECTS.

• Food texture and liquid viscosity modification in the treatment of oropharyngeal dysphagia.

• Exercises and maneuvers to rehabilitate oropharyngeal dysphagia.

• Neurostimulation treatment approaches.

• Pharmacological treatment for oropharyngeal dysphagia.
FINAL RECOMMENDATIONS

• 4 recommendations with grade A
• 31 recommendations with grade B
• 9 recommendations with grade 0
• 44 recommendations GPP
THANK YOU FOR YOUR ATTENTION