Session: Nutritional Guidelines: ESPEN and other Societies

German Society of Parenteral and Enteral Nutrition: Recommandations for Enteral Nutrition Except ICU

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DGEM Guidelines
Enteral Nutrition

- Nutritional Status
- Basics of enteral Nutrition
- Ethics, Legal
- Intensive Care Medicine
- Surgery, Transplantation
- Oncology

- Gastroenterology
- Hepatology
- Nephrology
- Diabetes
- Cardiology/Pulmonology
- HIV/Wasting
- Geriatrics/Neurology

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Preoperative Nutrition

• In malnourished patients preoperative nutrition is indicated even if that leads to delay of the operation (A)
• Enteral Nutrition is preferable vs. Parenteral nutrition (C)
• Preoperative immunonutrition for 5 – 7 days is recommended for malnourished cancer patients (A)
**Postoperative Nutrition**

**When to begin?**

- Routine postoperative starvation is not necessary (A)
- Early postoperative nutrition reduces p.o. complications (IIa)
- After anastomosis in the upper GI tract, enteral nutrition should be started via a tube distal of the anastomosis (A)
- After anastomosis in the colon or rectum, oral nutrition can be started on the first p.o. day (A)
Enteral Nutrition – Outcome
Lewis et. al, BMJ 2001

Postoperative Nutrition
enteral vs. parenteral

Bozetti et. al. Lancet 2001

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Patients who prospectively can not eat adequately for more than 7 days should receive enteral nutrition postoperatively without delay even if they are not malnourished (C)
Early enteral nutrition (within 24 hours p.o.) is advisable after:
1. Big oropharyngeal or abdominal operations
2. In polytrauma (A)
3. These patients should receive immunmodulating diet. A start with 5 – 10 ml/h is adequate. (A)

Malnutrition correlates with a worse prognosis after liver transplantation.

Sip feeding or tube feeding is therefore indicated in malnourished patients while on the waiting list for LTX (C).

Malnutrition and Liver Transplantation
Prognostic Role

Enteral Nutrition Transplantation

- Oral nutrition should be started after heart, lung and kidney transplantation without complications (C)
- Enteral Nutrition should be started within 24 h after liver and pancreas transplantation (C)

DGEM Guidelines
Enterale Nutrition - Gastroenterology

AG: H. Lübke, R. Meier, H. Lochs
S. Bischoff, N. Engelmann, P. Thul, C. Löser, V. Keim
Enteral Nutrition
Crohn’s disease - Malnutrition

• Sip feeding and tube feeding in addition to the standard diet improves the nutritional status, and the consequences of malnutrition like growth retardation (A)
Enteral Nutrition
Crohn’s disease- Acute Phase

• Enteral nutrition is effective as therapy of the acute phase, however less than steroids. It is therefore indicated if steroid therapy is not possible (A)
• In malnourished patients a combination of enteral nutrition and steroids is recommended (C)

Enteral Nutrition versus Steroids in CD

Griffith et al, Gastroenterology 1995
Elemental versus Polymeric Diets in CD

Griffith et al, Gastroenterology 1995

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Enteral Nutrition Pancreatitis

- In light and moderate pancreatitis, enteral nutrition is only recommended in malnourished patients (C).
- If the patient is not malnourished and can eat within <7 days, enteral nutrition offers no advantage (A).

Enteral Nutrition Pancreatitis

- Early enteral nutrition (<48 h) improves prognosis in severe pancreatitis (A).
- Continuous tube feeding with an elemental diet is therefore recommended (A).
- If adequate enteral nutrition is not possible (e.g., ileus), low volume jejunal nutrition (10 – 30 ml/h) should be performed in addition to parenteral nutrition (C).
Enteral Nutrition in Crohn’s Disease

Lochs et al, Gastroenterology 1991

Efficacy of different treatments in active Crohn’s disease
Nonresponders
Responders continuing
Responders stopping

Sip feeding in steroid dependent CD
Verma et. al., Gut 2001

Months in remission