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Nutritional Challenges in Feeding the Elderly

The Evidence on How to Feed and Who to Feed

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The evidence on How to Feed, and Who to Feed

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Meta-analysis - oral supplementation

Interventions for treatment of undernutrition

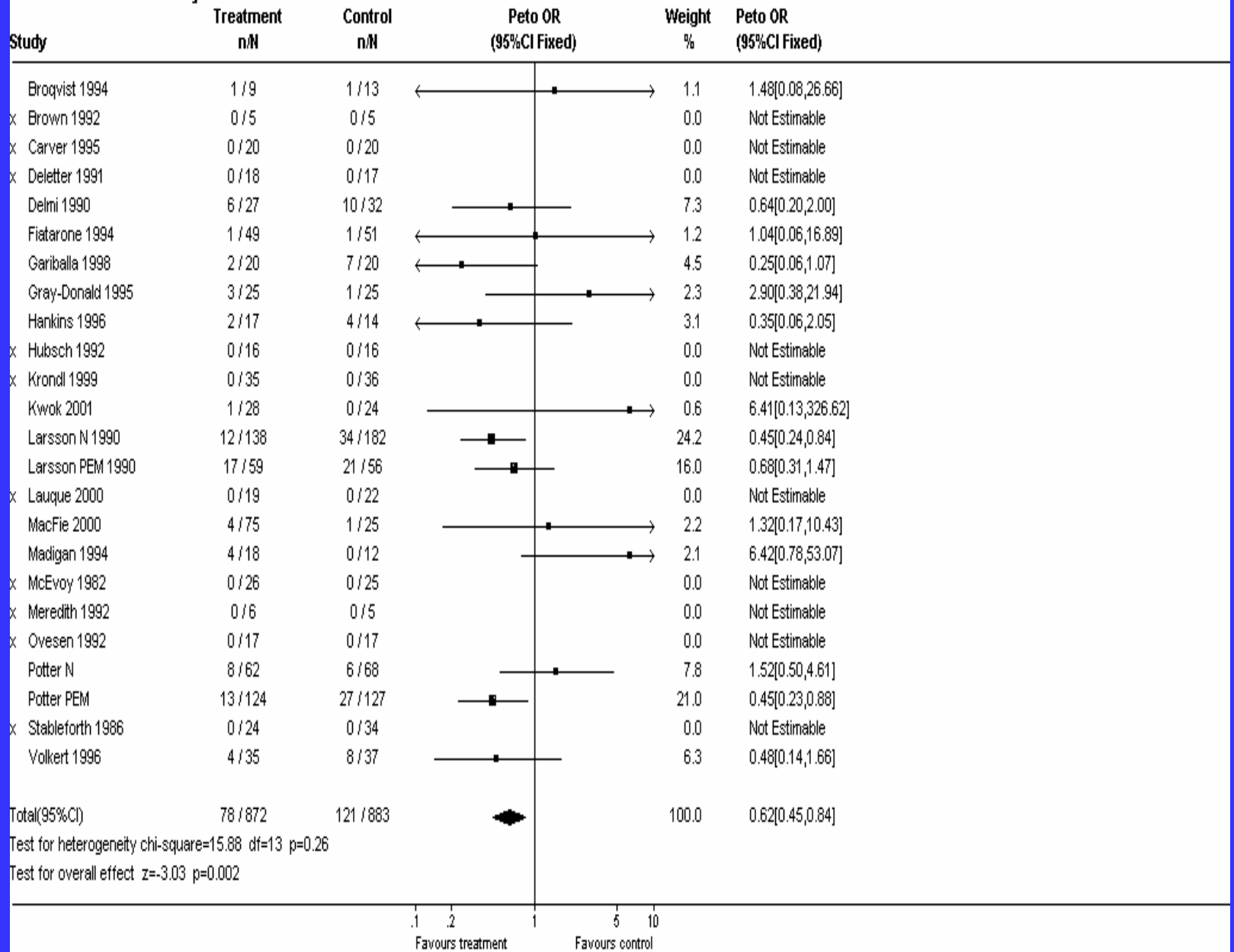
- Undernutrition is very common especially in elderly medical patients
- Nutritional status can deteriorate in up to 70% of patients during hospital stay
- Evidence shows that the problems associated with undernutrition can be reversed by improved nutritional care
- Do we have the evidence to put feeding interventions into clinical practice ?

AIM: To evaluate the evidence supporting nutritional supplementation using a statistical overview technique

- 52 trials identified
- 33 oral(2494), 15(815) NG, 4(373) PEG
- 3682patients
- Does feeding work?
- Can we answer this question for certain groups of patients?

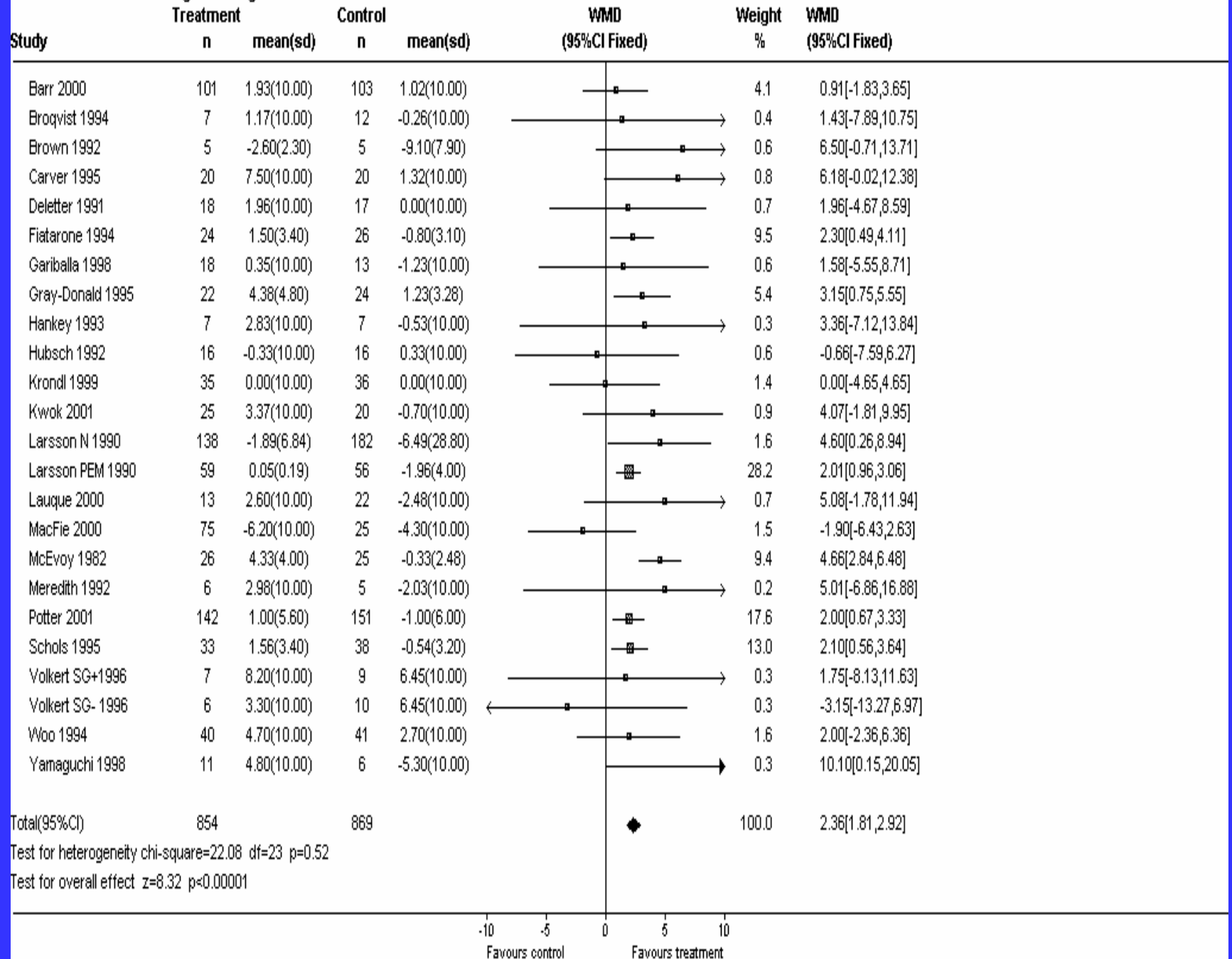
Comparison: 01 Oral protein and energy v routine care

Outcome: 01 Mortality



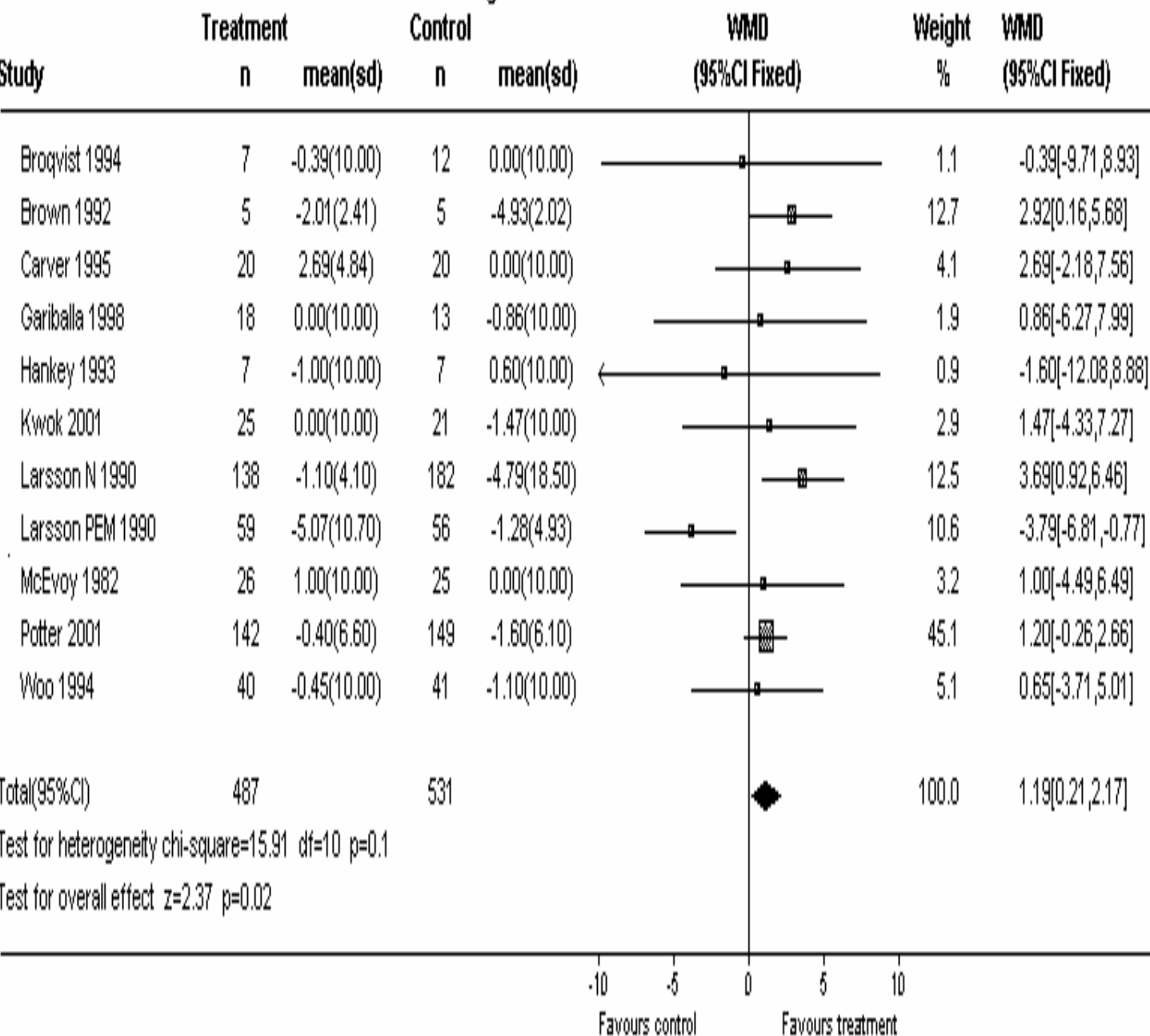
Comparison: 01 Oral protein and energy v routine care

Outcome: 02 % Weight change

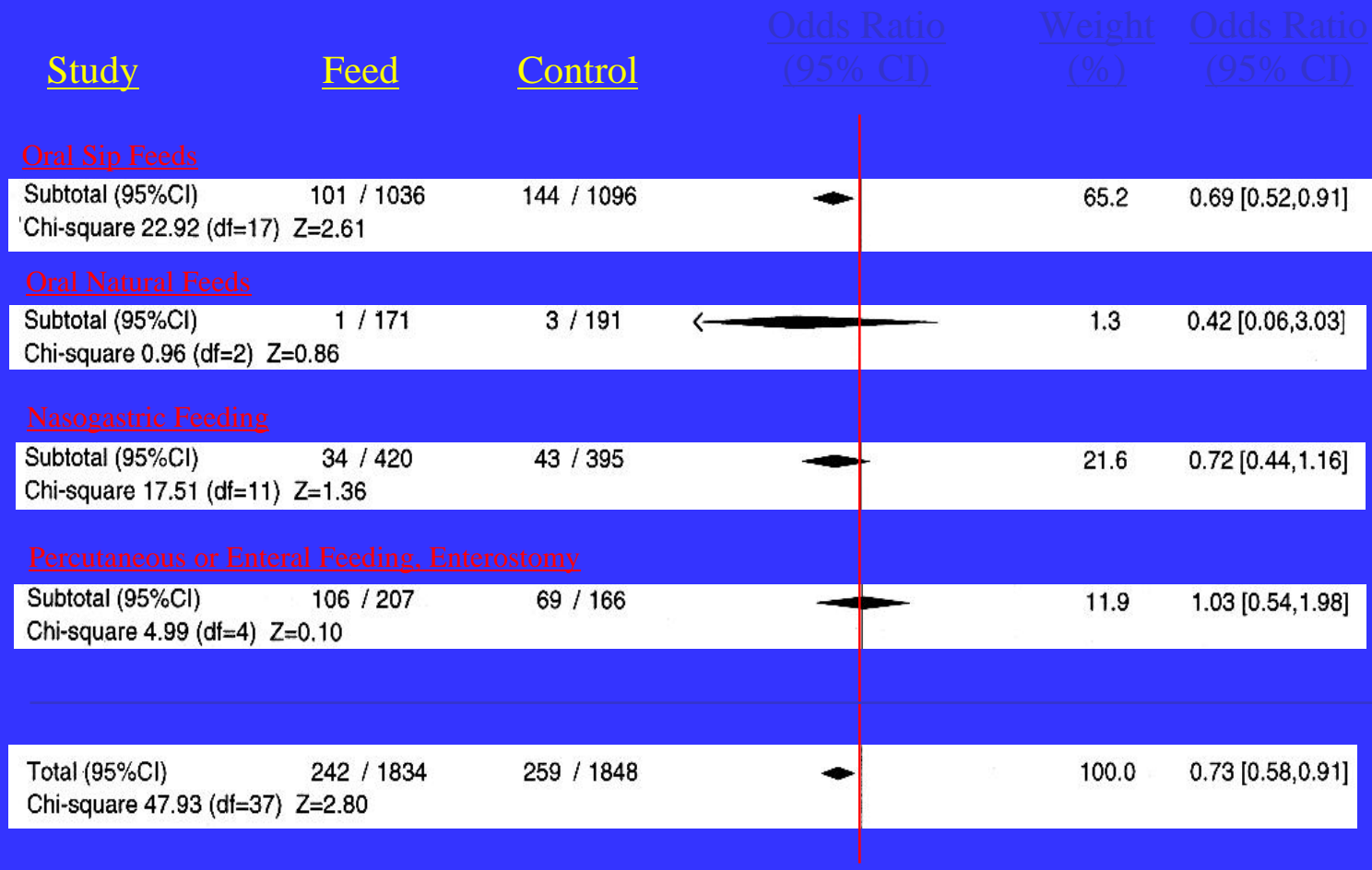


Comparison: 01 Oral protein and energy v routine care

Outcome: 03 % Arm Muscle Circumference change



All Forms of Feeding to 2000



←
→

Favours Feeding
Favours Control

Conclusions

- Oral Supplementation improves mortality and nutritional status in unwell elderly patients with a variety of pathologies
- There is a limited evidence base to allow comment on other outcomes
- Nasogastric Feeding is of uncertain benefit
- Very little evidence for PEG feeding and no suggestion of benefit or harm at present

Key References

- McWhirter,JP, Pennington,CR. Incidence and recognition of malnutrition in hospital. BMJ 1994; 308:945 – 949.
- Milne AC, Potter J, Avenell A. Protein and energy supplementation in elderly people at risk from malnutrition. Cochrane Library, Issue 1, 2002.
- Avenell,A. et al. Nutritional supplementation for hip fracture aftercare in the elderly. The Cochrane Library, Issue 1,2000.