

International Conference on

DEMENTIA AND DEMENTIA CARE

August 20-21, 2018 | Singapore City, Singapore

Home enteral nutrition in elderly with severe dementia

Paolo Orlandoni, Nikolina Jukic Peladic, Mirco di Rosa, Claudia Venturini, Claudia Cola, Debora Sparvoli, Natascia Giorgini, Redenta Basile and Donata Fagnani

Regional Reference Centre for Home Artificial Nutrition, Italy

Rationale: There is a still open debate within the scientific community about the advisability of artificial nutrition (AN) by Percutaneous Endoscopic Gastrostomy (PEG) in elderly patients (pts) with advanced dementia (D). It is argued that AN does not improve the outcomes of these pts when compared to orally fed pts. In Italy, the AN is administered only when pts cannot be fed by mouth. Therefore, we compared the outcomes of pts with D, who were tube fed by PEG and by nasogastric tube (NGT), with the outcomes of non demented (ND) tube fed pts.

Methods: We performed a retrospective observational study on 585 pts ($85,6 \pm 6,9$ years), treated with Home Enteral Nutrition (HEN) from 2010 to 2015 by Clinical Nutrition Unit of an Italian research geriatric hospital (INRCA, Ancona). Incidence rates of mechanical, gastrointestinal and metabolic complications and survival - were compared between pts with severe D and ND pts. The mortality risk factors were evaluated by Cox proportional hazards model.

Results: The incidence rates of complications did not differ between D and ND pts (mechanical: 1,35/ 1000 days in ND vs. 1,45/1000 days in D ($p=0,270$), gastrointestinal: 1,30/1000 days in ND vs. 1,35/1000 days in D ($p=0,984$), metabolic: 0,36/1000 days in ND vs. 0,35/1000 days in D ($p=0,252$). Neither the median survival differed significantly between D and ND (193 days in ND vs. 192 days in D, ($p>0.05$). Female gender, advanced age, NGT, Diabetes Mellitus and Chronic Renal failure were identified as survival risk factors, high values of Geriatric Nutritional Risk Index as a protective factor.

Conclusions: Given that there are no significant differences in complications of the HEN therapy and survival among D and ND pts, the AN shouldn't be contraindicated a priori in pts with severe D. Regular follow up is mandatory to guarantee the adherence of the therapy to its initial aims and to assure that a principle of beneficence and non-maleficence is respected.

p.orlandoni@inrca.it