



Physicians

Tube Feed or Not Tube Feed?

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Tube feeding as a means to prevent aspiration pneumonia...

- No study has demonstrated a reduction in the incidence of pneumonia through tube feeding.
- No randomized control studies have been published. Three retrospective cohort studies comparing patients with and without tube feeding demonstrated no advantage to tube feeding for this purpose.
- Swallowing studies, such a video fluoroscopy, lack both sensitivity and specificity in predicting who will develop aspiration pneumonia. Croghan's (1994) study of 22 patients undergoing video fluoroscopy demonstrated a sensitivity of 65% and specificity of 67% in predicting who would develop aspiration pneumonia within one year. In this study, no reduction in the incidence of pneumonia was demonstrated in those tube fed.
- Swallowing studies may be helpful in providing guidance regarding swallowing techniques for populations amenable to instruction.
- Numerous observational studies have been published, demonstrating a high incidence of aspiration pneumonia in those who have been tube fed.

Tube feeding to prolong life via caloric support...

- Data is strongest for patients with reversible illness in a catabolic state (such as acute sepsis).
- Data is weakest in advanced cancer. No improvement in survival has been found (few exceptions noted below).
- Non-randomized, retrospective studies have found no survival advantage in patients with dementia.
- Tube feeding may be life-prolonging in select circumstances:
 - Patients with proximal obstruction and a high functional status
 - Patients receiving chemotherapy/XRT involving the proximal GI tract
 - Certain patients with AIDS and wasting syndromes

Tube feeding to enhance quality of life/reduce suffering ...

- Where true hunger and thirst exist, quality of life may be enhanced (such as in very proximal GI obstruction).
- Most actively dying patients do NOT experience hunger or thirst (although dry mouth is a common problem).
- Dry mouth is not improved by tube feeding (or IV hydration.).
- A recent literature review using palliative care and enteral nutrition, as search terms found no studies demonstrating improved quality of life through tube feeding. (Limited to a few observational studies.)
- Tube feeding may adversely affect quality of life through increased need for physical restraints, infections, pain, indignity cost and the denial of the pleasure of eating.

Summary

Tube feeding should always be considered relative to patient goals. Physicians should be prepared to discuss tube feeding as an option bearing in mind what evidence (or lack thereof) exists that tube feeding will help reach such goals.

References: Weissman, D. Fast Fact and Concepts #10: Tube Feed or Not Tube Feed? June, 2000. End-of-Life Physician Education Resource Center. www.eperc.mcw.edu.