



## **A multi-centre, single arm study to evaluate the gastrointestinal tolerance and compliance of a high energy adult enteral tube feed with food derived ingredients**

Samantha Ogundere,<sup>1</sup> Amy Carter,<sup>2</sup> Adrian Gilson,<sup>3</sup> Hannah Meanwell,<sup>4</sup> Martha Van der Linde,<sup>5</sup> and Sharan Saduera<sup>6</sup>

<sup>1</sup>Lewisham and Greenwich NHS Trust, Nutrition and Dietetic Department, London, SE146LD, United Kingdom.

<sup>2</sup>Dietetics TheWalton Centre NHS Foundation Trust, Liverpool, L97LJ, United Kingdom.

<sup>3</sup>Dietetics Newham University Hospital, Newham, London, E138SL, United Kingdom.

<sup>4</sup>Dietetics Nottinghamshire Home Enteral Feeding Team, Nottingham, NG51PB, United Kingdom.

<sup>5</sup>Dietetics Herefordshire and Worcestershire Health and Care NHS Trust, Worcester, WR51JR, United Kingdom.

<sup>6</sup>Medical Affairs, Nestlé Health Science, Crawley, RH109AD, United Kingdom.

Home-made food via a feeding tube is becoming increasingly common. Adult studies have shown benefits of using a commercial formula with food-derived ingredients (FDI): significantly lower rates of constipation, nausea, and vomiting ( $P < 0.05$ )<sup>1</sup>. A prospective, multi-centre study assessed gastro-intestinal tolerance and compliance of an enteral formula with 19% of FDI (Compleat 1.5 HP Nestlé Health Science) in children and adults. Ethical approval granted by UK Research Ethics Committee and Health Regulation Authority (IRAS ID 324749, Ref: 23/YH/0036). All participants under the care of a dietitian switched to the new enteral formula for 14 days. Demographic, medical data were obtained; gastrointestinal symptoms; diarrhoea, constipation, bloating, distension, nausea, vomiting, flatulence, abdominal pain documented as “none”, “mild”, “moderate” or “severe” symptoms. Feed volume recorded as suggested volume versus actual over 7 days. On day 14 dietitians completed a satisfaction questionnaire. 15/18 participants completed 7 days. Those who did not completed one reported on-going clinical presentation of vomiting, one had mild abdominal pain, bloating wind and gas and one developed a rash which was not feed related. Majority of the participants had neurological condition and were male. Average volume consumed 975 mL, prescribed 989 mL (98% compliance), age 46 years, weight 60 kg, height 1.54 meters, BMI 25.3 kg/m<sup>2</sup>. Twelve dietitians completed the satisfaction questionnaire. Fifty eight percent (7/12) reported no change to symptoms with new tube feed but still satisfied, 33% (4/12) slight to significant improvement in symptoms. One participant reported positive impact on stool colour from green to brown, one less bloated and experienced stable bowel management. One reported resolution of constipation, one observed a move towards more “formed” stools: diarrhoea x 7 per week to diarrhoea x 2 per week. One parent felt his son slept much deeper on new tube feed and one saw less use of laxatives. The feed was well tolerated by majority of patients with five participants reporting improvements. (Research funding supported by Nestlé Health Science, Crawley, United Kingdom) 1. Steel et al. Understanding the use and tolerance of a pediatric and an adult commercial blenderized enteral formula through real-world data. *Nutr. Clin. Pract.* 2023;38:449–457