CAN AN ENTERAL TUBE FEED CONTAINING FOOD-DERIVED INGREDIENTS IMPROVE SYMPTOMS OF NAUSEA, VOMITING AND POOR STOOL QUALITY?

PATIËNT Z

29-year-old female with a history of loose stools, nausea and vomiting

- Past medical history of osteoarthritis, Crohn's disease, coeliac disease, dermatitis, pancytopenia, hypermobility syndrome and depression

PRESENTATION:

- Admitted to hospital following an adverse reaction to medication
- Reported ongoing food intolerance and reduced oral intake
- No evidence of dysphagia
- Unable to meet full nutritional requirements orally

Discharged on small amounts of oral diet and fluids alongside nasogastric tube feeding.

NUTRITION:

- Receiving 1.5 kcal/ml peptide-based enteral tube feed
- Over several weeks progressive loss of tolerance for oral intake and marked reduction in enteral feed tolerance

An urgent medical review of Patient Z was requested:

Initial review:

Patient Z was losing a significant amount of weight and was experiencing worsening GI symptoms

- Presented with 15% weight loss and a low BMI and was now underweight
- Vomiting numerous times a day
- Stools were offensive, light coloured and greasy

Switch to Compleat® Nature Mix 1.5 Protein:

Small but non-significant weight gain and less frequent stools that continued to be offensive Patient X continued to be agitated and distressed

Switching to an enteral tube feed containing food-derived ingredients improved Patient Z's symptom management and helped her meet her nutritional requirements

Outcome: 7-days after switch to Compleat® Nature Mix 1.5 Protein

Improved stool consistency and GI symptoms

- Stool consistency significantly improved
- Nausea and vomiting significantly reduced

Improved quality of life

Vomiting reduced from 5-6 times per day to 3-4 times per week, significantly improving her quality of life and wellbeing

Allowed for increased oral intake

Received 500ml of Compleat® Nature Mix 1.5 Protein per day. Although this did not meet her full nutritional requirements, it played an important role in enabling Patient Z to slowly build up her oral intake and minimise her risk of refeeding syndrome

All appropriate consent and permission were gained prior to both assessing of the patients and writing these case studies. Where appropriate, consent was gained in the best interest of the patient and all ethical standards have been maintained in the process. The images shown are for illustratieve purpose only are not of actual patients. The images shown are for illustratieve purpose only are not of actual patients. • Nutrition for medical use. To be used under medical supervision. For healthcare professionals only • **Abbreviations: BMI, body mass index; CPD, continuing professional development; FOS, Fructooligosaccharides; GI, gastrointestinal; HCP, healthcare professional; PEG, percutaneous endoscopic gastrostomy; TBI, traumatic brain injury** • **References**: 1.Ogundere S, Carter A, Gilson A, Meanwell H, Van der Linde M, Saduera S. S22: A multi-centre, single arm study to evaluate the gastro-intestinal tolerance and compliance of a high energy adult enteral tube feed with food derived ingredients. Appl Physiol Nutr Metab. 2024;49:S1-S79. 2. Oft, H. C., Simon, D. W., Sun, D. (2024). New insights into metabolism dysregulation after TBI. Journal of Neuroinflammation. 2024;21:184.

Nestlé HealthScience
Compleat®