

# Nutrition and Hydration Current Awareness Bulletin

November 2019

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**Title: Impaired oral health status on admission is associated with poor clinical outcomes in post-acute inpatients: A prospective cohort study.**

**Citation:** Clinical Nutrition; Dec 2019; vol. 38 (no. 6); p. 2677-2683

**Author(s):** Shiraishi, Ai; Yoshimura, Yoshihiro; Wakabayashi, Hidetaka; Tsuji, Yuri; Shimazu, Sayuri; Jeong, Seungwon

**Abstract:** Oral health is an integral part of nutrition and rehabilitation. The purpose of this study was to investigate the impact of impaired oral health status on clinical and functional outcomes in post-acute in-hospital rehabilitation. We conducted a prospective cohort study of hospitalized patients undergoing rehabilitation at a 225-bed post-acute rehabilitation hospital in Japan. All newly admitted patients were eligible to enroll during the two-year research period. Oral health status was evaluated on admission using the Revised Oral Assessment Guide (ROAG). Nutritional status, assessed using the Mini Nutritional Assessment-Short Form; activities of daily living, assessed by Functional Independence Measure motor scores; home discharge; all-cause in-hospital mortality; and length of hospital stay were measured as clinical and rehabilitation outcomes. Multivariate analyses were used to determine whether the ROAG score on admission was associated with these outcomes at discharge. Of the 1066 patients enrolled, 1056 were included in the final analysis. The mean age was  $70 \pm 17$  years. Fifty-two percent of patients were women. Stroke (21.7%) and musculoskeletal disorders (30.5%) were the most common reasons for admission. Slight or moderate to severe oral health problems were detected in 609 (57.7%) and 163 (15.4%) patients, respectively. Eighteen patients died during hospitalization. The ROAG score at admission was independently associated with Functional Independence Measure motor scores at discharge ( $P = 0.022$ ), home discharge ( $P = 0.005$ ), in-hospital mortality ( $P = 0.039$ ), and length of hospital stay ( $P = 0.045$ ), after adjusting for potential confounders. Impaired oral health status may be associated with rehabilitation outcomes in hospitalized patients. Early detection of oral health problems and treatment by dental professionals, or through cooperation between medical and dental professionals, should be implemented in these patients.

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**Title: Are all low-NUTRIC-score patients the same? Analysis of a multi-center observational study to determine the relationship between nutrition intake and outcome.**

**Citation:** Clinical Nutrition; Dec 2019; vol. 38 (no. 6); p. 2783-2789

**Author(s):** Chourdakis, Michael; Grammatikopoulou, Maria G.; Day, Andrew G.; Bouras, Emmanouil; Heyland, Daren K.

**Abstract:** The NUTrition Risk in the Critically Ill (NUTRIC) scoring system is a tool useful, discriminating critically-ill patients benefiting from optimal nutrition intake (>80% of prescription). Recent recommendations advocate for withholding artificial nutrition among low-NUTRIC patients, however, we hypothesized that some low-NUTRIC patients would show an association between nutrition intake and outcome. Patients were selected from the 2013–2014 International Nutrition Surveys when ICU length of stay (LICU)  $\geq 72$  h, baseline mNUTRIC score  $\leq 4$  and had at least three evaluable nutrition days ( $N = 2781$ ). Proportion of prescription received during evaluable days was associated to 60-day hospital mortality by a logistic regression modelling. A priori, we expected that the association between proportion of prescription received and mortality might differ according to: LICU, BMI and prior unintentional weight loss or reduced oral intake. A total of 2781 patients fulfilled the inclusion criteria and participated in the study. Ten percent of the sample had a BMI  $< 20$  kg/m<sup>2</sup> and

20% experienced either unintentional weight loss during the last 3 months, or reduced food intake over the last week. Sixty-day hospital mortality was 15% and median LICU reached 11.3 [6.3–21.7] days. Mean total prescription received by any means of nutritional support during the first 12 evaluable days was 57.4 ± 28.1% for energy and 53.7 ± 29.2% for protein. In the pooled, subgroup and sensitivity analyses, no significant associations were identified. Low-NUTRIC (≤4) patients demonstrate a prolonged LICU, while experiencing significant mortality and a high prevalence of malnutrition risk factors. Although improvements in mortality were not achieved with increased nutritional intake, this should not be construed as a rationale for withholding artificial nutrition among this patient group.

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**Title: The effect of volunteers' care and support on the health outcomes of older adults in acute care: A systematic scoping review.**

**Citation:** Journal of Clinical Nursing (John Wiley & Sons, Inc.); Dec 2019; vol. 28 (no. 23/24); p. 4236-4249

**Author(s):** Saunders, Rosemary; Seaman, Karla; Graham, Renée; Christiansen, Angela

**Aim:** To examine the available evidence on the effects of care and support provided by volunteers on the health outcomes of older adults in acute care services.

**Background:** Acute hospital inpatient populations are becoming older, and this presents the potential for poorer health outcomes. Factors such as chronic health conditions, polypharmacy and cognitive and functional decline are associated with increased risk of health care-related harm, such as falls, delirium and poor nutrition. To minimise the risk of health care-related harm, volunteer programmes to support patient care have been established in many hospitals worldwide.

**Design:** A systematic scoping review.

**Methods:** The review followed the PRISMA Extension for Scoping Reviews (PRISMA-ScR) (File S1). Nine databases were searched (CINAHL, MEDLINE, EMBASE, Cochrane, Scopus, Web of Science, PubMed, ScienceDirect and JBI) using the following key terms: 'hospital', 'volunteer', 'sitter', 'acute care', 'older adults', 'confusion', 'dementia' and 'frail'. The search was limited to papers written in English and published from 2002–2017. Inclusion criteria were studies involving the use of hospital volunteers in the care or support of older adult patients aged ≥ 65 years, or ≥ 50 years for Indigenous peoples, with chronic health conditions, cognitive impairment and/or physical decline or frailty, within the acute inpatient settings.

**Results:** Of the 199 articles identified, 17 articles that met the inclusion criteria were critically appraised for quality, and 12 articles were included in the final review.

**Conclusions:** There is evidence that the provision of volunteer care and support with eating and drinking, mobilising and therapeutic activities can impact positively upon patient health outcomes related to nutrition, falls and delirium. Further robust research is needed to determine the impact of volunteers in acute care and the specific care activities that can contribute to the best outcomes for older adults. Relevance to clinical practice: Volunteers can play a valuable role in supporting care delivery by nurses and other health professionals in acute care services, and their contribution can improve health outcomes for older adults in this setting.

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**Title: Predictive and concurrent validity of the Malnutrition Universal Screening Tool using mid-upper arm circumference instead of body mass index.**

**Source:** Journal of Human Nutrition & Dietetics; Dec 2019; vol. 32 (no. 6); p. 775-780

**Author(s):** Gottschall, C.; Tarnowski, M.; Machado, P.; Raupp, D.; Marcadenti, A.; Rabito, E. I.; Silva, F. M.

**Background:** Considering the difficulty in obtaining weight and height measurements of patients at hospital admission, the Malnutrition Universal Screening Tool (MUST) proposes the use of mid-upper arm circumference (MUAC) instead of body mass index (BMI) as an alternative for screening of malnutrition risk. The present study aimed to evaluate the performance of MUST with MUAC in place of BMI to identify nutritional risk and predict prolonged hospitalisation and mortality in hospitalised patients.

**Methods:** The prospective cohort study involved ambulant patients aged  $\geq 18$  years who were admitted to the emergency department of a public hospital. A questionnaire concerning clinical and socio-demographic data was applied and anthropometric measurements were performed (weight, height, BMI and MUAC). Nutritional risk screening was performed using the original MUST (BMI) and MUST-MUAC tools. The outcomes were length of hospital stay and death.

**Results:** Seven hundred and fifty-two patients were included and followed-up for 13.5 (interquartile range 3.00–19.00) days. The frequency of patients at nutritional risk was higher according to MUST-MUAC (48.9%) compared to the original MUST (37.1%). MUST-MUAC showed concurrent validity, demonstrating good agreement with the original MUST ( $k = 0.690$ ), high sensitivity (95.3%) and accuracy (area under the curve = 0.868; 95% confidence interval = 0.841–0.895) with respect to identifying nutritional risk. The presence of nutritional risk detected by the MUST-MUAC increased the chance of prolonged hospital stay by 1.9 (95% CI. 1.4–2.7)-fold and mortality by 3.2 (95% CI. 1.1–9.4)-fold.

**Conclusions:** MUST-MUAC showed satisfactory concurrent and predictive validity. Considering that MUAC measurement is easier to perform than BMI, the MUST-MUAC should be used for screening of nutritional risk in hospitalised patients.

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**Title: Mediterranean diet adherence and cognitive function in older UK adults: the European Prospective Investigation into Cancer and Nutrition–Norfolk (EPIC-Norfolk) Study.**

**Citation:** American Journal of Clinical Nutrition; Oct 2019; vol. 110 (no. 4); p. 938-948

**Author(s):** Shannon, Oliver M; Stephan, Blossom C M; Granic, Antoneta; Lentjes, Marleen; Hayat, Shabina; Mulligan, Angela; Brayne, Carol; Khaw, Kay-Tee; Bundy, Rafe; Aldred, Sarah; Hornberger, Michael; Paddick, Stella-Maria; Muniz-Tererra, Graciela; Minihane, Anne-Marie; Mathers, John C; Siervo, Mario

**Background:** In Mediterranean countries, adherence to a traditional Mediterranean dietary pattern (MedDiet) is associated with better cognitive function and reduced dementia risk. It is unclear if similar benefits exist in non-Mediterranean regions.

**Objectives:** The aims of this study were to examine associations between MedDiet adherence and cognitive function in an older UK population and to investigate whether associations differed between individuals with high compared with low cardiovascular disease (CVD) risk.

**Methods:** We conducted an analysis in 8009 older individuals with dietary data at Health Check 1 (1993–1997) and cognitive function data at Health Check 3 (2006–2011) of the European Prospective Investigation into Cancer and Nutrition–Norfolk (EPIC-Norfolk). Associations were explored between MedDiet adherence and global and domain-specific cognitive test scores and risk of poor cognitive performance in the entire cohort, and when stratified according to CVD risk status.

**Results:** Higher MedDiet adherence defined by the Pyramid MedDiet score was associated with better global cognition ( $\beta \pm SE = -0.012 \pm 0.002$ ;  $P < 0.001$ ), verbal episodic memory ( $\beta \pm SE = -0.009 \pm 0.002$ ;  $P < 0.001$ ), and simple processing speed ( $\beta \pm SE = -0.002 \pm 0.001$ ;  $P = 0.013$ ). Lower risk of poor verbal episodic memory (OR: 0.784; 95% CI: 0.641, 0.959;  $P = 0.018$ ), complex processing speed (OR: 0.739; 95% CI: 0.601, 0.907;  $P = 0.004$ ), and prospective memory (OR: 0.841; 95% CI: 0.724, 0.977;  $P = 0.023$ ) was also observed for the highest compared with the lowest Pyramid MedDiet tertiles. The effect of a 1-point increase in Pyramid score on global cognitive function was equivalent to 1.7 fewer years of cognitive aging. MedDiet adherence defined by the Mediterranean Diet Adherence Screener (MEDAS) score (mapped through the use of both binary and continuous scoring) showed similar, albeit less consistent, associations. In stratified analyses, associations were evident in individuals at higher CVD risk only ( $P < 0.05$ ).

**Conclusions:** Higher adherence to the MedDiet is associated with better cognitive function and lower risk of poor cognition in older UK adults. This evidence underpins the development of interventions to enhance MedDiet adherence, particularly in individuals at higher CVD risk, aiming to reduce the risk of age-related cognitive decline in non-Mediterranean populations.

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**Title: The quest to improve the quality of hospital food for patients.**

**Citation:** British Journal of Nursing; Oct 2019; vol. 28 (no. 19); p. 1164-1165

**Author(s):** Glasper, Alan

**Abstract:** Emeritus Professor Alan Glasper, from the University of Southampton, discusses an initiative by the Government to review and improve the nutritional quality of hospital food

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**Title: Effective hydration care for older people living in care homes.**

**Citation:** Nursing Times; Oct 2019; vol. 115 (no. 10); p. 54-58

**Author(s):** Bunn, Diane; Jimoh, Oluseyi; Karrouze, Irene; Wyatt, Kate; Hooper, Lee

**Abstract:** Low-intake dehydration is common in older people because of age-related physical, physiological, cognitive and psychological changes, and care home residents are at increased risk. Signs and symptoms commonly used to detect dehydration are ineffective at doing so in care home residents. Low-intake dehydration can only be accurately diagnosed by measuring serum or plasma osmolality, which requires a venous blood sample. Therefore, in the care home setting, preventing low-intake dehydration is key and staff should support residents to drink enough using a range of strategies and a person-centred approach.

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**Title: The Evidence on Feeding Initiation After Percutaneous Endoscopic Gastrostomy Tube Placement.**

**Source:** Gastroenterology Nursing; Sep 2019; vol. 42 (no. 5); p. 420-427

**Author(s):** Shellnutt, Cathleen

**Abstract:** Feeding initiation after percutaneous endoscopic gastrostomy tube insertion might occur anywhere from 4 to 24 hours after insertion in the practice setting. A review and appraisal of the literature reveals that feeding initiation is both safe and prudent within 4 hours of placement. Early feeding initiation allows for medications and nutrition to be given by enteral means earlier, resulting in a cost benefit for facilities and allowing patients to be discharged home or transferred to long-term care sooner. Nursing theory supports early feeding after percutaneous endoscopic gastrostomy tube placement. Early feedings provide patients with relief of their hunger and allow the patients and caregivers to move forward with the next level of care in their recovery.

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**Title: valuating the concurrent validity of body mass index (BMI) in the identification of malnutrition in older hospital inpatients.**

**Citation:** Clinical Nutrition; Oct 2019; vol. 38 (no. 5); p. 2417-2422

**Author(s):** Ng, W.L.; Collins, P.F.; Hickling, D.F.; Bell, J.J.

**Abstract:** Nutrition screening and assessment tools often include body mass index (BMI) as a component in identifying malnutrition risk. However, rising obesity levels will impact on the relevancy and applicability of BMI cut-off points which may require re-evaluation. This study aimed to explore the relationship between commonly applied BMI cut-offs and diagnosed malnutrition. Data (age, gender, BMI and Subjective Global Assessment (SGA) ratings) were analysed for 1152 inpatients aged  $\geq 65$  years across annual malnutrition audits (2011–2015). The receiver operation characteristic (ROC) curve analysed the optimal BMI cut-off for malnutrition and concurrent validity of commonly applied BMI cut-offs in nutritional screening and assessment tools. Malnutrition prevalence was 36.0% ( $n = 372$ ) using SGA criteria (not malnourished, moderate or severe malnutrition). Median age was 78.7 (IQR 72–85) years, median BMI 25.4 (IQR 21.8–29.7) kg/m<sup>2</sup>; 52.1% male and 51.2% overweight/obese. ROC analysis identified an optimal BMI cut-off of  $<26$  kg/m<sup>2</sup>, 80.8% sensitivity and 61.5% specificity (AUC 0.802, 95% CI 0.773, 0.830;  $p < 0.0001$ ). Commonly applied BMI cut-offs (between 18.5 and 23 kg/m<sup>2</sup>) failed to meet the alpha-priori requirement of 80% sensitivity and 60% specificity. However, BMI  $<23$  kg/m<sup>2</sup> had the highest agreement ( $\kappa = 0.458$ ) with malnutrition diagnosed using the SGA. Both malnutrition and overweight/obesity are common in older inpatients. Continuing increases in the prevalence of overweight and obesity will impact on the sensitivity of BMI as a screening component for malnutrition risk. The current study suggests tools developed over a decade ago may need to be revisited in future.

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**Title: Validity of Nutritional Screening Tools for Community-Dwelling Older Adults: A Systematic Review and Meta-Analysis.**

**Citation:** Journal of the American Medical Directors Association; Oct 2019; vol. 20 (no. 10); p. 1351-1351

**Author(s):** Isautier, Jennifer M.J.; Bosnić, Marija; Yeung, Suey S.Y.; Trappenburg, Marijke C.; Meskers, Carel G.M.; Whittaker, Anna C.; Maier, Andrea B.

**Abstract:** The aim of this systematic review was to summarize the validity of nutritional screening tools to detect the risk of malnutrition in community-dwelling older adults. A systematic review and meta-analysis. The protocol for this systematic review was registered in the PROSPERO database (CRD42017072703). A literature search was performed in PubMed, EMBASE, CINAHL, and Cochrane using the combined terms "malnutrition,"

"aged," "community-dwelling," and "screening." The time frame of the literature reviewed was from January 1, 2001, to May 18, 2018. Older community-dwellers were defined as follows: individuals with a mean/median age of >65 years who were community-dwellers or attended hospital outpatient clinics and day hospitals. All nutritional screening tools that were validated in community-dwelling older adults against a reference standard to detect the risk of malnutrition, or with malnutrition, were included. Meta-analyses were performed on the diagnostic accuracy of identified nutritional screening tools validated against the Mini Nutritional Assessment-Long Form (MNA-LF). The symmetric hierarchical summary receiver operating characteristic models were used to estimate test performance. Of 7713 articles, 35 articles were included in the systematic review, and 9 articles were included in the meta-analysis. Seventeen nutritional screening tools and 10 reference standards were identified. The meta-analyses showed average sensitivities and specificities of 0.95 (95% confidence interval [CI] 0.75–0.99) and 0.95 (95% CI 0.85–0.99) for the Mini Nutritional Assessment-Short Form (MNA-SF; cutoff point  $\leq 11$ ), 0.85 (95% CI 0.80–0.89) and 0.87 (95% CI 0.86–0.89) for the MNA-SF-V1 (MNA-SF using body mass index, cutoff point  $\leq 11$ ), 0.85 (95% CI 0.77–0.89) and 0.84 (95% CI 0.79–0.87) for the MNA-SF-V2 (MNA-SF using calf circumference instead of body mass, cutoff point  $\leq 11$ ), respectively, using MNA-LF as the reference standard. The MNA-SF, MNA-SF-V1, and MNA-SF-V2 showed good sensitivity and specificity to detect community-dwelling older adults at risk of malnutrition validated against the MNA-LF. Clinicians should consider the use of the cutoff point  $\leq 11$  on the MNA-SF, MNA-SF-V1, and MNA-SF-V2 to identify community-dwelling older adults at risk of malnutrition.

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**Title: Patient Evaluation of Food Waste in Three Hospitals in Southern Italy.**

**Citation:** International journal of environmental research and public health; Nov 2019; vol. 16 (no. 22)

**Author(s):** Schiavone, Sara; Pelullo, Concetta Paola; Attena, Francesco

**Abstract:** In recent years, food waste has received great attention and is now considered the cause of many negative effects, including health, economic, social and environmental issues. A cross-sectional study was conducted among a sample of 762 inpatients at three hospitals of Campania region in Italy. The purpose of this study was to evaluate the amount of food waste occurring in these hospitals using a structured questionnaire and asking inpatients about the average percentage of food they had disposed of in the previous three days. The overall food wasted amounted to 41.6%. The main plates, first (pasta or rice), second plate (meat or fish), resulted in similar amounts of waste (38.5% and 39.7%, respectively). The side plate (vegetable or potatoes), however, generated the greatest amount of waste (55.0%); 40.7% of patients totally discarded this part of their meals. The type of food wastage among the three hospitals reflected similar patient behaviours, with the amount of food wasted never falling below 30%. Females tended to waste more food than males (59.1% vs. 38.2%;  $p = 0.000$ ). Other variables were correlated with less food waste, such as having a good opinion of the food's quality (RR = 1.91; 95% C.I. = 1.68-2.17) and satisfaction with the foodservice in general (RR = 1.86; 95% C.I. = 1.64-2.10). Poor quality, different eating habits and the feeling of satiety were the main reasons patients gave for food waste. Our study suggests that the most promising way to reduce food waste in hospitals is to improve the quality of meals and to establish an individual, simplified and flexible meal reservation process based on specific needs and preferences.

**Title: Nutritional Status According to the Mini Nutritional Assessment Predicts Speed and Degree of Functional Improvement and Discharge Outcomes in Rehabilitation Patients.**

**Citation:** Journal of nutrition in gerontology and geriatrics; Nov 2019 ; p. 1-14

**Author(s):** Lambert, Kelly; Taylor, Emily; Bowden, Steven; Charlton, Karen

**Abstract:** This retrospective observational study evaluated the association between nutritional status, functional ability and discharge outcomes. Data from 1430 older rehabilitation patients (43% male, median age 79 years, interquartile range: 74-84) were analyzed. One fifth (20.6%, n = 294) of patients were malnourished on admission to rehabilitation. Three important findings were evident. Firstly, nutritional status on admission to rehabilitation was associated with reduced functional, motor, cognitive and feeding scores on admission and discharge (all  $P < 0.05$ ). Secondly, malnutrition at admission was associated with significantly slower gains in rehabilitation. Finally, malnutrition at admission was associated with significantly higher odds of a decline in functional ability during admission (OR 3.95; 95% CI: 2.14-7.27), and almost three times greater odds of additional care requirements on discharge (OR: 2.9 (95% CI: 1.02-8.3). The nutritional status of patients on admission to inpatient rehabilitation is a predictor of both the speed and degree of rehabilitation gains and discharge outcomes.

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**Title: Nutritional experiences in head and neck cancer patients.**

**Citation:** European journal of cancer care; Sep 2019 ; p. e13168

**Author(s):** Sandmael, Jon Arne; Sand, Kari; Bye, Asta; Solheim, Tora Skeidsvoll; Oldervoll, Line; Helvik, Anne-Sofie

**Objective:** Extensive research has documented the negative nutritional impact of head neck cancer (HNC) treatment, but few studies have addressed the patients' experiences. The purpose of this study was to describe how patients with HNC experience the nutritional situation and perceive nutritional support from diagnosis to the post-treatment phase.

**Methods:** Patients with HNC were recruited from a randomised pilot study. Individual interviews were conducted after radiotherapy with 10 participants aged 49 - 70 years and analysed by qualitative content analysis.

**Results:** Undergoing surgery was experienced as a poor nutritional starting point for the upcoming radiotherapy. During radiotherapy, increasing side effects made the participants customise their meals to improve food intake. About halfway through radiotherapy, virtually no food intake was experienced and hospital admissions and initiations of tube-feeding occurred in this period. Oral nutritional supplements were recommended for all, but eventually became unbearable to ingest. When radiotherapy was finally completed, the participants felt discouraged about the persistent side effects preventing them from resume eating. The participants missed tailored information about development of side effects and involvement of a dietitian when reflecting on the treatment-period.

**Conclusion:** The comprehensive nutritional problems experienced by patients with HNC require early nutritional assessments and improved individually tailored nutritional support.



**Title: The patient experience of having a feeding tube during treatment for head and neck cancer: A systematic literature review.**

**Citation:** Clinical nutrition ESPEN; Oct 2019; vol. 33 ; p. 66-85

**Background and Aims:** Patients undergoing treatment for head and neck cancer (HNC) can experience severe weight loss, malnutrition and dehydration which can cause treatment delays. Enteral feeding can reduce the risk of these. However, the use of feeding tubes (FT), including FT type and placement timing is debated. This paper aimed to describe the patient experience of having a FT during treatment for HNC.

**Methods:** A systematic literature review of qualitative studies was undertaken in the databases Web of Science, CINAHL, Scopus and Science Direct using Prospero and Joanna Brigg's Institute guidelines.

**Results:** Nine studies were included providing the perspectives of 159 patients who had a FT during treatment for HNC. 150 findings and 183 illustrations which were primarily patient quotes were extracted. Analysis resulted in 42 categories from which nine synthesized findings were produced. These are summarized as: initial reluctance and fear; different understandings and expectations; individual preferences around choice; physical discomfort; restrictions to social life and daily living; new challenges and responsibilities; gradual acceptance; a challenging but rewarding transition process; and overall a worthwhile decision.

**Conclusion:** These findings highlight the nutrition-related burden patients with HNC experience and support the need for interdisciplinary healthcare teams that integrate dietetics and speech pathology. This review supports individualized approaches to FT placement decisions. Further well-designed studies are needed to better understand patient and cancer-service structural factors that may influence the experience of having a FT, to ensure that decisions are evidence-based and patient-centered for best outcomes.

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**Title: The impact of living with home enteral feeding: perspectives of people who have had a diagnosis of head and neck cancer.**

**Citation:** Journal of human nutrition and dietetics : the official journal of the British Dietetic Association; Oct 2019; vol. 32 (no. 5); p. 676-683

**Author(s):** Thomas, A; Sowerbutts, A M; Burden, S T

**Background:** The number of people with head and neck cancer who are home enterally fed continues to grow each year. Insertion of a feeding tube is common place in these patients and is considered to have a detrimental effect on quality of life. The present study aimed to investigate the daily impact of home enteral feeding (HEF) from the perspective of people who have had a diagnosis of head and neck cancer.

**Methods:** The methodology aligned with interpretative phenomenology analysis. People who were home enterally fed, with head and neck cancer, and aged  $\geq 18$  years were recruited. Data were collected using semi-structured interviews and analysis focused on what the daily impact of HEF meant for participants.

**Results:** Data saturation was achieved after interviewing 15 participants. Five cluster themes were identified. 'Deviation from the norm' encompassed change and loss of normality. 'Regaining control leading to empowerment' encompassed participant empowerment through development of new skills and adjusting the feeding regime. 'Creating a new normal' involved making adjustments to facilitate inclusion and participation. 'External

modifiers of the HEF experience' and 'internal modifiers of the HEF experience' encompassed the identification of external and internal HEF factors that influenced HEF adaptation.

**Conclusions:** HEF was found to influence peoples' daily lives substantially and required extensive adjustments for individuals to find a new normal. A greater level of interpretation was provided beyond the current evidence-base for this group. Policymakers and clinicians should recognise the wider impact of HEF and ensure that this awareness is embedded in clinical practice.

#### **Sources Used:**

The following databases are used in the creation of this bulletin: Amed, British Nursing Index, Cinahl & Medline.

#### **Disclaimer:**

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