Exclusive Enteral Nutrition: An optimal care pathway for use in adult patients with active Crohn's disease

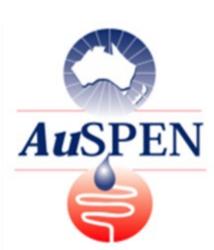
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Background

Exclusive enteral nutrition (EEN) is emerging as a therapeutic option for adults with active Crohn's Disease (CD), however there is no standardised approach to delivering this therapy. The aim of this study is to develop an optimal care pathway for using EEN in adults with CD. This will create a standard of care to benchmark practice and provide direction for future research.



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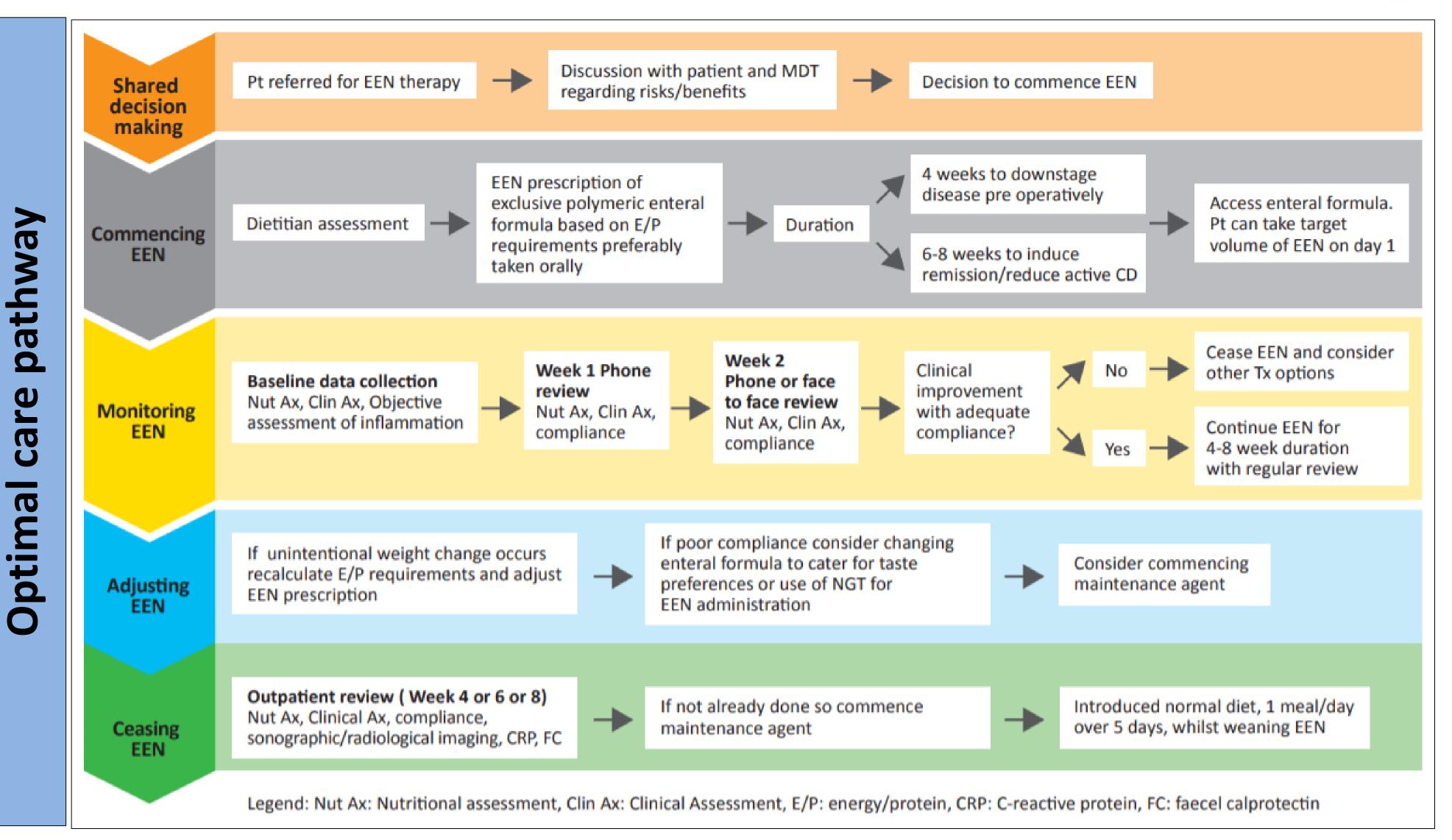
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A working group of 12 multidisciplinary inflammatory bowel disease specialists across Australia and New Zealand was convened to develop a practical, clinically-focused care pathway for using EEN in adults with active CD. Six key areas of the pathway were identified; Clinical indications, nutrition assessment, EEN protocol and monitoring, accessing formula and food re-introduction. Current literature was identified via systematic review. Quality of evidence was graded. Consensus expert opinion was provided where literature gaps were identified.

An optimal care pathway and toolkit guiding clinicians to use EEN in adults with active CD was developed. Six key consensus statements outline a practical therapeutic approach. These key statements identify clinical indications for use, nutrition assessment and prescription, duration of therapy, monitoring criteria, food re-introduction, and the role of partial EEN. An accompanying patient resource was also developed.

Choose the route of administration EEN should be administered via the oral route, with use of a nasogastric tube if unable to tolerate orally Choose the formula Avoid juice-based polymeric nutritional drinks in isolation Fibre & lactose free formula elemental formula Start on goal rate If symptoms develop at intial goal rate, reduce and titrate to goal over 2-7 days Consider refeeding risk Do not allow other food or fluids Regimen to consist of formula and water only as impact of other food/fluids on efficacy is not known Negotiate length of therapy and plan for monitoring Length of therapy dependent on indication for EEN Consider how to optimise adherence for individual Affordability & access MDT support Cease EEN when treatment complete or failure to respond If failure to respond within first 2 weeks, consider alternative treatment

Introduce 1 meal Patient to choose timing and type of meal Continue 3/4 of EEN prescription Increase to 2 meals per day Patient to choose which 2 meals and type of meals Continue 1/2 of EEN prescription Increase to 3 meals per day Patient to choose type of meals Continue 1/4 of EEN prescription Continue 3 meals per day and add mid meal snacks Continue 1/4 of EEN prescription Continue 1/4 of EEN prescription Cease EEN if tolerating adequate nutritious meals and snacks Cease EEN if tolerating adequate nutritious meals and snacks



Conclusion

EEN is recommended as a treatment option for inducing remission in adults with active CD. The optimal care pathway, toolkit, and patient resource are designed as standalone resources or to be used to advocate for site-specific protocols to support standardised approach to delivering EEN therapy. This toolkit and patient resource is available from the Australiasian Society of Parenteral and Enteral Nutrition www.auspen.org.au

Reference: Day et al 2019 Exclusive enteral nutrition: an optimal care pathway for use in adults patients with active Crohn's disease. JGH Open.



