

## Tube Feeding Placement for Adults

### Benefits and Burdens of Tube Feeding Placement

	<b>Dysphagic Stroke</b> (Patients with previous good quality of life, high functional status <sup>1</sup> and minimal comorbidities)	<b>Dysphagic Stroke</b> (Patients with decreased level of consciousness, multiple comorbidities, poor functional status <sup>1</sup> prior to CVA)	<b>Neurodegenerative Disease [e.g., Amyotrophic Lateral Sclerosis (ALS)]</b>	<b>Persistent Vegetative State (PVS)</b>	<b>Frailty</b> (Patients with multiple comorbidities, poor functional status, failure to thrive and pressure ulcers <sup>2</sup> ).	<b>Advanced Dementia</b> (Patients needing help with daily care, having trouble communicating, and/or incontinent)	<b>Advanced Cancer</b> (Excludes patients with early stage esophageal & oral cancer)	<b>Advanced Organ Failure</b> (Patients with CHF, renal or liver failure, COPD, anorexia-cachexia syndrome)
Prolongs Life	Likely	Likely in the short term Not likely in the long term	Likely	Likely	Not Likely	Not Likely <sup>3</sup>	Not Likely	Not Likely
Improves Quality of Life and/or Functional Status	Up to 25% regain swallowing capabilities	Not Likely	Uncertain	Not Likely	Not Likely	Not Likely	Not Likely	Not Likely
Enables Potentially Curative Therapy/Reverses the Disease Process	Not Likely	Not Likely	Not Likely	Not Likely	Not Likely	Not Likely	Not Likely	Not Likely

#### **Benefits of Tube Feeding placement rather than feeding orally:**

- For dysphagic stroke patients in previous good health, patients with ALS, and patients in a persistent vegetative state, may prolong life
- For dysphagic stroke patients in previous poor health, may prolong life in the short-term (days to weeks)
- Enables family members/caregivers to maintain hope for future improvement
- Enables family members/caregivers to avoid guilt/conflict associated with choosing other treatment options
- Allows family/caregivers additional time to adjust to possibility of impending death

#### **Burdens of Tube Feeding placement rather than feeding orally:**

- 75% of stroke patients previously in good health not likely to have improved quality of life and/or functional status
- PVS patients not likely to have improved quality of life and/or functional status
- Possible patient agitation resulting in use of restraints
- Risk of aspiration pneumonia is the same or greater than that of patient being handfed
- Stroke patients previously in poor health, frail patients, and patients w/advanced dementia, cancer or organ failure have been reported to experience side effects: tube feeding site irritation or leaking (21%), diarrhea (22%), nausea (13%) and vomiting (20%)

#### **Benefits of feeding orally rather than inserting a feeding tube:**

- Patient able to enjoy the taste of food
- Patient has greater opportunity for social interaction
- Patient's wishes and circumstances can be taken into consideration as pertains to pace, timing and volume of feeding

#### **Burdens of feeding orally rather than inserting a feeding tube:**

- Requires longer period of time to feed a patient
- Patient/family worry about "not doing everything in their power" to address the feeding problem and/or "starving patient"
- Patient/family feel that in not choosing option that could possibly prolong life, they are hastening death

#### **This information is based predominately on a consensus of current expert opinion. It is not exhaustive. There are always patients who prove exceptions to the rule.**

1. Functional Status refers to Activities of Daily Living. (refer to Clinical Frailty Scale (CFS) on page 8. For more information on the CFS visit [http://geriatricresearch.medicine.dal.ca/clinical\\_frailty\\_scale.htm](http://geriatricresearch.medicine.dal.ca/clinical_frailty_scale.htm)) A poor functional status means full or partial dependency in bathing, dressing, toileting, feeding, ambulation, or transfers.
2. Matched residents with and without a feeding tube insertion showed comparable sociodemographic characteristic, rates of feeding tube risk factors, and mortality. Adjusted for risk factors, hospitalized NH residents receiving a feeding tube were 2.27 times more likely to develop a new pressure ulcer (95% CI, 1.95-2.65). Conversely, those with a pressure ulcer were less likely to have the ulcer heal when they had a feeding tube inserted (OR 0.70 [95% CI, 0.55-0.89]). Teno JM, Gozalo P, Mitchell SL, Kuo S, Fulton AT, Mor V. Feeding Tubes and the Prevention of Healing of Pressure Ulcers. *Archives of internal medicine*. 2012;172(9):697-701. Doi:10.1001/archinternmed.2012.1200.
3. There is a small group of patients who fall into this category whose life could be prolonged.
4. Callahan CM, Haag KM, Weinberger M, et.al. Outcomes of Percutaneous Endoscopic Gastrostomy among Older Adults in a Community Setting. *J Am Geriatr Soc*. 2000 Sep; 48(9):1048-54.

*Guidelines are intended to be flexible. They serve a reference points or recommendations, not rigid criteria. Guidelines should be followed in most cases, but there is an understanding that, depending on the patient, the setting, the circumstances, or other factors, care can and should be tailored to fit individual needs.*