CHAMP: Bedside Teaching

DECISIONS ABOUT FEEDING TUBES IN ADVANCED DEMENTIA

Caroline Harada, MD

Teaching Trigger:

A man with advanced dementia (bedbound, unable to talk) is admitted with his third aspiration pneumonia in six months. A swallowing evaluation shows gross aspiration.

Clinical questions:

1. Should we put in a feeding tube to prevent further aspiration pneumonias?
2. Would a feeding tube help prolong his life?

Teaching Points:

1. No study has shown decrease in risk of aspiration pneumonia from PEG Placement
2. This is because:
   Feeding tubes don’t prevent aspiration of oral secretions
   Refluxed gastric contents can still be aspirated
   Enteral feeding may increase risk of aspiration (data mixed)
   LES pressure is decreased in tube-fed patients
3. J tubes may not be better than G tubes (the problem of aspirating oral secretions remains)
4. Feeding tube placement is unlikely to significantly prolong life:
   30-day mortality ranges from 9.5% to 28%
   One year mortality ranges from 39% to 66%
5. This is because although you may be able to provide more calories and fluids through a feeding tube, the underlying disease continues to progress
6. Artificial nutrition and hydration, therefore, may prolong the dying process by days to weeks, but not significantly change the outcome.
7. Additionally, feeding tubes do not add to patient comfort:
   Most patients who stop eating do not feel hunger (and any thirst they feel can be alleviated with ice chips and mouth care)
   Those patients who want to eat can get sufficient nutrition from slow hand feeding (their caloric needs are not great)
   Slow hand feeding allows much more comfort because:
   - increased contact with caregivers
   - eating is pleasant