

## **SHORT TERM HOME ENTERAL FEEDING IN THREE MALNOURISHED PATIENTS ON HAEMODIALYSIS IMPROVED NUTRITIONAL STATUS**

**Mafrici B.<sup>1</sup>, Bebb C.<sup>2</sup>, Odeny I.<sup>1</sup>, Peacock V.<sup>1</sup>.**

**<sup>1</sup> Dietetic & Nutrition Department , Nottingham University Hospital, <sup>2</sup> Renal Unit , Nottingham University Hospital**

**PROBLEM:** Malnutrition is a common multi factorial problem in haemodialysis patients. Despite early identification and active dietetic intervention results are poor in patients who are unable to tolerate oral nutrition supplements (ONS).

**PURPOSE:** To identify if supplemental home nasojejunal feeding (NJF) improves nutritional status in 3 haemodialysis patients who were unable to tolerate ONS.

**DESIGN:** 3 ONS intolerant patients on haemodialysis were indentified as malnourished by using the following criteria:

- ongoing weight loss (2 kg decrease in target weight in a month)
- very poor oral intake (less than 500 kcal per day for more than 2 weeks; estimated by a renal dietitian through a diet history)
- low pre dialysis urea, potassium, phosphate

NJF was initially established in hospital (within 1 month) and after discharge was continued at home for a minimum of 2 months. Appropriate patient training was offered during admission. Dry weight, body mass index (BMI) and estimated oral intake were measured at the start of NJF and after 2 months.

**FINDINGS:** When NJF was established the median dry weight was 39.3kg (35.7-62.4kg) and the median BMI was 17.9kg/m<sup>2</sup> (15.2-23.4 kg/m<sup>2</sup>). After 2 months of home NJF each patients had increased dry weight by 1.4, 2.4 and 3.2kg. Median BMI increased by 0.7kg/m<sup>2</sup> (to 18.6kg/m<sup>2</sup>). Estimated oral intake increased from 400kcal before NJF was started to 1500kcal when home NJF was stopped 2 months after.

**CONCLUSION:** Home NJF can be integrated into practice and can be applied in selected patient, to improve nutritional status and oral intake.

**RELEVANCE:** Although this data is based on a small group of patients, these cases suggest that home NJF is safe and effective in improving dry weight, BMI and oral intake in malnourished haemodialysis patients, who are not able to tolerate ONS.