BMC Geriatrics

Meeting abstract

Nutritional support in elderly

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Background
Several pathologies can compromise a nutritional state. The presence of complications in undernourished elderly patients shows that the reduced metabolic answer found may affect deeply the clinical course of an illness and, in extreme conditions, the patient's life.

As a consequence, the preservation of a physiological nutritional state affects a patient's health and makes recovery quicker. The diagnosis and treatment of malnutrition is therefore one of the key steps in geriatric healthcare.

The access to artificial nutrition must take into account the patient's nutritional state and the natural history of the pathology examined.

Artificial nutrition includes: enteral nutrition, and parenteral nutrition. Total parenteral nutrition aims at making up for nutritional deficiency caused by both insufficient oral nutrition due to anorexia and obstruction of the gastro-enteric tube or derived from a digestive inefficacy due to a deficiency in the digestive process of assimilation. Enteral nutrition is destined to elderly patients that can't eat normally.

Patients and methods
The present study compares parenteral and enteral nutrition at the end of a meta analysis which has taken into account two clinical studies centred on a comparison between this two types of nutritional systems.

We compared one group of patients hospitalised in ICU over a period of 48 months during which nutritional support was mostly given to medical patients (42%), followed by trauma (37%) and surgical patients (18%).

In 100 patients was found that 61% have gastrointestinal complications (diarrhea was found in 14%) and broncho-aspiration in 3.4%.

In 25% of the critical patients who begin enteral nutrition, this fails, and thus they require parenteral nutrition.

The second group involves patients with pancreatitis. In this series, enteral nutrition would be preferred, since it improves the patient's functions of immunity and may reduce infections. This study involved 263 patients. The aim was to evaluate advantages and disadvantages of the two types of nutritional system in cases of acute pancreatitis. The study took into account the risk of infectious and non-infectious complications, the necessity of surgical operation, mortality and the length of hospitalisation.

Results
The results obtained show that enteral nutrition is associated with a lower percentage of infections, a minor number of surgical operations and days of hospitalisation.

Conclusion

The two types of nutritional system made no significant difference to mortality as well as to non-infective complications of the patients examined.