Abstract

Objectives: Home artificial nutrition (HAN) is a technique in increasing use, but the available data about it is limited because recordkeeping in most countries is voluntary. Our objective is to describe the characteristics of HAN in our setting and to design a future proposal that improves its coordination. Subjects: Retrospective review of 237 clinical histories of the patients who began with HAN in 2006 in our unit. Variables: epidemiological information, indications, type of HAN, duration, complications and costs. Results: Mean age: 75.4 years. Neurological and neoplastic diseases were the most frequent diagnoses (39.7 % and 32.1%, respectively). Main indications were: reduction of ingestion (41.8%) and neurological dysphagia (27.8%). 48.1% presented an important functional impairment and 63.7% needed a caregiver. HAN duration was < 3 months in 43.9% and the principal cause of suspension was the lack of followup. Oral nutrition was the preferred route (70.9%), gastrostomy was found in only 3.4%. Highenergy formulas were mostly used in patients with supplements (53.3%) and standard formulas in those with complete diets (32.4%). Complications related to this therapy were low, mainly in the oral route. The most frequent were gastrointestinal (19.3%). Mean monthly cost: 159.3 euros/patient and an average travel distance of 26 km to pick up supplies. Conclusion: HAN is a safe, shortterm therapy, indicated in patients with diminished ingestion due to an acute situation. Our future proposal tries to improve the selection of patients, to facilitate the provision of materials and to customize followup to patient needs.

Keywords

Nutritional support, Enteral nutrition, Home health aides, Health care costs.