Abstract

Blenderized tube diets (BTD) are used in some parts of Brazil and few studies have analyzed their features in comparison with industrialized preparations. Among 14 randomly collected BTD recipes 9 were poorly described or failed to standardize foodstuffs and portions and, consequently, nutrient and energy composition was difficult to define. Only five BTD allowed theoretical estimation of their nutritional properties. Macronutrient content was highly variable, often conflicting with accepted daily recommendations. According to the literature there are further disadvantages with BTD use including diet high risk of contamination, physical and chemical instability, and high osmolarity and viscosity. Nominal cost of BTD was comparatively low in relation to industrialized formulas; however we did not compute labor and indirect expenses, probably rendering final value more expensive than with the industrialized alternative. It is likely that within such circumstances, hospital and home care malnutrition will not be adequately dealt with and related complications may occur. It is concluded that the continued use of blenderized tube feeding diets requires careful assessment, prioritizing correction of potential nutritional deficits by means of safe, balanced, chemically complete and effective nutritional prescriptions.

Keywords

Enteral nutrition, Blenderized formulas, Hospital-prepared tube feeding, Malnutrition, Costs.