

Clinical Nutrition and Fitness

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Kensuke Nakamura

Hitachi General Hospital, Japan

Enteral nutrition and diarrhea in critical care

Enteral nutrition EN is an important delivery of energy and protein for critically ill patients. However, diarrhea often occurs by various factors, one of which is EN types and delivery methods. Which types of EN possibly cause diarrhea? Although no cause-and-effect link has been clarified for any mechanism, long-term enteral nutrition, high-osmolality, low-fiber formula, bolus feeding, overly rapid increase to the target, and postpyloric enteral nutrition have been regarded as the risk. Pectin, which becomes solid in the stomach, would mitigate diarrhea. We conducted the propensity score matched study to compare 199 traditional liquid EN TLEN and 199 pectin containing liquid EN PCLEN in our ICU and showed the significant decrease of diarrhea event in the PCLEN group. We also conducted the randomized control trial to compare protein rich EN (1kcal/ml, including 9.2g protein, 3.7g lipid and 7.5g carbohydrate in 100ml) and fat rich EN (1kcal/ml, including 4.2g protein, 5.5g lipid and 9.7g carbohydrate in

100ml) in the critical care, in which the femoral muscle volume was set as a primary outcome. Diarrhea incidence rate was lower in protein rich EN. In this presentation, I would like to discuss which types and features of EN would be associated with diarrhea, and how we can avoid it. Because we should not discontinue the EN only by diarrhea as the guidelines suggested, we should consider choosing and change the EN types. Some of EN would have advantage for diarrhea by some significant mechanisms.

Speaker Biography

Kensuke Nakamura is currently serving as a doctor at Hitachi General Hospital, Japan. He completed his PhD in the year of 2014 at Tokyo University, Japan. Also, he is an expert in the area of PICS/ICU-AW, Critical Care Nutrition, ICU Rehabilitation, Muscle Training.

e: mamashockpapashock@yahoo.co.jp

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