

ABSTRACT STUDY SUMMARY

The Use of Peptide-Based Diet in Enteral Nutrition Therapy: A Retrospective Cost Analysis

Osman Mohamed Elfadil, MBBS, Ankitaben Patel, MBBS, Raj N. Shah, MBBS,
Ryan T. Hurt, MD, PhD, Manpreet S. Mundi, MD

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Background:

Home enteral nutrition (HEN) is often used to provide long-term nutrition therapy. Enteral feeding intolerance (EFI) is prevalent in HEN patients and often requires transition to a peptide-based tube feeding formula (PBF).

Objective:

Determine the economic impact of using specialized formulas for the treatment of EFI in the HEN population.

Methods:

This was a retrospective analysis in the HEN population, evaluating the cost of transitioning to a PBF during therapy from October 2018 through August 2020, with evaluation of demographic data, enteral nutrition (EN) regimen and cost of care being captured through October of 2020 or termination of EN.

Cost of care was categorized as follows:

- Emergency Department visits-ED
- Inpatient care-IP
- Outpatient care-OP
- Total cost of care-TC

Results:

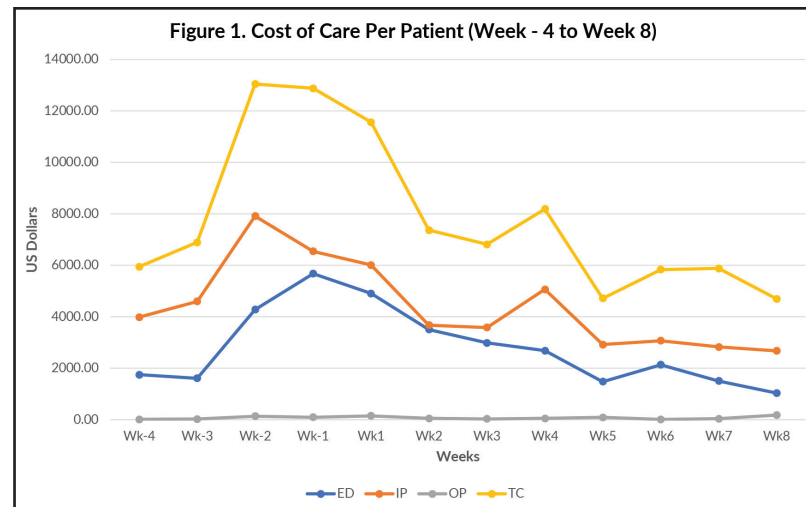
- 60 patients included
- Mean age 53.5 ± 20.7 years
- 55% female
- Disease Process:
 - Malignancy 43.3%
 - Hepato-biliary/Pancreatic 15.0%
 - Mucosal Disease 10.0%
 - Non-Malignant Mechanical Obstruction 8.4%
 - Bariatric Surgery 8.4%
 - Gastrointestinal Dysmotility 6.6%
 - Neurodegenerative/Developmental Delay 6.6%
 - Functional Disorder 1.7%
- Indication for EN included dysphagia/odynophagia, malnutrition, nausea and vomiting, fistula or bowel perforation, inadequate oral intake or obstruction/stricture.
- Pre-transition prevalence of EFI was 43.3%
- Post-transition prevalence of EFI was 21.6%

• EN Complications before and after PBF:

Complications	Pre-Transition %	Post-Transition %
Overall	53.3	48.3
Tube-Related	20.0	28.3
EFI	43.3	21.6
Metabolic	3.3	10.0

• Average cost of total care per patient on PBD:

Last 4 weeks prior to PBD	First 4 weeks of PBD	Second 4 weeks of PBD
\$38,744	\$33,944	\$21,129



Conclusion:

Use of PBD improves EFI and results in a reduction in overall and itemized total cost of care.

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Summary prepared by Nestlé Health Science

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