

Publication summary	
Title	The impact of an enteral formula with food-derived ingredients on dietetic practice at a specialist children's hospital in the UK: Retrospective study
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Publication date + magazine	Journal of Human Nutrition and Dietetics 2024;1-9
Type of study	Single - centre retrospective study
Objective / hypothesis	Monitor the implementation of enteral formulas with food - derived ingredients (EFI) by dietitians in a specialist children's hospital.
Results	<p><i>Types of patients</i></p> <ul style="list-style-type: none"> - Multiple acute and chronic conditions were included at this specialist hospital centre - Most common primary diagnosis neurological followed by cardiac, gastrointestinal, oncology, metabolic, renal, endocrine, ENT and respiratory - The data includes children as inpatient and community patients. <p><i>Age groups</i></p> <ul style="list-style-type: none"> - Compleat® paediatric used in 21 (30%) young children aged 1–3 years and 4 (6%) adolescence aged 16–18 years <p><i>Method of feeding and duration</i></p> <ul style="list-style-type: none"> - Continuous feeding in 41 (59%) children & 27 (38%) children bolus feeding. The bolus data can support the use of Simplink in your markets. - Administration effective with PEG users= 36 (51%) children, PEG-J extension users = 3 (4%) children, JEJ users= 2 (3%) children. Please note some children are sensitive, so it still needs a medical/ dietetic review to make this decision - 23/70 (33%) children established on Compleat® paediatric for 1–6 months, 14/ 70 (20%) children for more than 1 year. Please refer to table 7. - 19/42 (45%) children were discharged onto Compleat® paediatric as home care patients <p><i>GI symptoms</i></p> <ul style="list-style-type: none"> - 58/70 (83%) inpatient children switched to Compleat® paediatric, with 42/58 (82%) saw improvements in GI symptoms. - Similar trends seen for gastrointestinal symptoms improved within 7 days after Compleat® paediatric was started. Loose stools 20/22 (90%), constipation 12/15 (73%), vomiting 6/8 (75%), abdominal discomfort 5/7 (71%), reflux 3/5 (60%), high stoma output 1/1 (100%), please refer to table 4 (screenshot below).

	<p>TABLE 4 Outlines the reported gastrointestinal symptom before and after commencing an enteral formula with food-derived ingredients (within 7 days).</p> <table><tr><th>Gastrointestinal Symptom</th><th>N (%)</th><th>Reported improvement in symptoms within 7 days after feed started, n (%)</th></tr><tr><td>Loose stools</td><td>22 (38)</td><td>20/22 (90)</td></tr><tr><td>Constipation</td><td>15 (26)</td><td>12/15 (73)</td></tr><tr><td>vomiting</td><td>8 (13)</td><td>6/8 (75)</td></tr><tr><td>Abdominal discomfort</td><td>7 (12)</td><td>5/7 (71)</td></tr><tr><td>Reflux</td><td>5 (8)</td><td>3/5 (60)</td></tr><tr><td>High stoma output</td><td>1 (2)</td><td>1 (100)</td></tr></table>	Gastrointestinal Symptom	N (%)	Reported improvement in symptoms within 7 days after feed started, n (%)	Loose stools	22 (38)	20/22 (90)	Constipation	15 (26)	12/15 (73)	vomiting	8 (13)	6/8 (75)	Abdominal discomfort	7 (12)	5/7 (71)	Reflux	5 (8)	3/5 (60)	High stoma output	1 (2)	1 (100)
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Conclusion	<p>Recommendations:</p> <ol style="list-style-type: none">1. Use as 1st line therapy with no underlying gastrointestinal symptoms2. Use in an acute clinical setting as a compromise when parents ask for home-made blended diets3. Use for children with GI symptoms and not tolerating current tube feed																					
Methods	<ul style="list-style-type: none">• The retrospective data was collected on 70 children between August 2022 and December 2023.• Children's clinical and dietetic information was collected from the hospital's electronic records• Data on demographics (age, sex and primary diagnosis), anthropometric measurements (weight-for-age Z-score and height-for-age Z-score), feed regimens (feed volume, feeding route and mode of feeding [continuous, bolus]) and gastrointestinal symptoms (gastro-oesophageal reflux, vomiting, abdominal discomfort [bloating/flatulence], constipation and loose stools) was collected using Microsoft forms.																					
Limitations	Retrospective design > only potential associations that an EFI may improve GI symptoms.																					