

Enteral Versus Parenteral Nutrition: The Patient's Preference

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Summary

The purpose of the study was to take patient preference into consideration when choosing a method of nutrition support in situations where enteral nutrition is not proven to be superior to parenteral nutrition. A written questionnaire was administered to 101 hospitalized oncology patients and 98 outpatients (control) without gastrointestinal illness to determine patient preference for either enteral or parenteral nutrition. The questionnaire consisted of an introduction which described the methods used to place access for each feeding method. Specific complications, including possible severe complications, were not mentioned. The introduction was followed by a set of 12 questions to determine the patient's comfort level with each feeding method, education level, age, and gender. The questions were (1) Have you ever had a feeding tube placed in your nose? (2) Have you ever had a needle placed in your arm? (3) How comfortable do you think a feeding tube would be for you? (4) How comfortable do you think a needle in your arm for nutrition would be? (5) If you were unable to eat, which method would you prefer: (a) tube feeding or (b) IV feeding? (6) How important are these items in choosing the method in which you would choose to be fed: (a) your comfort, (b) your doctor's recommendation, (c) past experience, (d) cost? (7) Why did you select the method of feeding that you did and not the other? (8) Do you or have you worked in the healthcare profession? (9) What is the highest level of education you received? (10) Date of birth? (11) Age? (12) Gender? Comfort level was rated on a scale of 0-4, with 0 being very comfortable and 4 being very uncomfortable.

Major Results of Authors

The majority of the patients surveyed in both groups preferred parenteral to enteral nutrition. Patients who preferred parenteral nutrition had higher comfort level scores for nasogastric feeding tubes and lower comfort scores for IV feeding. Age and perceived level of comfort were the strongest influences on preference, and the preference for parenteral nutrition increased with age. Gender, education, physician recommendation and cost did not influence patient preference. The number of patients preferring parenteral nutrition who had previously received parenteral nutrition was statistically significant (98% vs 89%, $p = .04$). No difference was found between patients who had received enteral nutrition in the past and those who had not. There was also no difference in preference between the two groups, oncology vs control.

Authors Conclusions

The authors feel patient comfort level and their relationship with their physicians is an integral part of the healing process. They feel that clinicians should be aware of the patient's wishes and take that into consideration when deciding upon methods of nutrition support. The authors also acknowledge the study was limited by questionnaire design, and had patients been provided with more detailed information regarding specific complications from parenteral nutrition, they may have responded differently.