



“Intravenous lipid emulsions (IVLEs) are an important component of the nutritional admixtures for patients on long-term home parenteral nutrition (HPN) for chronic intestinal failure (CIF)” Pironi et al (2015).

Reference:

Pironi, L., Agostini, F. and Guidetti, M. (2015) Intravenous lipids in home parenteral nutrition. World Review of Nutrition and Dietetics. 112, p.141-9.

Intravenous lipids in home parenteral nutrition [@ivteam #ivteam](http://ctt.ec/f6Dt4+)

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Abstract:

Intravenous lipid emulsions (IVLEs) are an important component of the nutritional admixtures for patients on long-term home parenteral nutrition (HPN) for chronic intestinal failure (CIF). IVLEs are primarily used as a source of energy and essential fatty acids, and the content of polyunsaturated fatty acids (PUFAs) is the most important characteristic of IVLEs. IVLEs rich in n-6 PUFAs may have a pro-inflammatory effect, whereas those rich in n-3 PUFAs may exert an anti-inflammatory effect. Other components to be considered are the risk of lipid peroxidation and the contents of α -tocopherol and phytosterols. Published studies were reviewed to determine the effects of the commercially available IVLEs on essential fatty acid status, liver function tests, lipid peroxidation and inflammatory indices, and α -tocopherol

status, as well as their clinical safety and efficacy in patients on HPN. Investigations on the efficacy of fish oil-based IVLEs, which are rich in n-3 PUFAs, in the treatment of parenteral nutrition-associated liver disease (PNALD) in adult patients on HPN for CIF were also analyzed. The current commercial IVLE formulations have similar clinical safety profiles and efficacies and can prevent the development of essential fatty acid deficiency in adults on HPN for CIF. IVLE with a low content of n-6 PUFAs and with or without increased n-3 PUFA content may reduce the risk of PNALD. Fish oil-based IVLE, which is rich in n-3 PUFAs, may be effective in reversing hepatic cholestasis due to PNALD.

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