



“Total-parenteral-nutrition (TPN) can act as a bridge to enteral nutrition. The current study aims to explore the outcomes of TPN use in older adults which are at present poorly defined” Reilly et al (2015).

Reference:

Reilly, F., Burke, J.P., O’Hanlon, C. and McNamara, D.A. (2015) Comparative outcomes of total parenteral nutrition use in patients aged greater or less than 80 years of age. *The Journal of Nutrition, Health & Aging*. 19(3), p.329-32.

Outcomes of total parenteral nutrition use in older adults [@ivteam](http://ctt.ec/g8e1l+) #ivteam

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Abstract:

OBJECTIVES: Total-parenteral-nutrition (TPN) can act as a bridge to enteral nutrition. The current study aims to explore the outcomes of TPN use in older adults which are at present poorly defined.

DESIGN, SETTING AND PARTICIPANTS: Data on 172 patients who received TPN between January-December 2011 were prospectively recorded and examined.

RESULTS: Mean age was 62.7 ± 16.8 years (12.8% ≥ 80 years). Those ≥ 80 years were less often male (31.8% Vs 57.3%, $P=0.038$) and had no history of hepatic dysfunction (0.0% Vs 16.7%, $P=0.025$). In those ≥ 80 years the indication was more often suspected ileus (40.9% Vs 13.3%, $P=0.004$). Patients ≥ 80 years developed hypertriglyceridaemia less frequently (7.7% Vs 36.2%, $P=0.031$). There was no difference in the duration of TPN administration, the rate of TPN line sepsis, serum electrolyte derangement or glycaemic control. Change in serum albumin over the course of treatment did not differ (≥ 80 Vs < 80 years, -0.28 ± 0.62 mg/dL Vs -2.00 ± 1.57 mg/dL, $P=0.323$).

CONCLUSIONS: These data suggest TPN use is safe in patients aged ≥ 80 years and advanced age alone should not preclude TPN use.

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