

We conducted a retrospective analysis of outcome data of children on home Parenteral Nutrition (HPN), over a 15 year period” brown et al (2018).

Abstract:

AIM: We performed this study to examine and understand the evolving demographics and changing outcomes of intestinal failure, and its implications for healthcare delivery.

METHOD: We conducted a retrospective analysis of outcome data of children on home Parenteral Nutrition (HPN), over a 15 year period.

RESULTS: 31 patients received HPN, 15 for short bowel syndrome (SBS), 8 neuromuscular disease (NMD) and 8 for other causes. The HPN prevalence increased from 1.54 per million children in 2000, to 21.5 in 2016. The outcomes over last 5 years were better than previous 10. The rate of Catheter-Related bloodstream infection (CRBSI) had fallen from 4 to 1.3 and intestinal failure liver disease (IFALD) from 20% to 7.7%. The aetiology changed over years from SBS being the main cause, to NMD contributing 43% to the total in 2016. This was especially relevant as NMD was associated with greater numbers of IFALD (38% vs 6.7%), CRBSI (1.51 vs 0.64/1000 PN days) and mortality.

CONCLUSION: The outcome of long-term Parenteral Nutrition (PN) has improved. The increasing number of patients with NMD, coupled with their higher burden of care, results in an increasing health care burden, and the planning of intestinal rehabilitation services needs to reflect this.

Reference:

Brown, S.K., Davies, N., Smyth, E., Heather, N., Cole, C., Keys, S.C., Beattie, R.M. and Batra, A. (2018) Intestinal Failure: The Evolving Demographic and Patient Outcomes on Home Parenteral Nutrition. Acta Paediatrica. May 13th. .
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