



BAPEN
1991 - 2001

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The Annual Meeting BAPEN 2000 - A plea for a new approach to research and practice

The ninth annual meeting of the British Association for Parenteral and Enteral Nutrition took place in November 2000 in Harrogate.

The meeting brought together health professionals from a range of disciplines involved in the provision of clinical nutrition and the organisers should be congratulated, as this is the only national forum to achieve this.

The meeting included poster and oral presentations of original work in a variety of nutrition areas.

Attracting Experts

BAPEN is important as it provides a setting in which small and large projects can attract interest and discussion from "experts" and practitioners in nutrition. It is heartening and inspiring to see ideas translated into research projects and it gives a very positive impression of what can be achieved in practice. Additionally, BAPEN is composed of many committees who are active in bringing together evidence from different areas and producing guidelines for practice. The recent launch of a nutrition screening tool, which was backed by a comprehensive guide to a review of the relevant evidence, is a very good example of this.

But, could BAPEN achieve even more? Central to the government's plan for modernisation of education, training and regulation are the development of interprofessional education and training and the creation of an environment which supports evidence-based practice. For the majority of health professionals this is a new area and one in which they lack the skills and confidence.

The Silent Majority

Over 75% of BAPEN delegates are dietitians and yet it appears that dietitians are hardly heard in multidisciplinary discussions. What can be done to broaden discussion sessions to include the people who are involved in the provision of nutrition on a day-to-day basis?

Is BAPEN identifying research as a training need? Research is currently a specialist area of dietetics and is rarely carried out outside of the recognised centres of expertise in nutrition. Could BAPEN increase the numbers of people who are interested, supporting individuals and groups who wish to become involved in research and facilitating collaborative research in the key areas of nutrition?

Critical Appraisal Skills

If the mandate to undertake evidence-based practice is to happen then it is necessary for practitioners to make considerable advances in critical appraisal skills.

An audit carried out locally examining the training needs of health professionals demonstrated this need. These results are likely to be representative of other NHS trusts and organisations as the requirement of evidence based practice is a new area.

Critical Appraisal Skills



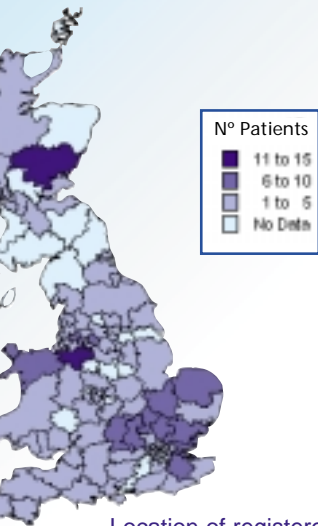
BAPEN currently uses large group settings for presentations of research which may be uncomfortable for people who are new to research. Additionally, there continue to be many presentations which simply reiterate "textbook" information rather than taking the opportunity to examine the evidence base and move the subject forward.

It would be interesting to see more oral presentations of original research in small group settings, where the discussion session is longer and includes a number of experts in the area to stimulate discussion. Dietitians must be drawn into discussion and avenues must be explored to facilitate this.

BAPEN currently exists as a separate entity to ESPEN. As such it has an obligation to lead nutritional practice in the UK and to reach out to the needs of practitioners by equipping them with the necessary skills and facilitating the production of consensus statements and guidelines.

Christine Baldwin
Scott Pendleton
Chelsea and Westminster Hospital, London

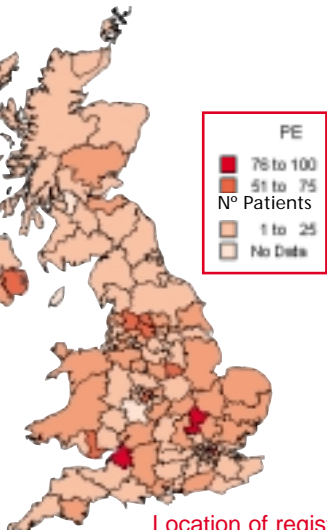
Artificial Nutrition Support in the UK during 1996-1999



Location of registered adult patients on home parenteral nutrition (HPN)

Number of patients receiving HETF in the UK in 1999 was estimated to be 15,000 with 500 for HPN. Accurate values for prevalence (number receiving home enteral support (HANS) at a point in time) are only available for specific districts and health authorities. Home enteral feeding continued to be practiced more frequently than parenteral nutrition in both the hospital (about fourfold) and the community (about sixfold greater).

Home enteral tube feeding was practiced about fourfold more frequently than parenteral nutrition.



Location of registered children on home enteral tube feeding (HETF)

Age distribution of patients on HETF and HPN

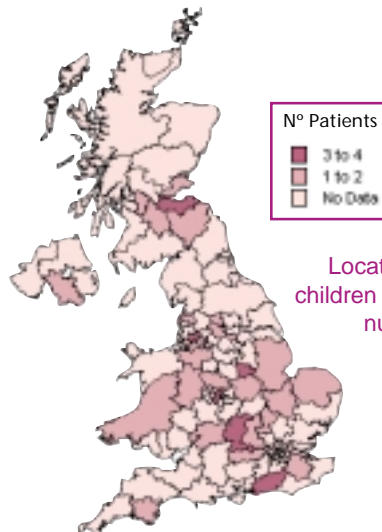
Home enteral support was provided most frequently to patients at the extremes of age. In 1999, 29% of children on HETF were aged less than 1 year, and 45% of adults were aged over 71 years. For HPN, 43% of children on HPN were less than 1 year and 50% of adults were aged 60-69 years. Between 1996 and 1999 there was a trend to start feeding (both HETF and HPN) in a greater proportion of older adults and in

children less than one year. Such trends are likely to continue.

Diagnoses and status of patients after 1 year on HETF and HPN

The commonest diagnostic category for patients on HETF (1996-1999) was diseases of the central nervous system, with cerebrovascular accident (CVA) (35% in 1999) and cerebral palsy (20% in 1999) being the most common diagnoses in adults and children respectively. For HPN, the most common diagnosis was Crohn's disease in adults (38% in 1999), and motility disorders in children (21% in 1999).

The one year mortality whilst on HETF (13,527 adults and 3,418 children), was greater in adults (33%) than children (6%). This varied widely with the diagnosis (e.g. 63% for motor neurone disease, 32% for CVA, and 5% for cerebral palsy), as did the proportion who returned to oral feeding (13% for CVA, 1% for motor neurone disease). The one year mortality whilst on HPN was 7% for adults (n = 400) and 10% for children (n = 38).



Location of registered children on home parenteral nutrition (HPN)

Dependency and disability of patients receiving HETF and HPN

In 1999 >70% of adults and about 50% of children on HETF were house-bound or bed-bound. Only 20% of adults were able to manage their nutritional support independently. In contrast only 3% of adults and 0% of children on HPN were house-bound or bed-bound.

Between 1996 and 1999 an increasing proportion of adult patients on HANS required total help (49% rising to 60% for HETF, and 5% rising to 7% for HPN).

Location of feeding patients registered with BANS

In 1999, 98% of adults and 100% of children on HPN and 97% of children on HETF lived in their own home. In contrast, 37% of adults on HETF lived in nursing homes (also 37% in 1997). However the geographical distribution of patients registered with

BANS varied throughout the UK as can be seen from the figures below.

At the end of 1999, there were 403 NHS hospital trusts in the UK. However only 254 centres provided data on adults on HETF and 157 centres provided data on children on HETF. Whilst numbers of patients on HPN are significantly smaller than those on HETF, only 18 centres provided data on adults on HPN and only 5 provided data on children on HPN.

Do you submit data on your patients to BANS?

A copy of the full BANS report is available on request obtained from BAPEN, P.O. Box 922, 100 Brook Hill Drive, London W14 9BT, UK. Tel: 020 8996 7000, £13 (overseas) on receipt of a cheque in pounds sterling.

Medical Devices Agency (MDA) notice on Enteral Feeding Systems (EFS) - What you need to know

The Medical Devices Agency (MDA) issued a notice relating to Enteral Feeding Systems (EFS) in December 2000 (MDA SN2000, 27) to all NHS Trusts, Executive of Health Authorities, NHS Trusts, Primary Care Trusts in England and also to NHS Services Directors in England.

The notice highlighted that enteral feeding systems may be supplied as single-use or reusable items. The most appropriate system should be chosen following a risk assessment taking into account the clinical condition of the patient.

It is suggested that one of the main risks associated with enteral feeding systems is microbial contamination, which can cause infection. This microbial contamination can arise from inappropriate handling and cleaning of feed and delivery systems, extended handling times and poor hygiene practice.

The actions that have been recommended include:

- Review the practices employed for enteral feeding of patients.
- Select appropriate feeding systems to minimise the risk of microbial contamination.
- Use sterile, single-use systems for vulnerable patients.
- Do not reprocess feeding system components designated for single use only.
- Always follow manufacturers instructions for reprocessing re-usable feeding system components.
- Minimise the number of connections in the system.
- Make certain staff are fully trained in the preparation and administration of enteral feeds.
- Make certain personal hygiene when handling the feeding system components: wear gloves if appropriate, masks and wash hands meticulously.
- Use ready-made full strength feed and decanting where possible.
- Make certain that feed reconstituted or prior to use is prepared under suitably controlled conditions.



Cyber Café at BAPEN 2000

Many thanks to Duncan Alexander from Health Directions Ltd for all his efforts and time in setting up and running the Cyber café at BAPEN 2000.

Health Directions Ltd are working in conjunction with BAPEN to develop a comprehensive clinical nutrition database which will become available shortly for BAPEN members on the BAPEN website.

If you have any current or recent research, projects, guidelines, protocols or audit activity which you would like to include in the database then please fill in the clinical nutrition database form on the BAPEN website: www.bapen.org.uk

New Publication

A new publication "Complete Nutrition" is available free on request to Dietitians, Gastroenterologists, Nutrition Nurses and Pharmacists. Simply call the number below to register your details.

For more information, please contact Mike Fryer on: 01992 538001 or alternatively, fax your postal details on : 01992 538002

Members Privileges

The BAPEN website carries electronic versions of Current Medical Literature. These are held on restricted parts of the website which you can only access if you have a current password. To update your password and gain access all you have to do is contact: The BAPEN office on 01527 457 850

BAPEN Affiliate Members

We are very pleased to find that the affiliate membership of BAPEN continues to grow. Colleagues may join BAPEN either through membership of the Founder Groups: The British Pharmaceutical Nutrition Group (BPNG); Clinical Nutrition and Metabolism Group (CNMG); National Nurses Nutrition Group (NNNG); Parenteral and Enteral Nutrition Group of the British Dietetic Association (PENG) and Patients on Intravenous and Nasogastric Nutrition Therapy (PINNT) or they may join as affiliate members directly by paying an annual subscription of £20.00

Affiliate members receive notification of meetings, a copy of BAPEN Newsletters, and a copy of all publications published in the year they took up membership.

Affiliate members may also comment on all aspects of BAPEN

activity during the Open Forum, which is held each year at the Annual Meeting. We recognise that there are many colleagues working in areas such as Oncology, Care of the Elderly, and in the Community, who wish to increase their knowledge of nutrition and nutritional management and who may be interested in joining BAPEN.

Affiliate membership provides the opportunity for colleagues who do not wish to enter through BPNG, CNMG, NNNG, PENG or PINNT. As affiliate membership continues to grow, we may need to review our structures so that affiliate members may have a greater say in the way we run the organisation. In the meantime, I look forward to meeting affiliate members at this year's Annual Meeting (see below).

*Professor Chris Pennington
BAPEN Chairman*



BAPEN 2001 ANNUAL MEETING

13 – 15 November

Harrogate International Centre, Harrogate

Highlights of the meeting will be:

Tuesday 13 Nov : BAPEN Symposium: NUTRITION FOR LIFE, BAPEN 10th Anniversary Annual Dinner

Wednesday 14 Nov: PEN Group / NNNG Symposium, BAPEN Multi-professional plenary original papers, BPNG meeting, CNMG original papers, CNMG Annual Dinner, Social evening hosted by Industry

Thursday 15 Nov: CNMG Symposium: Endocrine and Nutritional Manipulation of the Metabolic Response to Stress

A fuller programme and further details will appear in the next newsletter

BAPEN Regional Meeting

The Treatment of Intestinal Failure in Adults

St Mark's Hospital, London

16th May 2001

Contact Dr Simon Gabe for more details
email: sgabe@compuserve.com

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U.K. Dates

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| 18-21 Mar | Annual BSG Meeting | Scottish Exhibition/ Conference Centre, Glasgow. |
| 29 Mar | Association for the Study of Obesity meeting: The Costs of Obesity | Kennedy Lecture Theatre, Institute of Child Health, London Further details from Mrs Christine Hawkins: e: cahawkins@compuserve.com |
| 27 – 29 Apr | 7th Annual Conference of the British HIV Association (BHIVA) | Venue: The Hove Centre, Brighton , For further details please contact: BHIVA Organising Secretary, Tel: 020 8446 8898, e-mail: bhiva@bhiva.org |
| 21 May | British Nutrition Foundation Meeting - Mood and Food | National Heart and Lung Institute, Dovehouse Street, London Further details available email: m.ide@nutrition.org.uk |
| 18 Jul | North East Regional Study Day | The Freeman Hospital, Newcastle-Upon-Tyne, For further details please contact Dr N. Thompson, Tel: 0191 284 3111 ext.26209, email: nick.thompson@thf.nuth.northy.nhs.uk |

International Dates

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| 8 – 12 Sept | 23rd ESPEN Congress | Venue: Munich, Germany, For further details please visit the ESPEN website at: http://www.espen.org |
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