



# University of Chester

## The use and experience of registered dietitians with blended diets given via gastrostomy tube in the UK

Master Dissertation Research Project

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# Blended Diets (BD)



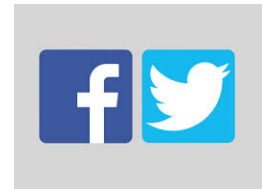
- Blending “real food” to a liquid consistency to allow it to be given via a gastrostomy tube
- Why?
  - Intolerance to formula
  - Potential to improve constipation, diarrhoea, reflux  
( Pentiuk et al., 2011)
  - Psychosocial reasons- give real food, nurture ( Brown, 2014; Petersen et al., 2006)

#blenderized

# BD in the UK

#foodfortubies

- The practice is not endorsed by the BDA ( BDA, 2013)
  - Risks- microbial contamination, unknown nutrition content, risk of blockages (Jalali et al., 2009; Mokhalalati et al., 2004; Sullivan et al., 2004)
- Anecdotal reports that BD are used in the UK
- Limited recent research which has examined the current use, risks or the benefits of BD in the UK



#Tubie

# AIM

To investigate the current use and experience of registered dietitians with blended diets given via a gastrostomy tube in the UK

# Method- Online Questionnaire

- Based on a previous questionnaire ( Johnson et al., 2015)
- Reviewed by members of home enteral feeding group and PENG HEF lead
- Piloted amongst colleagues
- 25 questions- skip logistic, multiple choice, scaling questions
  1. Demographics
  2. Experience of BD
  3. Reason why not using BD
  4. The future/further research
- Respondents invited via email through BDA regional branches, specialist groups and members monthly e-newsletter.



- **Inclusion:** Registered dietitians in the UK which use enteral feeding

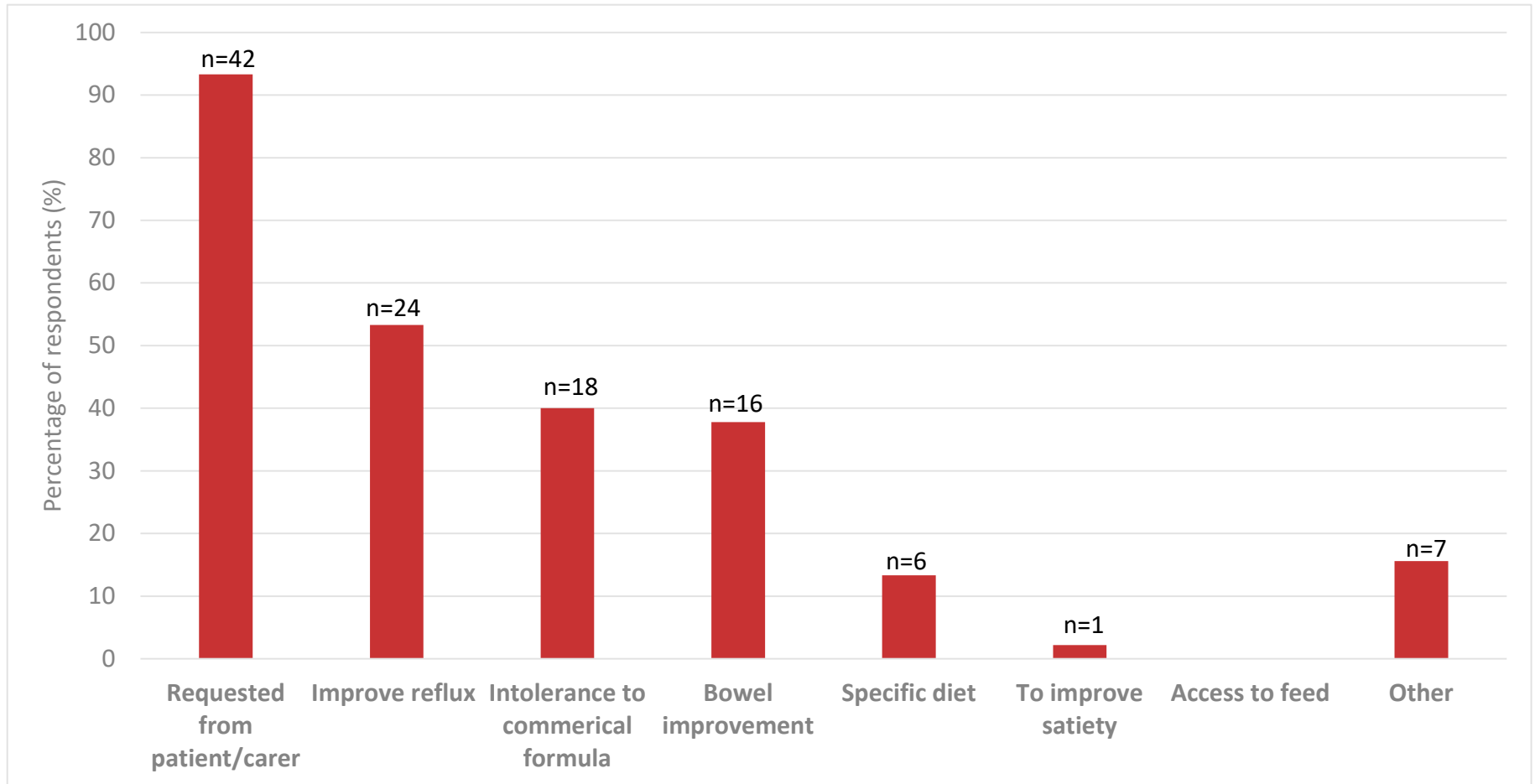
# Results: Demographics

Total number of respondents	n = 188
Have patients following BD	45 (23.9%)
Primary place of work	
- <b>Community</b>	<b>33 (75%) *</b>
- Acute	12 (25%)
Client Group	
- Adults	11 (24.4%)
- <b>Children</b>	<b>29 (64.4%)*</b>
- Both	5 (11.1%)

\* Pearson's chi square test indicated a significance between the variables ( place of work or client group) ( $p < 0.05$ )

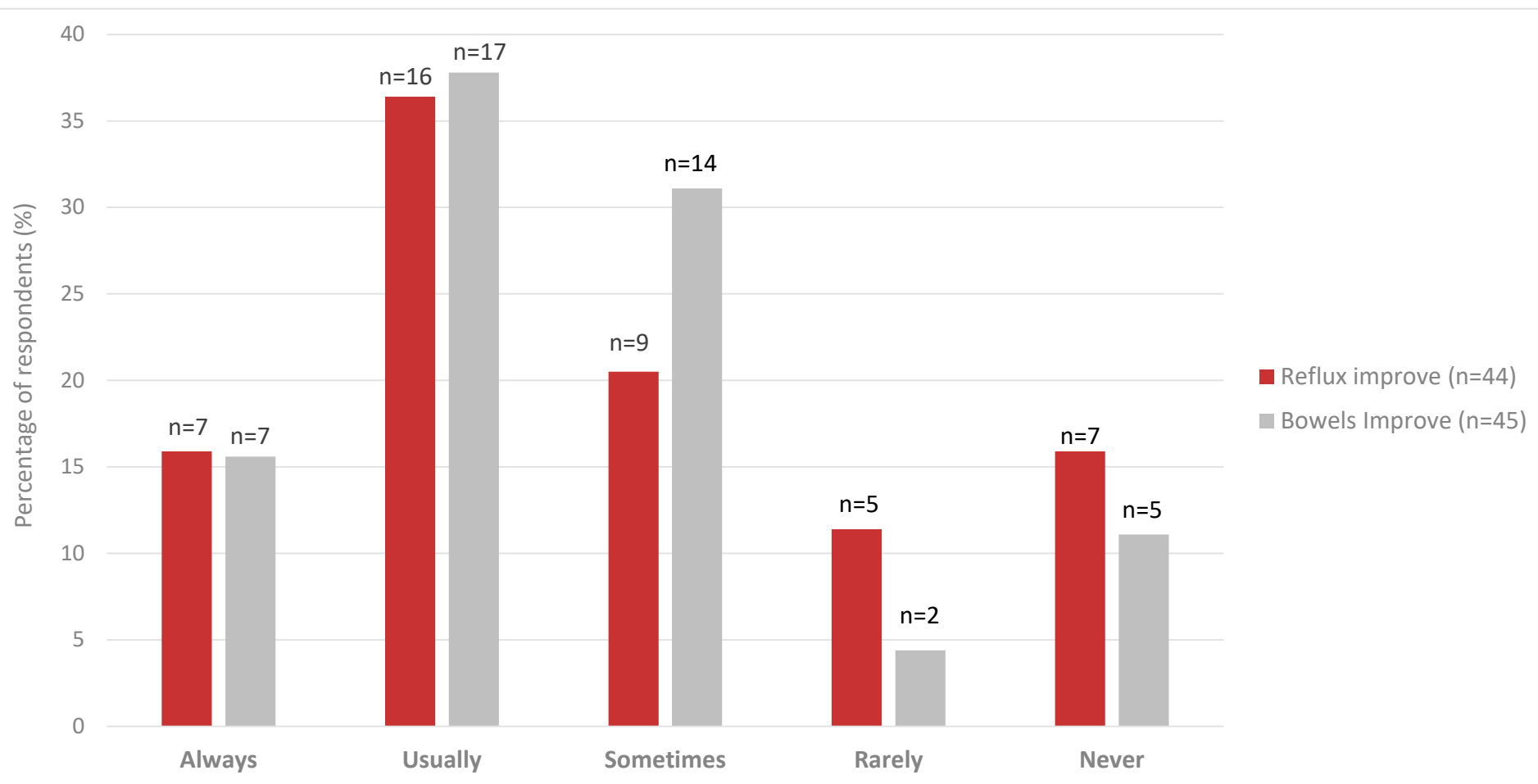
Cramer's V correlation co-efficient 0.545 (where 0.5=large correlation) indicated a strong association between the variables

# Reasons for starting BD (n=45)



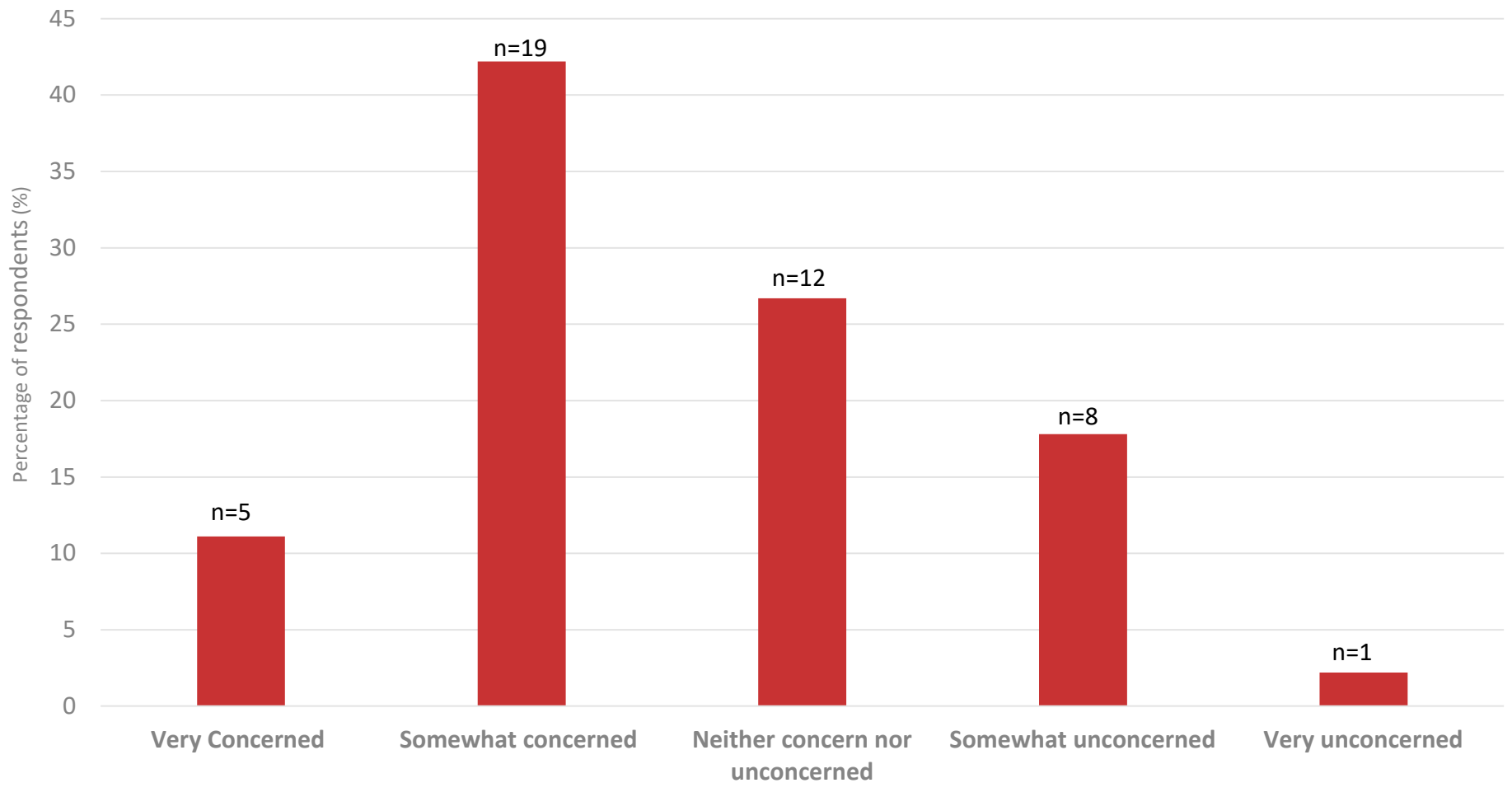
Results: Experience of using BD

# The frequency in reported improvements experienced in relation to GI disturbances



Results: Experience of using BD

# The level of concern regarding nutritional adequacy of BD (n=45)



Results: Experience of using BD

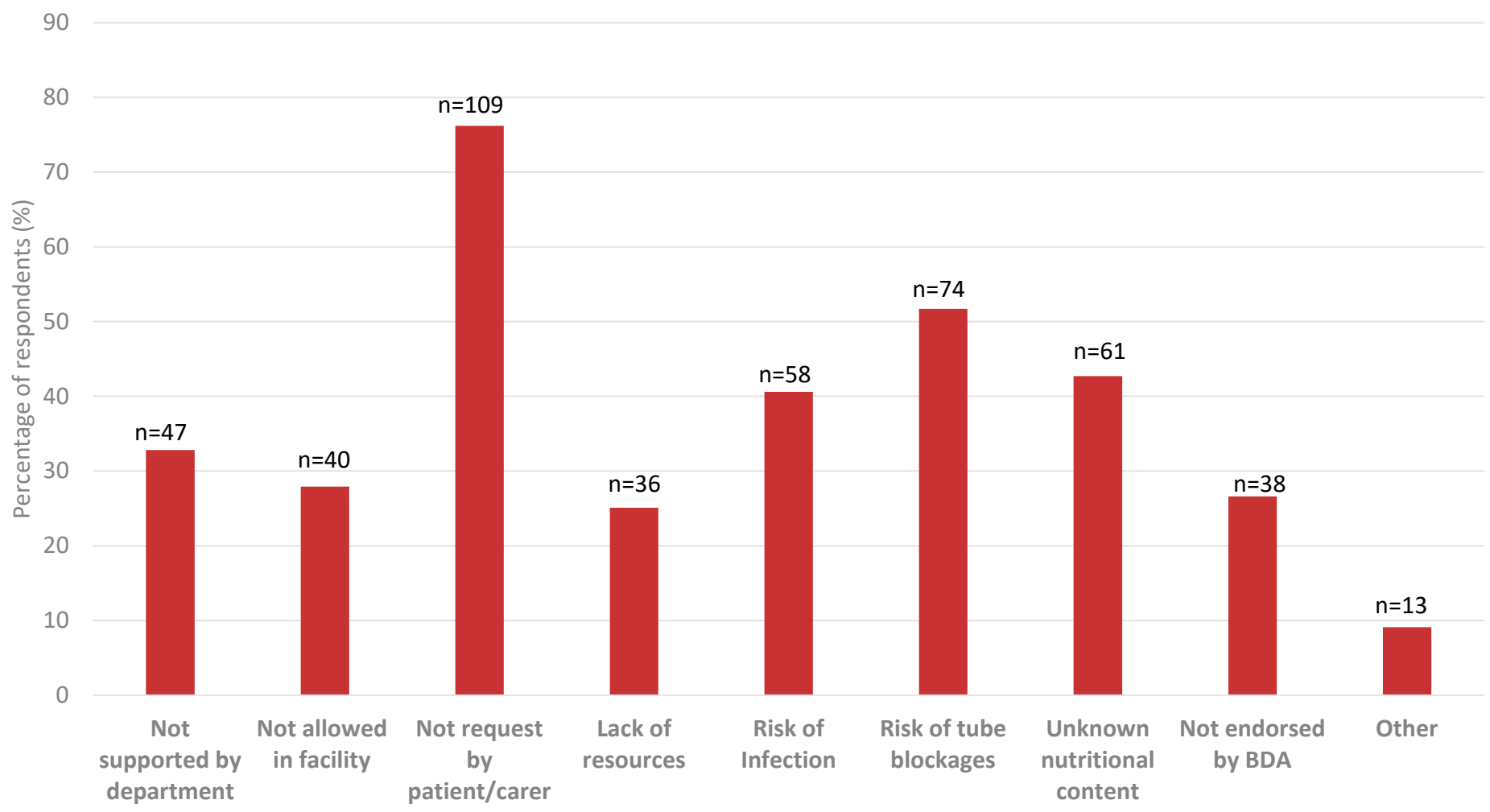
# Complications and patient experiences

Question (n=45)	Yes	No	Unsure
Do you experience a greater incidence of reported tube blockages from your patients using BD	6.7%	77.8%	15.6%
Is there a greater incidence of reported stoma infections from your patients following a BD	4.4%	68.9%	26.7%

None of the responding dietitians felt that their patient's experiences were negative (fair or very poor).

The majority rated it as either very good (60%, n=27) or excellent (26.7%, n=12).

# Reasons for not using BD (n=143)



Results: Not using BD



# Comments

Recipe books or lists of commonly used foods to increase calories, thicken or loosen consistency etc. would be useful tools for dietitians

I think BD are good for patients with long term conditions where gastrostomy feeding is integral to their life, e.g. paediatric, learning disability, etc

I am for the use of blended diets and for dietitians to promote the safety and adequacy of BD.

In XX we have audited our patients on a blended diet and positive results have been seen

My patients have both partially followed BD, complimenting their commercial tube feed with small amounts of blended regular food. They found this easier than fully transitioning to a BD and felt that this gave them improved quality of life

Lastly as a profession we need to work with these people rather than hide in the sand about blended diet

# Summary

- BD are being used in the UK
- Use highest amongst the community and paediatric populations
- Main reason for its use: patient/carer request, feed intolerances
- Dietitians are observing GI improvements with BD
- No greater incidence in tube blockages or infections
- Positive patient experiences with BD
- There are areas where BD wouldn't be appropriate i.e. ICU
- Dietitians want further information/wish to be able to support
- Many areas requiring further research



# Recommendations

- UK based research is required inform the practice of BD nationally
- Quantitative research- nutritional adequacy, efficacy in the management of gastro intestinal disturbances/ feed intolerances, microbial contamination and risk of tube blockage
- Qualitative- Impact on quality of life for both, use of shared decision making.

# QUESTIONS

