Gastrostomy Feeding
Tough Decision?

Why this topic?
- Misperception about aspiration
- Inappropriate placement
- Not always a shared-decision process
- Clinical utility
- Frequent topic of debate
- Differing perceptions of benefits

Linear model
Rabeneck, McCullough, and Wray (1997)
- Nutritional Status
- Mental Status (eg persistent vegetative state)
- Dysphagia complications vs. no complications

Linear model
Do NOT offer PEG = anorexia/cachexia
Recommend PEG = Dysphagia without complications
Trial or NO PEG = Dysphagia with complications

Critique Rabeneck et al
- Do not recommend feeding tube when “no physiological benefit can be expected”
- Distinguish between physiological and clinical benefit
- Patient/family wishes?
- Oversimplification misses important considerations

Linear model
Angus & Burakoff (2003)
- Medical diagnosis framework
- Cancer
- Neurological disease
- Geriatrics

ASHA 2010
Critique Angus & Burakoff

- Simple for when NOT to place
- Ethical considerations
- Shared decision making process
- Dementia & medications
- Not black & white decision

Critique Mitchell et al.

- Patient-centered
- Focus is not to prevent aspiration
- Comfort with PEG placement
- Easy to understand
- No consider medical professional opinion
- No weighting of items

Non-linear models

Mitchell et al. (2008)
- Patient & family-centered
- Personal worksheet
- Multiple considerations

We still had questions…

- Evidence
- Aspiration
- Dementia

Shared decision making

- Respecting autonomy
- Patient & carer perceptions
  - Lack of choice & adequate information
- Why is shared decision making a problem?
- Solutions
  - 5 elements enabling patient participation
  - Need interdisciplinary decision models

Quality of life

- “Burden of treatment”
  - Lifestyle limitations “I can’t get about”
  - Adverse effects “feeling down”
  - Service delivery “nobody helped us”
- Does the disease process matter?
  - Head and neck cancer vs. dementia
- ↑ Expectations & ↓ outcomes

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Aspiration

- Feeding tubes cannot prevent ...
  - Aspiration of oropharyngeal contents
  - Aspiration of gastric contents
- Feeding tubes do not reduce pneumonia risk

Advanced dementia

- Data limited but so far no proven benefits
  - Limited by observational design
- Never life sustaining?
  - Does not prolong survival when compared to hand feeding
  - Similar survival with/without dementia
- A new diet order: “comfort feeding only”
  - Eating symbolic of caregiving

Risk factors for poor outcomes

- Risk factors for poor outcome
  - age > 80
  - male
  - low BMI
  - cardiac risk factors
  - hemoglobin < 9.5 g/dl
  - serum albumin < 2.8 g/dl
  - nil orally <7 days

Tool structure

- Non-linear model with some linear aspects
- Takes into account:
  - Patient wishes
  - Individual factors
  - Shared decision making

Is this tool different?

- For professional with patient/family focus
- Strong ethical & medical considerations
- Weighted considerations
- Evidence-based clinical support
- Promotes professional ethics
- Comprehensive & user-friendly

Why this model for this decision?

- Aspiration
- Advanced Directives
- When tube is not recommended
- Comprehensive list of consideration/areas for further discussion
- Joint decision-making

ASHA 2010
References


ASHA website: http://www.asha.org/slp/clinical/dysphagia/PEG.htm