

Enteral (tube) feeding for people living with severe dementia

Decision aid: user guide and data sources

Role of a decision aid

Recommendations 1.10.6–8 of the NICE guideline on dementia state:

Encourage and support people living with dementia to eat and drink, taking into account their nutritional needs.

Consider involving a speech and language therapist if there are concerns about a person's safety when eating and drinking.

Do not routinely use enteral feeding in people living with severe dementia, unless indicated for a potentially reversible comorbidity.

Making decisions about enteral feeding can be very difficult, especially for the family and carers of the person living with severe dementia. The NICE [decision aid](#) can help healthcare professionals explain the limited benefits of enteral feeding, the possible harms and likely consequences, and alternative options. The person facing the decision and their family members or carers (as appropriate) can review information before deciding.

Developing the decision aid

The decision aid was developed by pharmacists in the NICE Medicines and Technologies Programme and clinicians and lay members of the guideline committee.

Sources of data

Benefits from enteral feeding

Information on the likely benefits of enteral feeding is based on a Cochrane review by [Sampson et al. \(2009\)](#) that was reviewed in the NICE guideline. The review included 7 observational studies in 1873 people living with severe dementia. It found no evidence of increased survival in people receiving enteral tube feeding. There was no evidence of benefit in terms of nutritional status (weight, body mass index, albumin, haematocrit or cholesterol) or the prevalence of pressure ulcers. None of the studies examined quality of life.

Harms and consequences from enteral feeding, and alternative options

None of the studies in the Cochrane review specifically listed adverse events as an outcome measure, although 2 of them did report adverse events. In 1 study involving 104 care home residents, at 6 months 58% of people having enteral feeding had aspiration pneumonia, compared with 17% of people eating normally ($p \leq 0.01$). Other information about the possible consequences from enteral feeding, and alternatives to enteral feeding, was based on the clinical and practical experience of the guideline committee members.

Reference

Sampson E, Candy B, Jones L (2009) [Enteral tube feeding for older people with advanced dementia. Cochrane Database of Systematic Reviews](#) issue 2: CD007209