ENTERAL FEEDING IN THE COMMUNITY: A STUDY OF HEALTH ECONOMIC OUTCOMES USING THE GENERAL PRACTICE RESEARCH DATABASE (GPRD)

Pang E1, Girod F2, Saleh A3, Knight H4, Glencorse C5, Edington J6
1Abbott Laboratories UK, Maidenhead, Berkshire, UK; 2MAPI Values UK, Macclesfield, Cheshire, UK; 3Orion Technology, Gerrards Cross, Buckinghamshire

OBJECTIVE: NICE is currently developing clinical guidelines on nutritional support in adults. The objective of this study was to determine which patients in primary care in the UK were prescribed enteral nutrition (sip & tube feeds) and to examine the associated economic outcomes. METHODS: Patients prescribed enteral nutrition during 2000/2001 were identified from the General Practice Research Database (GPRD). The results were analysed according to pre-determined BMI categories and diagnostic categories (cancer, dysphagia, stroke, GI, neurological, respiratory disorders, cystic fibrosis, renal disease, feeding difficulties). Results for the two largest diagnostic groups (GI disorders and cancer) are presented. RESULTS: In all, 2.34 million patients were registered on GPRD. 13,153 patients (0.6%) received >1 prescriptions for enteral nutrition, of whom 1332 had a recorded height and weight measurement. In all, 83% of patients with GI disorders and 69% with cancer had a BMI below 25. The number of nutritional prescriptions as a percentage of the total prescriptions by primary diagnosis category (cancer and GI disorders respectively) were as follows: BMI 15<20 (1.1%, 3.0%), 21<25 (3.2%,2.1%), 26<30 (1.2%, 0.3%) and 31<40 (0.5%, 0.4%). GP visits were frequent in both diagnostic groups in all BMI categories (mean range 27–36 for GI disorders; 38–59 for cancer). Hospitalisations were also frequent with means ranging from 2.5–3.0 for GI disorders; 1.9–4.6 for cancer, possibly reflecting severity of disease. CONCLUSIONS: It is expected that patients with a lower BMI would have a higher percentage of nutritional prescriptions. Whilst this was found to be the case for patients with GI disorders, the study results showed that patients with cancer and a low BMI had fewer nutritional prescriptions. This suggests that some patients in the community who could benefit from enteral nutrition may not be receiving it.

RESOURCES USE AND COST OF PATIENTS RECEIVING ENTERAL NUTRITION IN PRIMARY AND SECONDARY CARE IN THE UK

Pang E1, Girod F2, Saleh A3, Knight H4, Glencorse C5, Edington J6
1Abbott Laboratories UK, Maidenhead, Berkshire, UK; 2MAPI Values UK, Macclesfield, Cheshire, UK; 3Orion Technology, Gerrards Cross, Buckinghamshire

OBJECTIVES: No clinical guidelines or economic data exist on the use of enteral nutrition (EN) for the UK. The aim of this study was to determine which patients in primary care in the UK were prescribed enteral nutrition (sip & tube feeds) and to examine the associated economic outcomes. METHODS: Patients prescribed enteral nutrition during 2000/2001 were identified from the General Practice Research Database (GPRD). The results were analysed according to pre-determined BMI categories and diagnostic categories (cancer, dysphagia, stroke, GI, neurological, respiratory disorders, cystic fibrosis, renal disease, feeding difficulties). Results for the two largest diagnostic groups (GI disorders and cancer) are presented. RESULTS: In all, 2.34 million patients were registered on GPRD. 13,153 patients (0.6%) received >1 prescriptions for enteral nutrition, of whom 1332 had a recorded height and weight measurement. In all, 83% of patients with GI disorders and 69% with cancer had a BMI below 25. The number of nutritional prescriptions as a percentage of the total prescriptions by primary diagnosis category (cancer and GI disorders respectively) were as follows: BMI 15<20 (1.1%, 3.0%), 21<25 (3.2%,2.1%), 26<30 (1.2%, 0.3%) and 31<40 (0.5%, 0.4%). GP visits were frequent in both diagnostic groups in all BMI categories (mean range 27–36 for GI disorders; 38–59 for cancer). Hospitalisations were also frequent with means ranging from 2.5–3.0 for GI disorders; 1.9–4.6 for cancer, possibly reflecting severity of disease. CONCLUSIONS: It is expected that patients with a lower BMI would have a higher percentage of nutritional prescriptions. Whilst this was found to be the case for patients with GI disorders, the study results showed that patients with cancer and a low BMI had fewer nutritional prescriptions. This suggests that some patients in the community who could benefit from enteral nutrition may not be receiving it.