

ARTIFICIAL NUTRITION

and

HYDRATION



for the

PERSON with DEMENTIA

Northern California Chapter of NCGNP



Contact Info: www.ncgnp.org.

National Conference of Gerontological Nurse Practitioners

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This document was developed to discuss some of the common questions people ask about artificial nutrition (tube feeding) for persons with dementia.



Dementia is a progressive illness, causing a permanent loss of brain function. In advanced stages of dementia, people often lose interest in food and eating. This can be complicated by poor swallowing.

One of the questions you may be asked at this time is “Would your loved one want a feeding tube inserted in the event that he or she can not take food and water by mouth?” It is important to consider the person’s previously expressed wishes regarding putting in a feeding tube.

Tube feedings are not without risks. The risks and benefits should be carefully considered and discussed with the healthcare team. Nurses, nurse practitioners, social workers, physicians, and clergy can help patients and their family with decisions about artificial nutrition.

The following questions are commonly asked by family members:

References:

Callahan, C., Haag, K., Weinberger, M., et al. (2000). Outcomes of percutaneous endoscopic gastrostomy among older adults in a community setting. *Journal of the American Geriatrics Society*, 48, 1048-1054.

Finucane, T.E., Christmas, C., & Travis, K. (1999). Tube feeding in patients with advanced dementia: A review of the evidence. *Journal of the American Medical Association*, 282, 1365-1369.

Thomas, D.R. (2001). Issues and dilemmas in managing pressure ulcers. *The Journals of Gerontology. Series A, Biological Sciences and Medical Sciences*, 56, M238- M340.

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This pamphlet does not represent an endorsement of any approach to care but rather an attempt to inform.



What are the risks of tube feedings?

Some people experience diarrhea, bloating, and gas from tube feedings. There can be skin irritation from leakage around the tube or from diarrhea caused by tube feedings. Aspiration pneumonia is always a risk and in some instances can be life threatening.

Can people still eat regular food if they have a feeding tube?

Some people are allowed to eat even though they have a tube. Soft foods (like ice cream or pudding) are generally offered.

Can tube feedings be given at home?

The nurses in the hospital or nursing home can teach you how to care for the tube and give the feedings. There are visiting nurses who can show you how to manage the feedings at home.

You are not alone. . . .

The decision whether or not to start tube feedings is difficult. Before making this decision, it is helpful to consider your loved one's previously expressed wishes about life support and the current quality of life. We encourage you to discuss your questions and concerns with the healthcare team.



Without a feeding tube won't the person starve to death?

Many healthcare providers believe that the loss of interest in food or the inability to eat is a major turning point for the person with advanced dementia.

It is thought that the person with dementia is not eating because the dying process has begun. Without food or water, death usually occurs within days or a few weeks. The medical evidence is quite clear that dehydration is a compassionate and natural way to die (Finucane, Christmas, & Travis, 1999).

What are the different options for tube feedings?

1. Nasogastric Tube (NGT): A tube is placed in the nose and passed into the stomach. One end of the tube stays in the stomach and the other end comes out of the nose. This procedure generally can be performed by a nurse or physician and does not require any anesthesia or surgery. The tube can be irritating to the nose and the back of the throat over time. The end which is in the stomach can become dislocated and may need to be replaced from time to time.

2. Gastrostomy Tube (GT): A tube may be placed directly into the stomach through a small surgical incision done by a physician. One end of the tube stays inside the stomach and the other end comes out of the abdomen.

Once either type of tube is placed in the stomach, special liquid nutrition, water, and medications can be given through this tube. The formula is either dripped slowly and

continuously into the stomach or a measured amount is given into the tube at various times throughout the day.

Can't we just use intravenous (IV) fluids to feed someone?

Intravenous (IV) fluids provide fluid only. IVs have very little nutrition and very few calories. IVs are inserted into the vein using a needle. IV insertion can be a painful process. In the advanced stages of dementia, IV fluids can also contribute to fluid overload in the lungs making breathing difficult.

Can we try tube feedings for a while?

Tube feeding might be tried for a few days to a few weeks to see whether the person improves and is comfortable with the tube. However, if there is no improvement, the decision to stop the feeding is very difficult and may not be allowed in certain settings or circumstances.

Will a tube feeding make the person stronger and better able to care for him or herself?

Studies in people with advanced dementia have failed to show improvement with daily activities when a feeding tube is used (Callahan, Haag, Weinberger, et al., 2000).

Do tube feedings prevent or heal bedsores?

Medical studies have not shown that tube feedings are helpful in preventing or healing pressure sores (bedsores) (Thomas, 2001).

Does having a feeding tube prevent aspiration pneumonia?

Aspiration pneumonia is a lung infection caused by food or saliva "going down the wrong way" into the lungs instead of the stomach. Persons with dementia often have lost the ability to swallow safely because the muscles of the tongue and throat no longer work properly. A small amount of food or liquid trickling into the lungs can cause pneumonia. A feeding tube will not prevent aspiration pneumonia because saliva is still produced and can enter the lungs or, in the instance when a feeding tube becomes dislocated, the liquid supplement may enter the lungs.

How do we keep the tube from being pulled out if someone is very confused?

The person with dementia may become upset and restless at finding a tube sticking out of his or her nose or abdomen and may try to pull it out. Restraints are often used to prevent this and can be frightening to the person and can cause more restlessness.

What happens if the tube gets pulled out?

There may be some bleeding when a feeding tube is pulled out. If the tube is a nasogastric tube (NGT), the nurse can generally reinsert it. If it is a surgically placed tube (GT) sometimes the tube can be reinserted by the nurse, but at other times another surgery may be required.