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Are complications in home parenteral nutrition related to frequency of patient review?

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A previous study reported on the frequency and adequacy of monitoring of patients on home parenteral nutrition (HPN) in Scotland (NS Hallum, JP Baxter and RF McKee, unpublished results). Of fifty-three patients receiving HPN during 2006, one-third were always seen within the 100 d guideline set by the Scottish HPN Managed Clinical Network (MCN). Two-thirds of patients did not always meet the guideline but eighteen of these met it intermittently. The present study considers whether patients who received less-frequent supervision had more HPN-related complications than those who were reviewed more often and always met the 100 d target.

Data have been collected prospectively on all patients having HPN in Scotland by the MCN since 2000. The 2006 data were extracted.

	Always seen within 100 d	Sometimes seen within 100 d	Never seen within 100 d
Patients	18	18	17
Patients with complications	6	3	5

There is no significant difference between numbers of patients with complications in the three review-frequency groups. The results of this study do not support an association between review interval and complication rates. The MCN guideline of multiprofessional three-monthly reviews for all patients having HPN is based on expert opinion rather than higher levels of evidence. The present study indicates that less-frequent review does not necessarily equate with higher rates of complication; therefore, longer intervals between clinic visits might be clinically and economically justified. Is a two-tier system of review appropriate, whereby all patients are seen regularly but new or complex patients are seen more often?