

Tube Feeding in Elderly Patients

One of the most difficult decisions a family must face is whether or not to permit the insertion of a feeding tube to provide artificial nutrition to a loved one.

Often families choose to have a feeding tube inserted because they believe that without it, their family member's health would decline further, and his or her suffering would increase.

When active, healthy people lose weight due to sudden illness or surgery, the weight loss may be reversed with treatment of the condition. However, many elderly patients may lose weight because of poor appetite and weakness related to gradual failure of vital organs, age, or chronic disease. Research has shown that weight loss of this kind is often not regained, regardless of supplements or artificial feeding.

Feeding tubes are often automatically ordered for a frail elderly patient when that individual is losing weight and unable to eat. Conventional wisdom was that a tube would solve the problem. Unfortunately, conventional wisdom is wrong.

Will the patient get stronger as a result of tube feeding?

Generally, no. A study of nursing home patients showed that no patient with a feeding tube became stronger. In another study of patients in the community, 22% died within a month, 50% died in a year, and 70% who survived for 60 days had no improvement in their functional or nutritional status.

Will the feeding tube prevent a patient from inhaling secretions into their lungs, and thereby prevent pneumonia?

Data available shows that tube feeding may increase, rather than decrease, the risk of pneumonia. There have been 3 studies comparing patients with and without feeding tubes, and all 3 showed no advantage to tube feeding. It has been shown that inhalation of secretions into lungs occurs in 50% of tube-fed patients. The conclusion to draw is that preventing aspiration of secretions is not a reason to insert a feeding tube.

Will a patient suffer with hunger or thirst if they are not fed artificially?

Most studies of healthy patients who fast have shown that hunger disappears with complete cessation of eating solid foods, but that hunger is constant when a person eat small, inadequate amounts of food. Research on terminally ill patients has shown that they do not experience hunger and that thirst and dry mouth occurs with or without a tube. Thirst can be relieved with mouth care and sips of liquid. Finally, research has shown that in the absence of food and water, our bodies produce pain-relieving chemicals that promote a sense of well being and comfort.

Will a patient with a feeding tube live longer than one without a tube?

No. Research on nursing home residents has shown that patients do not live longer with a feeding tube. In a study of 1,386 people, there was no difference in length of survival between groups with a feeding tube and those without one. A review of 77 studies of patients with feeding tubes of a 30 year time period showed that patients with Alzheimer's/Dementia do not live longer with a feeding tube.

If elderly patients do not gain strength, live longer, have fewer lung infections or become more comfortable with a feeding tube, why are patients still receiving them?

There appear to be two key reasons. First, many healthcare professionals are not familiar with this new data, and second, many families believe that feeding via tube is "state of the art" medical care. They do not realize that hand-fed patients can often live as long without suffering the indignity of a tube or being robbed of one of their last pleasures of living, the ability to enjoy eating with loved ones.