La Nutrizione Artificiale nelle cure palliative: indicazioni, fabbisogni e limiti etici

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- Malnutrition in the elderly has been described as a "*silent crisis*" because it often goes undetected.

- Clinically, poor nutrition is linked with adverse health outcomes in a growing elderly population and is one of the most important contributor to frailty.

Several factors are associated with poor nutritional health:

- Age
- Living alone
- Eating and oral health issues
- Loss in sensory functions
- Low functional capacity
- Diminished cognitive function
- Depression
- Poor vision
- Changes in body composition (sarcopenia)

Clinical approach to Protein Energy Malnutrition in the Elderly

- Insufficient dietary intake (generalized, selective)
- Poor Nutritional Status
- Sarcopenia (reduced FFM/muscle loss) +/- excess body fat
- “Critical attitudes” (anorexia, depression, mood changes, metabolic complications etc)
- Antecedents of PEM (loss, dependency, loneliness etc)

- Protein Energy Malnutrition cannot be adequately studied without recognition of the influence of psycho-social and behavioural factors in the progression and management of physical changes.

- Nurse/care giver with a central role in identifying such changes and to prevent, diagnose and cure malnutrition in the elderly.

- The decision-making concerning artificial nutrition or hydration (ANH) can be considered an example of end-of-life treatment decision.

- ANH is a medical treatment by which "nutrition" or hydration is provided enterally (gastrostomy, etc.) or parenterally.

- ANH is one of the most frequent life-sustaining treatments.

- The EURELD Consortium study on random samples of nutritional death certificated from 6 European Countries found that a decision to decline ANH occurred between 2.6% (Italy) and 10,9% (the Netherlands).

Buiting et al 2007

- ANH decision-making often occurs in patients with dementia.

- In these patients losing the ability to eat, is an independent symptom of end-stage dementia/diseases.

Chen et al 2007

- Decision-making concerning ANH (artificial nutrition / hydration) in patients with dementia is clinically, emotionally and ethically challenging as it deals with one of the fundamental necessities of life (to eat and drink) and with deep-seated beliefs both in families and health care staffs.

- The best available clinical evidence has been unable to validate in elderly patients with dementia supposed benefits of ANH intervention (prolonging life, improving nutritional status, preventing aspiration, providing comfort). On the other hand has revealed several accompanying complications (infections, aspiration, vomiting, diarrhoea, increased use of physical …..)

- In dementia it is not sufficient to look at prolonged life, but also at quality of life

Finucane 1999, Gillick 2000

Care-giver roles in ANH decision making in dementia

- Nurse/care giver may give the initial signal that patient's nutritional status is deteriorating.
- Acts as "initiator" of the decision-making process of ANH.
- Plays a guiding role with the family, in particular when it does not realize the seriousness of the situation, has another viewpoint, has unrealistic expectations

Bryon et al 2010

Comfort Feeding Only (CFO): 1

- Reduced oral intake is expected in advanced dementia, not only due to eating problems, but also as a result of the physiological consequences of the disease.

- Because of the lower resting metabolic rate and inactivity in advanced dementia, calorie needs are reduced.

Finucane 1999, Gillick 2000

Protein/energy/water recommendations in the healthy elderly (kg “desiderable” body weight)

- 0.8 g protein
- 20-30 kcal
- 30-35 ml water
- vitamins and minerals according to elderly RDA

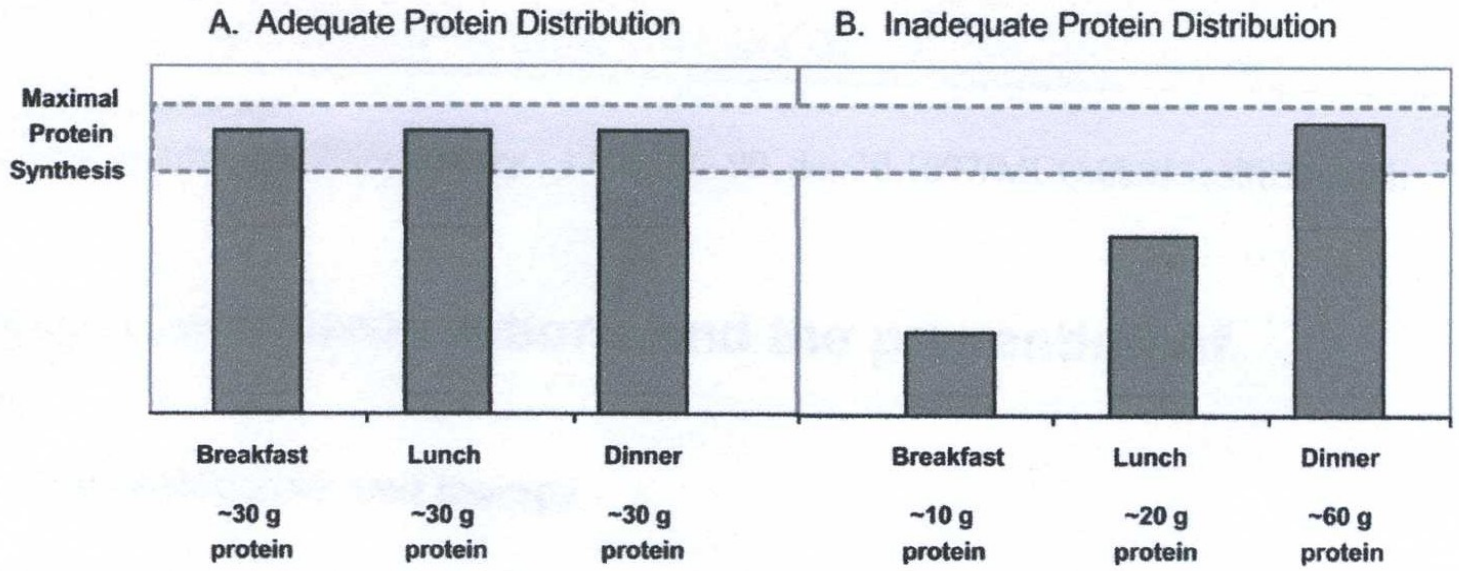

Figure 1. A pictorial example of the proposed relationship between the amount of protein ingested per meal and the resultant anabolic response gr1

(a) Ingestion of 90 g of protein, distributed evenly over 3 meals. (b) Ingestion of 90 g of proteins unevenly distributed throughout the day. Stimulating muscle protein synthesis to a maximal extent during the meals shown in Figure 1A is more likely to provide a greater 24 h protein anabolic response than an unequal protein distribution.

Paddon-Jones and Rasmussen 2009

Strategies for protein supplementation

- Ingestion of approx 25-30 g high biol. value proteins per meal maximally stimulates protein synthesis

(Paddon-Jones and Rasmussen 2009)

- FFM retention is obtained with a moderate regular exercise training (8 kcal/kg/wk i.e. about 700 kcal/wk)

(Church et al 2007)

Comfort Feeding Only (CFO): 2

- About 1/3 of nursing home residents with advanced cognitive impairment have feeding tubes.
- EN does not prolong survival in "advanced" dementia
- EN prolongs survival in "early" dementia
- Patients with "other terminal diseases" who can communicate do not suffer from hunger or thirst.

Palacek 2010

Comfort Feeding Only (CFO): 3

- Given the substantial cognitive and physical impairment of patients with dementia, survival may not be the only relevant outcome to consider for PEG feeding.
- CFO emphasizes that the patient will be fed so long as it is not distressing.
- CFO refers to the goals of the feeding.

Palacek et al 2010

Comfort Feeding Only (CFO): 4

- CFO provides an individualized care plan to hand feed the patient as long as it is not causing distress.
- Conclusion of the process is not "feed or don't feed" but " care feeding or treat by Enteral Nutrition (through PEG) ".
- CFO avoids the misleading dichotomy of care versus no care.

Palacek 2010

Awake, sleep pattern and spontaneous swallowing in elderly patients with advanced dementia orally fed or receiving Enteral Nutrition by PEG

- Aim of the study was to evaluate general conditions, consciousness level and complications risks in elderly patients with dementia orally fed versus PEG fed
- swallowing function is inversely related to aspiration pneumonia risk

Yamaguchi et al 2011

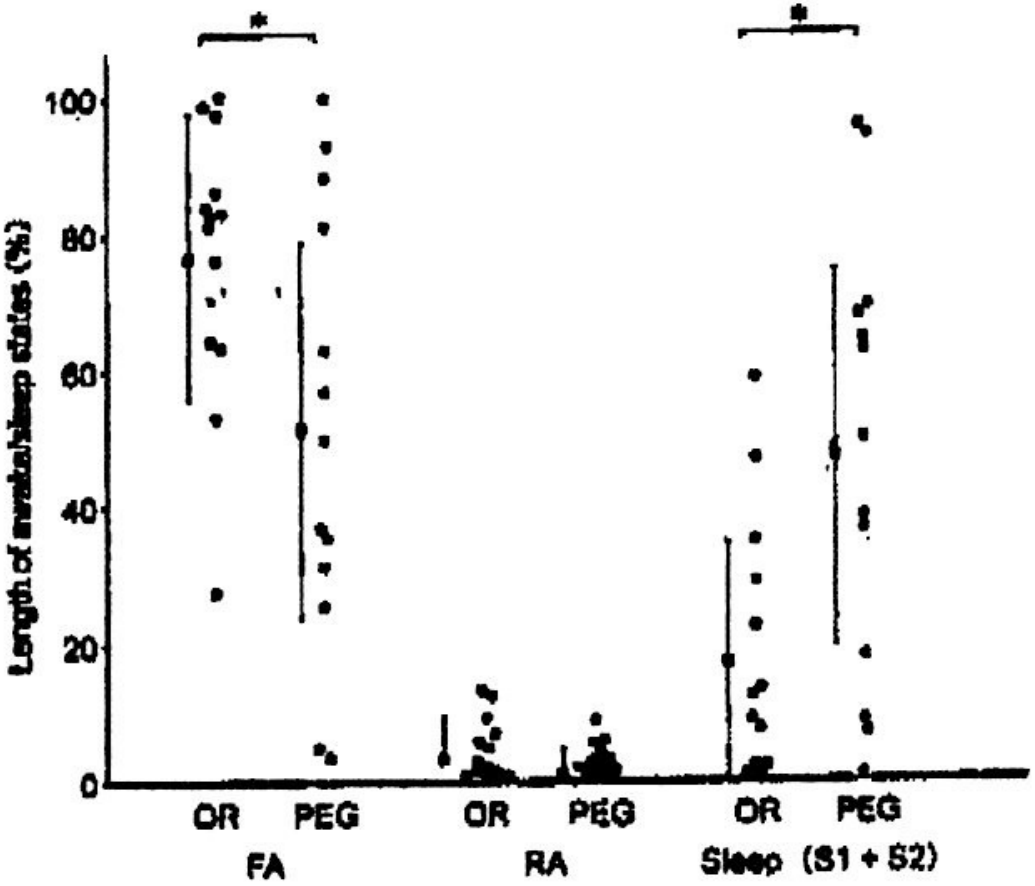

Figure 3 Length of awake/sleep states during the recording period in demented patients undergoing artificial nutrition by percutaneous endoscopic gastrostomy (PEG) and patients with dementia who took meals orally (OR). The value was significantly different in the full-awake state (FA) and sleep states (S1 and S2) between OR and PEG patients (*$P < 0.01$). There was no difference in the value for the rest-awake (RA) state. A solid square (■) and vertical bar indicate the mean and standard deviation, respectively, in each patient group

Yamaguchi 2011

Oral feeding versus EN by PEG in dementia

- OR patients were consistently awake at meal times (and tend to maintain awake/sleep rhytm).
- EN by PEG showed no awake period at meal times and the number of spontaneous swallowing was especially small

Yamaguchi et al 2011

Uno degli obblighi etici più stimolanti per un interprete è trovare il giusto equilibrio tra intelletto ed emozioni.

L'intelletto non è una dote umana inferiore all'emozione, ma, nella musica, se prende il sopravvento può andare a detrimento della compiutezza di un'esecuzione.

All'opposto, è altrettanto dannoso quando l'emozione procede senza il controllo del pensiero razionale.

Intelletto ed emozione si potenziano e si completano a vicenda ….. come nella grande musica …..

….. Il paradosso dell'esecuzione è che il modo più diretto ed efficace per comunicare con il pubblico è dimenticarsi che esiste.

Barenboim D. La musica è un tutto. Feltrinelli 2013

Lévi Strauss ha affermato che é un bene che vi sia una certa resistenza e addirittura impermeabilità tra culture, al fine di non perdere la propria identità nell'incontro con l'altro.

Solo se due culture continuano ad essere distinte, possono scambiarsi ed arricchirsi reciprocamente.

In caso contrario, ogni aspetto della vita degli umani verrebbe reso omogeneo, con una grave perdita.

Lévi Strauss, Tristi Tropici, Il Saggiatore 1960
Cavalli-Sforza LL e Padoan D, Razzismo e Noismo, Einaudi 2013

Alcuni concetti da chiarire :

- Terapia *verso* assistenza
- Alimentazione assistita, forzata *verso* nutrizione ed idratazione
- Paziente terminale, preagonico, agonico, morte cerebrale, mutismo acinetico, livelli minimi di coscienza *verso* stato vegetativo (persistente e permanente)
- Eutanasia (attiva e passiva) *verso* interruzione terapie quando accanimento terapeutico, o eccesso di cure
- Tutore “legale” *verso* “fiduciario” (“ testamento biologico”= disposizioni anticipate di trattamento)
- “Dignity of life” *verso* “culture of life”

La Bioetica e la Nutrizione Artificiale: cosa è cambiato dagli anni settanta ad oggi?

- La NA da terapia prevalentemente straordinaria diviene terapia ordinaria
- Aumentata confusione tra etica dell'assistenza ed etica della terapia medica
- Rapido passaggio della bioetica da un orientamento prevalentemente filosofico a legale, da standards nazionali a standards internazionali (con eccezioni) e da progetto professionale (medico –biologico) a progetto politico
- La decisione medica sempre più contratto terapeutico
- Tendenza intrusiva nella dimensione privata del rapporto medico/paziente