

## 15 - Bilag 8: Evidensvurderinger

<b>Artikel</b>	
Chiarelli A, Enzi G, Casadei A, Baggio B, Valerio A, Mazzoleni F (1990) Very early nutrition supplementation in burned patients. Am J Clin Nutr 51:1035-1039	
<b>PICO 1</b>	Fælles bedømmelse
<b>Sequence generation</b> RANDOM SEQUENCE GENERATION Selection bias (biased allocation to interventions) due to inadequate generation of a randomised sequence.	Low risk _____ High risk _____ UnClear __x_____
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<b>Artikel</b>	
Chourdakis M, Kraus MM, Tzellos T, Sardeli C, Peftoulidou M, Vassilakos D, Kouvelas D (2012) Effect of early compared with delayed enteral nutrition on endocrine function in patients with traumatic brain injury: an open-labeled randomized trial. JPEN J Parenter Enteral Nutr 36:108-1016.	
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<b>Artikel</b>	
Drakulovic MB, Torres A, Bauer TT, Nicolas JM, Nogue S, Ferrer M. Supine body position as a risk factor for nosocomial pneumonia in mechanically ventilated patients: a randomised trial. Lancet. 1999;354:1851-1858.	
<b>PICO 2</b>	Fælles bedømmelse
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<b>Artikel</b>	
van Nieuwenhoven CA, Vandembroucke-Grauls C, van Tiel FH, et al. Feasibility and effects of the semirecumbent position to prevent ventilator-associated pneumonia: a randomized study. Crit Care Med. 2006;34:396-402.	
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<b>Artikel</b>
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Taylor TT. A comparison of two methods of nasogastric tube feedings. Journal of Neurosurgical nursing. 1982;14(1):49-55.	
<b>PICO 3</b>	Fælles bedømmelse
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<b>Artikel</b>	
Serpa LF, Kimura M, Faintuch J, Ceconenello I. Effects of continuous versus bolus infusion of enteral nutrition in critical patients. Med S Paulo. 2003;58(1):9-14.	
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<b>Artikel</b>	
Steevens EC, Lipscomb AF, Pool GV, Sacks GS. Comparison of continuous vs intermittent nasogastric enteral feeding in trauma patients: Perceptions and practice. Nutrition in Clinical Practice. 2002;17(2):118-122.	
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<b>Artikel</b>	
Kocan MJ, Hickisch SM. A comparison of continuous and intermittent enteral nutrition in NICU patients. Journal of Neuroscience Nursing. 1986;18(6)334-337.	
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<b>Artikel</b>	
Ciocon JO, Galindo-Ciocon DJ, Tiessen C, Galindo D. Continuous compared with intermittent tube feeding in the elderly. JPEN. 1992;16(6):525-528.	
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<b>Artikel</b>	
Ha L, Hauge T, Iversen PO. Individual, nutritional support prevents undernutrition, increases muscle strength and improves QoL among elderly at nutritional risk hospitalized for acute stroke: A randomized, controlled trial. Author links open overlay panel. Clinical Nutrition. 2010;29(5):567-573	
<b>PICO 4</b>	Fælles bedømmelse
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<b>Artikel</b>	
Pedersen JL, Pedersen PU, Damsgaard EM. Nutritional follow-up after discharge prevents readmission to hospital – a randomized clinical trial. J Nutr Health Aging. 2017;21(1):75-82	
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<p>Pedersen JL, Pedersen PU, Damsgaard EM. Early nutritional follow-up after discharge prevents, deterioration of ADL functions in malnourished, independent geriatric patients who live alone – a randomized clinical trial. J Nutr Health Aging. 2016;20(8):845-853</p>	
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<p>Terp R, Jacobsen KO, Kannegaard, Larsen A-M, Madsen OR, Noisen E. A nutritional intervention program improves the nutritional status of geriatric patients at nutritional risk – a randomized control trial. Clinical Rehabilitation. 2018;32(7):930-941.</p>	
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<b>0Clarity of Presentation</b>								
15. The recommendations are specific and unambiguous.							X	
16. The different options for management of the condition or health issue are clearly presented.							X	
17. Key recommendations are easily identifiable.							X	
<b>Applicability</b>								
18. The guideline describes facilitators and barriers to its application.		X						
19. The guideline provides advice and/or tools on how the recommendation can be put into practice.				X				
20. The potential resource implications of applying the recommendations have been considered.		X						
21. The guideline presents monitoring and/or auditing criteria.				X				
<b>Editorial Independence</b>								
22. The views of the funding body have not influenced the content of the guideline.							X	
23. Competing interests of guideline development group members have been recorded and addressed.							X	

## OVERALL GUIDELINE ASSESSMENT

(for each question, please choose the response which best characterizes the guideline assessed):

### 1: Rate the overall quality of this guideline.

1 Lowest possible quality	2	3	4	5	6	7 Highest possible quality

2: I would recommend this guideline for use.

<b>YES</b>	<b>Yes</b>
<b>YES, WITH MODIFICATIONS</b>	
<b>NO</b>	

NOTES

## Data ekstraktion af inkluderede artikler.

### PICO 1

#### RCT der tester tidlig versus sen opstart af enteral ernæring

Forfatter år	Population	Intervention	Kontrol	Outcomes	Tidlig start af ernæring Antal/population	Sen start af ernæring Antal/population
Grahm, 1989	TBI GCS < 11 N= 32 (17 vs 15)	EN inden for 36 timer efter indlæggelsen	EN ved tarmlyde efter 48 timer	Pneumoni	2/17	3/15
Chiarellei, 1990	Brandsår 25-60% N= 20 (10 vs 10)	EN Straks efter indlæggelsen gennemsnit 4,4 timer	EN efter 48 timer gennemsnit 57,7	Mortalitet Infektioner	0/10 3/10	0/10 7/10
Eyer, 1993	Traumer indlagt på intensiv afd. N=52 (26 vs 26)	EN inden for 24 t gennemsnit 31 t.	EN efter 72 t, gennemsnit 82 t	Mortalitet Pneumoni	2/19 8/19	2/19 4/19
Peck, 2004	Brandsår N=32 (16 vs 16)	EN inden for 24 t + frit per os	EN fra dag 7 + frit per os	Mortalitet Infektioner (totale antal)	4/14 14	5/11 11
Nguyen, 2008	Blandet intensiv pt'er. BMI 27-28 N=28 (14 vs 14)	EN inden for 24 timer	EN fra dag 4	Mortalitet Pneumoni	6/14 3/14	6/14 6/14
Moses, 2009	Forgiftning patienter N=59 (29 vs 30)	EN inden for 48 timer	I/V Væske	Mortalitet	3/29	3/30
Chourdakis, 2012	TBI GCS gennemsnit 5,8 vs 5,22 N=59 (34 vs 25)	EN inden for 48 t	EN efter 48 t	Mortalitet Pneumoni Infektioner (totale antal)	3/34 13/34 28	2/25 12/25 29

TBI = Total brain injury, GCS = Glasgow Coma Score, EN = enteral ernæring.



Referencer:

Graham TW, Zadrozny DB, Harrington T. The benefits of early jejunal hyperalimentation in the head-injured patient. *Neurosurgery*. 1989;25:729-735

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Nguyen NQ, Fraser RJ, Bryant LK, Burgstad C, Chapman MJ, Bellon M, Wishart J, Holloway RH, Horowitz M. The impact of delaying enteral feeding on gastric emptying, plasma cholecystokinin, and peptide YY concentrations in critically ill patients. *Crit care Med*. 2008;36:1469-1474.

Moses V, Mahendri NV, John G, Peter JV, Ganesh A. Early hypocaloric enteral nutritional supplementation in acute organophosphate poisoning--a prospective randomized trial. *Clin Toxicol*. 2009;47:419-424.

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PICO 2

RCT der tester eleveret vs ikke eleveret hovedgærde

Forfatter år	Population	Intervention	Kontrol	Outcomes	Eleveret hovedgærde Antal/population	Fladt hovedgærde Antal/population
Drakulovic, 1999	Intensive patienter incl neurokirurgiske patienter N=86 (39 vs 47)	Ernæring EN eller PE Hovedgærde eleveret > 30 grader	Ernæring EN eller PE Hovedgærde fladt	Mortalitet Pneumoni	7/39 2/39	13/47 11/47
van Nieuwenhoven, 2006	Intensive patienter fra fire afd. Incl neurologiske lidelser N=221 (109 vs 112)	Hovedgærde eleveret = 45 grader EN 82%	Hovedgærde fladt EN 87%	Mortalitet Pneumoni	33/112 13/112	33/109 8/109

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PICO 3

RCT der tester kontinuerlig vs intermitterende indløb af enteral ernæring

Forfatter år	Population	Intervention	Kontrol	Outcomes	Intermitterende indløb Antal/population	Kontinuerlig indløb Antal/population
Taylor, 1982	Neurologiske patienter N=13 (5 vs 8)	40 ml stigende til 320 ml/ 4. time.	10 ml/t stigende til 80ml/ t kontinuerligt	Aspiration	1/5	2/8
Serpa, 2003	Mix gruppe af kritisk syge pt'er. 50% neurologiske lidelser N=28 (14 vs 14)	EN gives over 1 t 8 x døgnet	Kontinuerligt over 24 t	Aspiration	0/14	2/14
Steevens, 2002	Pt'er med hovedskader gennemsnitsalder 36 år. Påbegyndt EN ca 40 t efter indlæggelse. N=18 (9 vs 9)	125ml/4. øges med 125ml/ hver 12. time Indløbshastighed 15 min	25 ml/t. øges med 25ml/ hver 12. time indtil pt's ernærings mål blev opnået	Aspiration	1/9	0/9
Kocan, 1986	Neurologiske pt'er N=34 (17 vs 17)	EN hver 4 t indløb over 1 t.	EN fordelt over 24 t	Aspiration	9/17	8/17
Ciocon, 1992	Patienter med neurologiske lidelser, alder 72 år (62-99) N=60 (30 vs 30)	200-400 ml/4. T efterfulgt af 100 ml vand	Døgnmængde givet med pumpe	Aspiration	10/30	5/30

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PICO 4

RCT der tester effekten af individualiseret ernæringsplaner

Forfatter år	Population	Intervention	Kontrol	Outcomes	Intervention efter 3 mdr. Antal/population	Kontrol efter 3 mdr. Antal/population
Ha, 2010	Patienter indlagt med stroke N= 170 (84 vs 86) Opfølgning 3 mdr. 58 vs 66	Individuel ernæringsplan der blev justeret i forhold til pt's ernærings behov og mulighed for indtagelse og vejledning ved udskrivelse	Standard plan efter ordinerendes læges vurdering	Vægttab >5 % Forandring i handgrip QoL (øgning)	12/58 2,3 (2,7) (CI 95% 1,3 - 3,3) 16/23	24/66 -0,3 (4,9) (CI 95% - 1,5 - 1,0) 6/23
Pedersen, 2016	Enlige geriatriske pt'er incl neurologiske lidelser. Alder 86,4 (77-103) N=140 (73 vs 67)	Individuel ernæringsplan og opfølgning ved besøg fra sygehus hjemme 4 +8 uger og hjemmeplejen	Medgives genoptræningsplan incl. Beskrivelse af ernæringsproblestillinger	Funktionsniveau 8-12 uger efter udskrivelse	90 (20,25)	89 (22,1)
Pedersen, 2017	Enlige geriatriske pt'er incl neurologiske lidelser. Alder 86,4 (77-103) N=140 (73 vs 67)	Individuel ernæringsplan og opfølgning ved besøg fra sygehus hjemme 4 +8 uger og hjemmeplejen	Medgives genoptræningsplan incl. Beskrivelse af ernæringsproblestillinger	Genindlæggelse 90 dage	13/73	26/67
Terp, 2018	Geriatriske pt'er i ernæringsmæssig risiko,	Ved udskrivelse: Individuel ernæringsplan, systematisk	Ved udskrivelsen: Ernæringsmæssige problemstillinger	Genindlæggelse 90 dg. Mortalitet 90 dg 120 dg	26/67 10/67 12/67	23/67 9/67 10/67

	N=150 (74 vs 76)	opfølgende besøg af hjemmesygeplej erske, 1, 4 og 8 uger efter udskrivelsen	ger blev dokumenteret – ingen systematisk opfølgning planlagt	Funktionsni veau	84,2 (22,1)	70,6 (19,9)
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