



Effectiveness of Nutritional Therapy and Educational Program

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ABOUT THE STUDY

Home Enteral Nutrition (HEN), or administration of enteral preparations *via* the gastrointestinal tract (usually by tube), is used to prevent or correct malnutrition in patients being treated at home. HEN is an increasingly prescribed form of nutritional support. In the United States, 415 patients per million people were treated with HEN in 1992, and by 2013 it had increased to 1,385 per million people. This treatment brings many benefits to patients, their families, and the medical networks that provide them. If you receive treatment at home, you can save an estimated 75% on your costs. One of the goals of the medical professional is to ensure that the patient is monitored at home and that the established treatment is properly maintained, and to control and control the side effects that may occur to ensure that the treatment goal is achieved.

This includes patients with chronic obstructive disease, post-stroke patients or bedridden patients at increased risk of pressure ulcers, and surgical patients (pre and post-operative), but especially multimorbid and chronic patients where the incidence of the population with swallowing difficulty primarily due to neurodegenerative problems is very high. The selection of the most appropriate formula for each patient has been shown to achieve both energy and nutrient therapeutic goals and improve nutritional status. In terms of patient monitoring and follow-up, the coordination of a multidisciplinary team is essential to prevent complications such as malnutrition and dehydration in these patients, as well as complications caused by the EN itself, such as vomiting, diarrhoea, constipation, abdominal distension, and complications arising from the access route (nasogastric tube [NGT], percutaneous endoscopic gastrostomy [PEG] and percutaneous radiological gastrostomy [PRG]), such as obstruction.

HEN may improve the nutritional status and quality of life of patients and their families. Healthcare professionals must therefore ensure that the prescribed formulas are appropriate for each individual patient and that nutritional requirements are adjusted on a case-by-case basis. Patient and family training for the proper use of preparations and monitoring at home is key to ensuring correct adherence to the established treatment, controlling and minimising possible side effects and thereby ensuring the therapeutic goals are met. This study assessed the 6-month evolution of the prescribed nutritional requirements, nutritional status, adverse effects and compliance with the proposed regimens for the correct use of EN in 414 patients included.

The adverse effects experienced by the patients in our study did not exceed 6% of cases, except for tolerance problems, which was 16.3% at 3 months. In all cases, a favourable clinical course was observed from one visit to the next, with a statistically significant reduction in gastrointestinal symptoms at the 3 and 6 month visits in terms of tolerance problems, diarrhoea and abdominal distension. Prescriber compliance was recorded for some proposed measures such as quality indices of the service provided and patient/caregiver educational measures. Compliance > 99% was obtained for all measures, both at the baseline and 6-month visits. Up to 68% of NGT patients did not comply with the prescribed HEN programs in a study of head and neck cancer patients in which 36/88 had PEG. Moreover, averages of 5.4 unscheduled medical care contacts were necessary to resolve the complications experienced by 8 patients with HEN over a mean follow-up time of 10.5 months.

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