RESULTS OF AN ERNICA* SURVEY ON SOLID FOOD WEANING, PRO- AND ANTI-BIOTIC USE AND GLP- 2 ACCESS IN SHORT BOWEL SYNDROME (SBS) INFANTS MANAGED BY SPECIALIST INTESTINAL FAILURE (IF) REHABILITATION CENTRES.

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Rationale

The primary aim of IF management is to wean patients off parenteral nutrition(PN) whilst maintaining appropriate weight gain and growth. There is a paucity of evidence in the literature as to the best methods to achieve this. The aim of this study was;

1)To ascertain how European multidisciplinary IF centres introduce solid food in infants with SBS receiving PN

2) To look at other supportive treatments used that may aid this process

Methods

A questionnaire developed by the ERNICA group on infant weaning strategies in SBS associated IF was sent to 14 IF centres in 9 European countries. Questions included: age food is introduced and weaning strategies employed. In addition centres were asked about other strategies that could potentially affect the outcome; whether they used pro- and/or anti-biotics, whether they routinely checked for small intestinal bacterial overgrowth(SIBO) and whether they had access to GLP-2 as a treatment

Results

- All 14 centres introduced solid food by 6 months of age, irrespective of the degree of PN dependence.
- 2/14, 14%, used a dedicated protocol
- 9/14, 68%, centres food introduced varied according to remaining small intestinal length, presence/absence of ileo-caecal valve and/or colon resected.
- 5, 35%, initially introduced a single food/food group: 3 starch, 2 vegetable based.
- 9, 64% centres introduced food combinations: 5 starch + vegetables, 2 starch + vegetables + meat, and 2 vegetables + fruit.
- 11, 78%, centres advised avoidance of certain foods.
- 6 centres, 42% routinely used probiotics whilst 4, 28% never did so.
- 6, 42% centres routinely used antibiotics.
- 13/14, 92% investigated for SIBO
- 8/13, 61% measured blood D-lactate.
- 7/14, 50% centres had access to GLP-2 treatment.

Conclusions

- All the specialist IF rehabilitation centres introduced solid food at the recommended age, which should limit later feeding difficulties.
- However there was no consensus as to which foods were best to introduce first and which foods, if any, should be excluded from the diet.
- There was a similar lack of concordance as to other adjunctive tests and treatments.

As diet helps with the process of weaning PN it is recommended that a multicentre European study is needed to elucidate the best weaning strategy for SBS infants.

References

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