

applied safely for diabetic patients. Guidelines have already been changed although evidence levels seem to be still low.

Methods: This randomized, placebo controlled, double blind single center trial includes the measurement of the gastric residual volume, multiple blood sugar controls, C peptide as well as the documentation of adverse events and other secondary outcome parameters. Follow up is being conducted for 15 days. The study was approved by ethical committee of the University.

Results: At the Cardiothoracic Surgery Unit, 54 patients have been screened, 19 of these gave consent and have been enrolled and analysed so far.

Mean values and standard deviation of the gastric residual volume were 31.23ml±24.23 in the intervention group and 22.25ml±29.56 in the placebo group.

Half hourly blood sugar measurements showed a maximum of 253mg/dl±37 measured 60 minutes after carbohydrate intake, a decrease to 160 mg/dl±45 after 180 minutes a nearly return to baseline until start of surgery and no alteration in the placebo group. The intraoperative glucose was similar for both groups.

Conclusion: In diabetics after preoperative glucose loading glucose increases by more than 100% and needs more than 3 hours to return to baseline. Gastric residual volumes of 80 ml maximum occurred. No adverse events such as aspiration, infections or death to any cause have been reported. Gastric residuals may need a much larger group to be studied. In summary preoperative oral carbohydrate loading appears to be safe before major surgery with regard to glucose levels, but the standard may be to large.

Disclosure of Interest: None Declared

PP020-MON

INDICATION OF PARENTERAL NUTRITION THERAPY: WE ARE FOLLOWING THE GUIDELINES?

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Rationale: Identify the frequency and causes of non-compliance in Parenteral Nutrition Therapy in a General Hospital with a Nutritional Support Team available.

Methods: The Hospital Santa Catarina at the city of São Paulo, Brazil, is a private general hospital of 350 beds that have a specialized NST for 15 years. Our NST is responsible for nutritional therapy care of about 65 patients daily. The quality control is assessed monthly through 5 quality control indicators (QTI) [1].

From January 2009 to December 2012 we have evaluated the files of 1574 patients receiving NT under our care. From these 480 patients (30.5%) received PNT. We have looked for the indications of PNT and compared them to the Espen guidelines.

Results: No compliance in PNT was found in 54 patients (11%). The main reasons for non compliance were: post operative elective digestive surgery (24 patients, 45%); PN indicated for less than 3 days (9 patients, 17%); chemotherapy (8 patients, 15%); liver encephalopathy (4 patients, 7.4%); acute pancreatitis (3 patients, 5%); discrete abdominal distention with intestinal transit (3 patients, 5%), sepsis (2 patients, 3.7%) and pulmonary embolism (1 patient, 2%).

Conclusion: Even with the availability of a specialized NST there is a moderate rate of non compliance of PN indication. It is mandatory to establish physicians programs of continuous education to raise awareness and knowledge about appropriate NT.

References

- [1] Indicadores de Qualidade em Terapia Nutricional. Força-Tarefa Nutrição Clínica. Comitê de Nutrição. ILSI – International Life Sciences Institute, 2010.

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Geriatrics II

PP021-MON

MEALTIME CHALLENGES FOR FAMILY CAREGIVERS OF PERSONS WITH DEMENTIA

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Rationale: To assist persons suffering from dementia in eating and drinking is a demanding challenge and can influence the quality of life in persons with dementia and their family caregivers. The aim of this project was to explore mealtime challenges, that caregivers experience.

Methods: This abstract describes part of the qualitative results of a mixed methods study in a home care setting. We conducted structured questionnaires in a convenience sample of 67 dyads (persons with dementia [80.0±7.5 y;] and caregivers [66.6±12.5 y]). Out of this sample, 12 caregivers participated in a qualitative interview, providing their perspectives and challenges in taking care of the nutritional situation for a relative suffering from dementia. Qualitative content analysis by Mayring was applied.

Results: The findings indicate that to take care of the nutritional situation is a process where caregivers provide an always changing act of balance between the demands of the person with dementia for self-determination versus precautionary caring support. For caregivers, mealtime is an event between connection and disconnection, provoking a wide range of coping strategies (“prompting and holding one’s hand”, “between encouraging and hindering”, “maintaining order and peace”, “shaping meal-times” and “striking the right balance”). Moreover, mealtimes are associated with burdening emotions as well as experiences of loss in interpersonal relationships and social contacts.

Conclusion: In this study family caregivers shared their multifaceted and challenging experiences in taking care of the nutritional situation for a loved person with dementia. The result supports the integration of the topic “nutrition” into interventional programs and help develop strategies for eating in and out in a good social environment.

References

- Mayring, P. (2003). *Qualitative Inhaltsanalyse – Grundlagen und Techniken* (M. Philipp Ed. 8th ed.): Weinheim und Basel: Beltz Verlag.

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