New Zealand gastroenterologists’ perceptions, knowledge and experience of exclusive enteral nutrition to treat Crohn’s disease

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Exclusive enteral nutrition (EEN) is a nutritionally complete liquid diet which excludes usual foods and fluids, and is recommended to induce disease remission in children with active Crohn’s disease (CD). The prescription of EEN, instead of corticosteroid treatment, by North American physicians has been shown to be influenced by their previous exposure to, and experience with, the treatment. EEN has not been widely used with, or recommended for, adults with active CD, however a New Zealand survey of 35 adults with CD attending out-patient appointments found that adults were interested in trying EEN as an alternative to corticosteroids. Given there is some patient interest in the treatment, we wanted to understand New Zealand gastroenterologists’ perceptions, knowledge and experience of EEN in the treatment of children and adults with active CD.

Methods

New Zealand gastroenterologists were emailed a web-based survey link from the New Zealand Society of Gastroenterology executive officer during July and August 2015. The survey questions were adapted from a survey sent to North American physicians to understand their attitudes and use of enteral nutrition to treat paediatric CD.

Results and discussion

The survey was sent to 110 New Zealand Society of Gastroenterology members, including scientists, up to 20 surgeons, 15–20 gastroenterology trainees and gastroenterologists. The survey was completed by 42 (38%) physicians, including 12 gastroenterology registrars.

The majority (90%) of New Zealand physicians were aware of EEN as a treatment for active CD and perceived that the treatment had various benefits, including avoidance of corticosteroids, improvement in patient nutritional status and growth improvements in children. Twenty-nine (68%) physicians had previously used EEN to treat active CD disease. In the previous 12 months, all six paediatric gastroenterologists reported that EEN was often or always considered as a treatment option for paediatric CD, whereas physicians who managed adults with CD rarely or sometimes considered using EEN for active CD. One-third of physicians reported that they were most likely to consider EEN for adults with newly diagnosed CD and mild disease, and 12 (33%) physicians caring for adult patients had used EEN with an estimated 1–8 patients in the last 12 months.
Common reasons that physicians had not used EEN were that in clinical studies patients struggle to maintain treatment adherence (65%), physicians had limited experience using EEN (41%) and patients had limited social support (33%). To increase their likelihood of using EEN, physicians required more scientific evidence of the efficacy of EEN in the treatment of adults and, alongside further evidence, clinical practice guidelines in conjunction with better multidisciplinary support.

New Zealand physicians perceived that the main disadvantage of EEN treatment was the need for treatment adherence. Other disadvantages included the need for adequate social support and a multidisciplinary approach. In North America, paediatric physicians were more likely to recommend EEN to their patients if they had worked/trained in a unit(s) that commonly used the EEN. Half of the New Zealand physicians had previously worked in a unit where EEN was used to treat active CD, and eight (19%) currently worked in a unit where the treatment was regularly used. Despite physicians believing that EEN has many potential benefits, the limited exposure of physicians to EEN treatment in clinical practice may impact their use of the treatment.

There are limitations with the results of this survey. The survey was sent to consultant gastroenterologists and gastroenterology trainees, and 12 (29%) of the respondents were trainees, therefore their experience with EEN may overlap with that of the consultant the trainee was working alongside. The results may overestimate the usage of EEN with adult patients for two reasons: more physicians with an interest in nutrition therapy may have completed the survey, and six of the 12 physicians who had used EEN with adult patients were from Canterbury where a clinical trial of EEN in adults with active CD had been conducted for the preceding 18 months.

Many adults with CD are interested in using EEN as an alternative to corticosteroids and there is increasing evidence of its efficacy in selected adults with active CD. The 2014 ECCO/ESPGHAN paediatric CD guidelines provide physicians with more practical guidance on the use of EEN with children. Such guidelines may be helpful for physicians and multidisciplinary teams working with adults interested in using enteral nutrition therapy.

**Competing interests:**
Nil.

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