

4.11 Palliative Care At The End Of Life For People With Dementia

4.11.5 Artificial nutrition and hydration

Swallowing problems become increasingly noticeable as dementia worsens, with the possibility of aspiration pneumonia in the severer stages (Feinberg *et al.*, 1992). Nasogastric and percutaneous endoscopic gastrostomy tubes would seem to provide a safer way to feed people with severe dementia and dysphagia. However, a review of the evidence in 1999 found no relevant randomised clinical trials comparing tube feeding and oral feeding. On the basis of the available data, the reviewers concluded that the best evidence did not support the use of tube feeding in dementia (Finucane *et al.*, 1999). Ethical commentary, making use of this review, concluded that, although there may be individual cases in which tube feeding is not futile, 'balancing the risks and benefits leads to the conclusion that [feeding tubes] are seldom warranted for patients in the final stages of dementia' (Gillick, 2000). More recent research continues to support such views (Sanders, 2004; Alvarez-Fernández *et al.*, 2005). A palliative approach and the use of advance directives decrease reliance on tube feeding (Monteleoni & Clark, 2004). The alternative is to manage dysphagia conservatively, using food thickeners with appropriate posture and feeding techniques. Locally implemented protocols exist but require further evaluation (Summersall & Wight, 2005). More recently, NICE published a guideline on nutritional support that includes recommendations for artificial nutrition and hydration (see NICE guideline no. 32, *Nutrition Support in Adults: Oral Nutrition Support, Enteral Tube Feeding and Parenteral Nutrition*, www.nice.org.uk/cg032niceguideline).