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Examining Commercially Blenderized vs. Standard Tube Feeding Formulas

Announcer:

You're listening to *Clinician's Roundtable* on ReachMD, and this episode is sponsored by Nestlé Health Science, makers of Compleat®. Here's your host, Dr. Charles Turck.

Dr. Turck:

Welcome to *Clinician's Roundtable* on ReachMD. I'm Dr. Charles Turck, and joining me to evaluate commercially blenderized and standard tube feeding formulas is gastroenterologist Dr. Carolyn Newberry. Not only is she an Assistant Professor of Medicine at Weill Cornell Medical College, but she's also Director of GI Nutrition at Weill Cornell Medical Center's Division of Gastroenterology. Dr. Newberry, thanks for being here today.

Dr. Newberry:

Thank you for having me.

Dr. Turck:

So let's start with the basics, Dr. Newberry. Would you tell us what commercially blenderized tube feeding formulas are?

Dr. Newberry:

I think when we think of standardized tube feed formulas, we sort of think of these commercial-based products that are made of the components of food, so micronutrients and macronutrients broken down to their individualized components, things like amino acids and triglycerides. And there's this newer concept of blenderized commercial tube feed formulas, where these are like real foods that are whole foods that are blended down to purees that are actually able to be given through a gastric tube or a jejunal tube to provide enteral nutrition in what people consider like a more natural way.

Dr. Turck:

Now are there any other ways that blenderized formulas differ from standard tube feeding formulas?

Dr. Newberry:

Because they're made of actual food, sometimes their nutritional composition may vary a little bit, and I think that is something that initially was thought to be a limitation of blenderized formulas, particularly if they're made at home. I think that now that there are some commercial-based products that are standardizing this process that this isn't as much of a difference between the two types of formulas. Other things that may be different are the actual composition of the formulas themselves. There's more personalization in a blenderized tube feed formula because it actually is made of specific food products as opposed to individual components of foods.

Dr. Turck:

And how has the literature looked at these two types of formulas and how they stack up against one another for home enteral nutrition?

Dr. Newberry:

The literature I think is still in its infancy regarding commercial blenderized tube feed formulas because it's something that is only become more recently popularized in the last 5-10 years or so, but there's been a number of studies that have looked at the use of home enteral nutrition practices in both pediatric and adult populations in terms of what types of formulas they're using, and I can talk a little bit about that. And then there's also some studies that have looked at the benefits from using a blenderized formula as opposed to a classic, commercial-based product as well as some of the limitations in populations maybe that wouldn't benefit as much from this type of product.

So in terms of the actual use of these products out there in the world, there was some interesting research that was a survey-based study that asked home enteral nutrition patients what type of tube feed formulas they were using to provide themselves nutrition, and as many of half of them actually said they were using some degree of blenderized tube feed formula, whether that was a commercial-based product or something they were actually making at home, as part of their nutrition plan. So I think that that's really telling that there is a

market for this and an interest in this from patients who I think perceive this type of product as a more natural-based option for providing nutrition for themselves.

And then for actual tolerance of tube feed formulas, there have been a couple of trials that have looked at this – particularly in pediatric populations – on GI tolerance, so things like how the tube feed formula induces bloating and nausea and changes in bowel habits – constipation, diarrhea – and actually have found that those children that used blenderized tube feed formulas did have reduction in GI symptom burden, which may have to do with the fact that again, this is real foods that are being given to these patients as opposed to the more processed, broken-down products of commercial-based tube feed formulas.

Dr. Turck:

And again, contrasting these two types of formulas, what are some of the benefits with respect to outcomes?

Dr. Newberry:

Sure. And I think it's a very important question because you have to try to figure out what patients these are appropriate for based on how it's going to improve their tolerance and their experience with the product. So in terms of blenderized commercial products, these are going to potentially improve GI tolerance. I mentioned some of the data in those pediatric populations, but I believe that also would reflect adult experience where patients may have reduction in things like nausea, bloating, changes in bowel habits, constipation, diarrhea, etc., because of the way the formulas are made and that actual exposure to real food composition. The other thing that may be helpful is sort of the personalization aspects of these formulas, and so a standard polymeric formula may have particular composition that is not tolerated by a patient because they have a particular food allergy or a sensitivity or need a different ratio of macronutrients that doesn't come in the particular products that are available on the market, and so blenderized formulas tend to be more personalized in terms of their composition.

Dr. Turck:

For those just tuning in, you're listening to *Clinician's Roundtable* on ReachMD. I'm Dr. Charles Turck, and I'm speaking with Dr. Carolyn Newberry about commercially blenderized tube feeding formulas. So, Dr. Newberry, if we look beyond the literature, how else might commercially blenderized tube feeding formulas impact our patients?

Dr. Newberry:

We mentioned the tolerance and the personalization aspects of it. I think it also just gives an option to patients that want to have that more natural, food-like experience. You know, it is a very hard thing. Food is such an important part of our lives and the way that we experience it, and the fact that you could be delivering nutrition through an enteral tube but that actually looks more like the food and is composed more of the food that we eat, I think, can really give a nice option for patients from a quality of life perspective and really more normalizing the way that they're receiving nutrition.

Dr. Turck:

And before we close, what key takeaways would you like our audience to remember from our discussion today?

Dr. Newberry:

I think that it's really important when we're thinking about delivering enteral nutrition to patients to really look at the patient, the tube that they have, their comorbidities, and what really is the best feeding approach and feeding option for them based on themselves as a patient and also what their personal preferences are. And I think that there are many patients that would benefit from like a blenderized commercial product; it's patients that are looking for a more natural option, that potentially have intolerance or particular sensitivities to the components of a standard polymeric formula, and who have access to this through insurance coverage and want to engage in this newer type of feeding model.

Dr. Turck:

Well with those key takeaways in mind, I want to thank my guest, Dr. Carolyn Newberry, for joining me to take a closer look at the impact of commercially blenderized tube feeding formulas. Dr. Newberry, it was great having you on the program.

Dr. Newberry:

Great, thank you so much for having me.

Announcer:

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