Questions and Answers

1. 75-year-old man undergoes evaluation for weight loss of several kilogram after a stroke. He has moderate demen-
tia. He keeps food in his mouth for a long time without
swallowing and coughs at time during feeds. He denies
pain, discomfort and does not appear depressed. Oral
health appears acceptable; gag reflex is intact. Which of
the following is the first step?
   A. Megestrol acetate
   B. Mirtazapine
   C. Consider percutaneous endoscopy gastrostomy.
   D. Swallow evaluation

   Answer: D

   Swallow evaluation should be part of the initial evaluation
following a stroke prior to considering alternate means of
feeding such as PEG, or even feeding orally using nutri-
tional supplements. Speech and swallow evaluation will
not only detect any tendency for aspiration, but also rule
out other causes for dysphagia, besides taking decisions
on the consistency of food. Mirtazapine may increase
appetite in patients with depression, and perhaps indepen-
dently of its mood effect, but is not the first choice in this
patient. Megestrol acetate use is associated with fluid
retention and heart failure exacerbation, glucose intoler-
ance, and risk for venous thromboembolism. It may only
be administered for a few weeks. Megestrol increases
food intake better when accompanied by mealtime feed-
ing assistance. In summary, the first step is to assess swal-
loving ability, as any medication administration would
necessitate intact swallowing function as a requirement.

2. 78-year-old nursing home resident is seen with a feeding
tube placed about 9 months ago for dysphagia following a
stroke. He has dementia and keeps pulling the tube, with
efforts to dissuade the patient consistently of no avail.

   Which of the following is the next step?
   A. Reevaluate the need for PEG, including its removal
   B. Consider replacement of the tube
   C. Administer haloperidol to calm the patient
   D. Restrain the patient when he is agitated

   Answer: A

   Reevaluation of swallowing function in the patient, months
after stroke, may show improvement in ability to swallow
at least foods of some consistency. If the patient can swal-
low and eat even to some extent, consideration for removal
of the tube becomes a reality. Placing a Jejunostomy or
replacing the tube will not change the patient behavior.
Medications such as haloperidol (chemical restraint) or
mechanical restraints are not long-term problems and are
associated with harm. Patients with stroke may need naso-
gastric tubes or PEGs on a short-term basis, however.

3. You are asked to see an 82-year-old nursing home resi-
dent who lacks decision-making capacity. He demon-
strates weight loss and is clearly undernourished. Nurses
complain that he takes too long to feed and keeps food in
the mouth for several minutes without swallowing. He
does not appear depressed and has no dental problems.
What would you suggest?

   A. Multidisciplinary approach to attempt safe feeding
   B. PEG tube placement
   C. Dronabinol
   D. Oral nutritional supplements

   Answer: A

   Multidisciplinary approach is the best means to identify
the main problem in this case; this would involve dietary
intake over days through a nutritionist, assessment of
swallowing function by an occupational therapist (or
speech and swallow specialist, evaluation of diet pre-
scriptions including restrictive diets and assessment of
cognition and mood through a geriatrician or psychiatrist). Identifying food preferences, altering the food consistency, use of flavoring agents, and enhancing environmental factors may improve intake. Mood disorders and cognitive impairment must be addressed where possible. Dronabinol has shown at best limited promise, and in a head to head comparison with megestrol, was found less promising; side effect is delirium. Oral nutritional supplements can be provided at any time, but only after assessment of swallowing function, mood, and patient preferences. In the presence of even limited time-consuming food intake, PEG is not a consideration but increasing assistance with meals intake would be the approach.

4. The daughter (caregiver) of a 97-year-old community male with advanced dementia requests placement of a PEG tube for feeding as the patient is unable to eat several months. The patient is bedbound, weights 95 lbs, responds poorly to commands, and is completely dependent for all activities of daily living for over a year. Evaluation confirms severe dementia, with Mini Mental examination (MMSE) score of 3 (out of a maximum score of 30).

What would you suggest?
A. Agree with recommendation for PEG for nutritional support
B. Megestrol suspension or cyproheptidine in solution
C. Multivitamins
D. Verify the presence of advance directives; discourage the use of PEG and instead advocate hospice care

Answer: D

The first step would be to verify the patient’s capacity to make decisions and then the presence of a properly executed advance directive in the form of living will or a health care proxy. A score of 3 in the MMSE suggests severe dementia and most likely a lack of capacity to make decisions. If the daughter is the health care agent who could make decisions for the patient, the next step would be a meaningful discussion on the benefits or lack of benefit of PEG and use of alternatives (see chapter). The use of PEG for feeding or appetite-enhancing agents such as megestrol, dronabinol, cyproheptidine, or mirtazapine in improving food intake in terminal dementia have not been demonstrated to be beneficial. In fact, PEGs do not improve life expectancy or quality of life either. With reasonable judgment, if the life expectancy in this case is deemed to be below 6 months, the caregiver should be discouraged from placement of PEG and instead provided the option of utilizing hospice care for the few months of life left.