Feeding Tubes in Dementia
Kenneth Hung MD
June 2015

**Story from the Frontlines**

A man in his 60s with a history of pulmonary embolism, glioblastoma multiforme, and advanced dementia presented to the hospital for feeding tube placement. His condition was complicated by several recent admissions for falls. The patient was dependent on his family for activities of daily living and transfers. Despite family assistance, he continued to have falls at home. Due to the family’s inability to care for him at home and his terminal illness, he was referred to hospice. While in hospice, the patient was noted to have progressive decline, dysphagia, and aspiration. The patient previously had a nasogastric tube placed for feeding and medication administration, but the patient had pulled the tube out. His wife became concerned about his nutritional status and aspiration risk and requested that he undergo percutaneous feeding tube placement so that he would not “starve” or aspirate. On admission, the patient was confused, not oriented, and unable to assent to the procedure. He underwent percutaneous gastric feeding tube placement with the wife’s consent. Tube feeds were continued in hospice, however were later stopped after an aspiration event. The patient died 1.5 months after feeding tube placement.

**Teachable Moment**

Patients with dementia and terminal illness often experience difficulty swallowing and weight loss as part of the normal dying process. As a result, caregivers are often understandably worried that patients will “starve” and continue to aspirate. Therefore, families and health care providers may feel obligated to pursue tube feeds. However, in patients with advanced dementia and limited life expectancy, feeding tubes may not be the best option to prevent aspiration. The American Geriatrics Society Choosing Wisely Guidelines warn against placement of percutaneous feeding tubes in patients with advanced dementia as many adverse events have been associated with feeding tube placement in such patients.¹

Feeding tubes have been associated with development of poorly healing pressure ulcers and the use of restraints.² Dementia patients with feeding tubes may be bothered by feeding tubes and attempt to pull them out; thus, dementia patients with feeding tubes often are either physically or pharmaceutically restrained which can be uncomfortable or even net harmful. Given the patient’s history of pulling out his nasogastric tube, he was at high risk for attempting to remove his feeding tube.

Perhaps the feeding tube gave solace to the patient’s family that the patient’s medications and food would go into the stomach. However, there is no convincing evidence that tube feeds improve nutrition or functional status of patients with advanced dementia.³ Unfortunately, the patient experienced an aspiration event in
spite of having a feeding tube. Feeding tubes do not reduce the rate of aspiration compared to oral feeding.\(^4\) Furthermore, feeding tubes are not able to prevent aspiration from oropharyngeal secretions or gastroesophageal reflux. Hand feeding, smaller bolus size, and alteration of diet texture are preferred in patients with advanced dementia. Hand feeding enables quality time with family, provides the comforts of taste, and has been shown to decrease aspiration events compared to tube feeding.\(^4\)

The best evidence shows that patients with dementia who undergo tube feeds do not have improved survival compared to those without feeding tubes.\(^4\) Given the patient’s severe cognitive decline and terminal diagnosis, it is unlikely that the feeding tube would have prolonged or improved his quality of life. Unfortunately, the patient did not have an advance directive and was not able to consent for the procedure given his degree of cognitive decline. The patient passed away with a feeding tube that may well have caused him avoidable suffering and increased his risk for infection. Although the patient’s wife was able to provide informed consent, the tube placement ultimately did not prolong that patient’s life and did not prevent further aspiration events.

It is important for medical professionals to educate patients and their families that feeding tubes are associated with multiple complications and poor outcomes in advanced dementia. Ensuring advanced care planning and demonstrating restraint in avoiding unnecessary procedures are challenging but important to provide best care for our patients.

**References:**