THE SCIENCE BEHIND BLENDERIZED DIETS

Pediatric patients who are dependent on g-tube feedings may benefit from BTF for improvement in stool consistency, vomiting and g-tube intolerance. Full BTF may result in better outcomes than combination feeds.

On BLEND: Fewer subjects reported emesis and stools became firmer. Use of antacids, motility agents and laxatives did not increase. 1.5 times more calories were required to maintain anthropometrics. Caregivers’ perception of BLEND was positive.

83% noted increase in weight velocity, all patients reported a reduction in gagging & vomiting, increase oral tolerance and overall superior tolerance; 67% described more regular bowel movements.

THE BLEND STUDY: A FEASIBILITY STUDY LOOKING AT CHILDREN TRANSITIONING ONTO BLENDERIZED TUBE FEEDINGS (NASPGHAN 2015 PRESENTATION)

CHOC Children’s Hospital

Blenderized G-Tube feeds can be used successfully in medically stable children instead of commercial formulas. On BLEND: Fewer subjects reported emesis and stools became firmer. Use of antacids, motility agents and laxatives did not increase. 1.5 times more calories were required to maintain anthropometrics. Caregivers’ perception of BLEND was positive.

TOLERANCE OF PUREED DIET BY G-TUBE IN PEDIATRIC PATIENTS (NASPGHAN 2014 PRESENTATION)

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Thirty-three children (mean age, 34.2 months) participated in the trial. Average weight gain on the Pureed By GT diet was 6.2 g/d. Seventeen children (52%) were reported to have a 76%-100% reduction in gagging and retching. Twenty-four children (73%) were reported to have a ≥ 50% decrease in symptoms. No child had worsened symptoms on the PBGT diet. Nineteen children (57%) were reported to have an increase in oral intake on the PBGT diet.

CONCLUSIONS: A PBGT diet is an effective means of providing nutrition to children with feeding disorders. In children post-fundoplication surgery, a PBGT diet may decrease gagging and retching behaviors.

Participants reported significantly less vomiting, nausea, bloating, diarrhea and constipation when using a blended diet vs. formulas.

More than 50% of participants surveyed were already using a blended diet and approximately 80% expressed a desire to use a blended diet if provided with adequate information.

Blended diets are not only feasible in a medically complex pediatric population but can also be associated with improved clinical outcomes and increased bacterial diversity.