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Letter to the Editor

Answer to the letter: Nutrition management of obese critically ill patients: More research is urgently needed



Dear Dr Lambell,

Thank you for discussing the ESPEN recommendations related to obese patients [1]. We agree with the letter's authors that this population is growing. Because of the lack of evidence regarding the energy and the protein requirements, ESPEN guidelines insists on the need to use indirect calorimetry, a monitoring tool that is becoming more accessible and easy to use [2]. Predictive equations are most of the time inaccurate and could lead to significant prescription mistakes, in this population as well [3]. The equations recommended by ESPEN are stressing these limitations, and are only giving some wide guidance. Muscle status is also difficult to assess in obesity. Sarcopenic obesity or increased lean body mass can be found in this population, but only if body composition is evaluated [4]. Anabolic resistance, together with physical inactivity are impairing the utilization of administered protein [5]. Moreover muscle is not the main consumer of protein and energy during the acute phase of critical illness. Since protein administration has not been explored enough, and since most of the ICU patients are underfed mainly in regard to protein administration [6], the expert opinion of the ESPEN guidelines was to not give a different recommendation than for the other ICU patients. Definitely, more studies using indirect calorimetry and urinary urea nitrogen or other tools are necessary to give stronger recommendations. Blind administration of extreme amounts of energy or protein should be avoided.

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