



Letter to the Editor

Comment on: “Timing of PROTein INTake clinical outcomes of adults critically ill patients on prolonged mechanical VENTilation: The PROTINVENT retrospective study”



Dear Editor,

The PROTINVENT advocates conservative protein progression in a critical environment [1]. Looijaard and colleagues have already discussed a number of debatable points that we will not comment on again [2].

Some guidelines recommend reaching targeted energy and protein on the third day of hospitalization [3]. In addition to scientific knowledge, there is the bedside evidenced clinical severity, would not this be a way to slow down such evolution?

The timing of the study is unclear and three possibilities emerge as starting points - admission to the intensive care unit (ICU), the onset of nutritional therapy (NT) or the use of mechanical ventilatory support.

It would not be feasible to assume that these situations will overlap or happen at the same time during metabolic response to stress. Besides being imperative to determine the exact initiation of the follow-up, there is an expressive difference between beginning clinical intervention and interpreting data collected before or after the first week of acute injury.

We observed that certain guiding were not included: age group, type of disease (clinical profile, surgical - pre or postoperative - or trauma) and body mass index (BMI). In their abstention, any derived information becomes dubious: a reliable characterization of the population is flawed - it would be imprudent to extrapolate any conduct in such a heterogeneous environment.

In comparison of subgroups, the intermediary group presented a greater number of members in almost all the analyzes, we would like to understand the reason for this fact. And the group receiving <0.5 g/kg had no outcome analyzed.

There is an average difference of 9 h for the beginning of NT between the high and low protein groups. Although within the range of 12–24 h of admission, as argued in the literature, there is no way to exempt responsibilities; since the earlier, the more benefits.

Curiously, foreigners were considered deceased, when in reality they should have been excluded from the evaluation because of the impossibility of giving segment to the analysis of survival after discharge.

The American Society of Parenteral and Enteral Nutrition (ASPEN) guideline of the year 2009 was referenced, although

when manuscript was submitted there was an updated version of it (2016). Some other prestigious references have been used, but many rely on questionable methodologies and their recommendations should also be evaluated with caution.

We appreciate the innovative suggestion, however this is a bold remark to be extrapolated to all NT audiences, given the limitations of the study, the exclusive sample in mechanical ventilation and the absent segmentation of the subjects submitted to the study.

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None declared.

Conflict of interest

None declared.

References

- [1] Koekkoek W, van Setten CHC, Olthof LE, Kars J, van Zanten ARH. Timing of PRO-Tein INTake and clinical outcomes of adult critically ill patients on prolonged mechanical VENTilation: the PROTINVENT retrospective study. *Clin Nutr* 2019;38(2):883–90.
- [2] Looijaard WGP, Weij PJM, Oudemans-van Straaten HM. Letter to the editor: comment on 'Timing of PROTein INTake and clinical outcomes of adult critically ill patients on prolonged mechanical VENTilation: the PROTINVENT retrospective study'. *Clin Nutr* 2018;37(5):1780.
- [3] McClave SA, Taylor BE, Martindale RG, Warren MM, Johnson DR, Braunschweig C, et al. Guidelines for the provision and assessment of nutrition support therapy in the adult critically ill patient: Society of Critical Care Medicine (SCCM) and American Society for Parenteral and Enteral Nutrition (ASPEN). *J Parenter Enteral Nutr* 2016;40(2):159–211.

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