



Letter to the Editor

The role of specific oral nutritional supplements in polymorbid internal medicine patients on pressure ulcer healing

Dear editor;

We read the ESPEN guidelines on nutritional support for polymorbid internal medicine patients by Gomes et al. with great interest [1]. The aim of this project was to develop guidelines on nutritional support for polymorbid patients hospitalized in medical-wards. They reported clinical questions and the recommendations achieved at the final consensus-conference.

Among other issues, the authors reported suggestions about nutrition in patients with pressure ulcers (PU). On recommendation number 7.1, they recommended to add specific amino-acids (arginine and glutamine) and β -hydroxy β -methylbutyrate (β HMB) to oral/enteral feeds in polymorbid medical inpatients with PU to accelerate healing. For this recommendation they referred the trial reported by Wong et al. [2]. Wong et al. compared PU healing-rates in patients supplemented with standard oral nutritional supplements (ONS) plus the specialized amino-acid mixture containing β HMB, arginin, glutamine versus supplemented with standard ONS plus placebo for 2-weeks. Only 23 patients were involved and 11 was supplemented with the specialized amino-acid mixture. Wong et al. reported that use of specialized amino-acid failed to reduce wound size but may improve tissue viability after 2-weeks. Considering the small size study population and its results, we suggest it is arguable to recommend adding the specific amino-acid mixture (arginine and glutamine) and β HMB to oral/enteral feeds for improvement of healing of PU [2].

On the other hand, Cereda et al. studied 200 malnourished-patients who were long-term care-residents or patients receiving home-care-services, with stage II, III and IV PU [3]. They supplemented the patients with an energy-dense, protein-rich ONS enriched with arginine, zinc and antioxidants (400 ml/d) (active study group, n = 101) or an equal-volume of an isocaloric, isonitrogenous formula (control group, n = 99) for a longer period of time: 8 weeks [3]. They showed that supplementation with the ONS enriched with arginine, zinc and antioxidants improved PU-healing. In active study group, reduction in PU area was greater at 8 weeks. A more frequent reduction in PU area of 40% or greater was also shown. Although Gomes et al. noted this larger study in their paper, they denoted that those patients were outside the scope of the guidelines. The paper reported by Gomes et al. was intended to be guidelines for nutritional support for polymorbid internal medicine patients. Although the study participants in the study by Cereda et al. were not hospitalized patients, they were from long-term-care or home-care-services, thus, were clearly

polymorbid internal medicine patients. Their mean-age was 81-years, all were malnourished, >50% had dementia, >10% had diabetes-mellitus, hip fracture or stroke. We suggest that higher number of study-participants and longer period of follow-up time in the study by Cereda et al. provides more evidence for use of ONS enriched with arginine, zinc and antioxidants in PU healing in polymorbid internal medicine patients rather than arginine, glutamine and β HMB mixture.

Conflict of interest

None of the authors report any conflict of interest.

Author contributions

The author is solely responsible for this manuscript's content.

Sponsor's role

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References

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