# Article information:

Early vs delayed enteral nutrition or parenteral nutrition in hospitalized patients: An umbrella review of systematic reviews and meta‐analyses of randomized trials - Talebi - Nutrition in Clinical Practice - Wiley Online Library  
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# Article summary:

1. An umbrella review of systematic reviews and meta-analyses of randomized trials was conducted to compare the effects of early enteral nutrition (EEN) with delayed enteral nutrition (DEN), parenteral nutrition (PN), and oral feeding (OF) on clinical outcomes in hospitalized patients.

2. The review included 45 eligible systematic reviews with meta-analyses contributing a total of 103 randomized controlled trials, and found that EEN had statistically significant beneficial effects on most outcomes compared with any control, including mortality, sepsis, overall complications, infection complications, multiorgan failure, anastomotic leakage, length of hospital stay, time to flatus, and serum albumin levels.

3. The authors suggest that EEN may be preferred over DEN, PN, and OF because of its beneficial effects on many clinical outcomes.

# Article rating:

May be slightly imbalanced: The article presents the information in a generally reliable way, but there are minor points of consideration that could be explored further or claims that are not fully backed by appropriate evidence. Some perspectives may also be omitted, and you are encouraged to use the research topics section to explore the topic further.

# Article analysis:

The article titled "Early vs delayed enteral nutrition or parenteral nutrition in hospitalized patients: An umbrella review of systematic reviews and meta-analyses of randomized trials" provides a comprehensive summary of existing evidence on the effect of early enteral nutrition (EEN) compared with other approaches, including delayed enteral nutrition (DEN), parenteral nutrition (PN), and oral feeding (OF) on clinical outcomes in hospitalized patients. The authors conducted a systematic search up to December 2021, in MEDLINE (via PubMed), Scopus, and Institute for Scientific Information Web of Science. They included systematic reviews with meta-analyses (SRMAs) of randomized trials investigating EEN compared with DEN, PN, or OF for any clinical outcomes in hospitalized patients.

The article is well-structured and provides a clear overview of the research question, methodology, results, and conclusions. The authors used appropriate tools to assess the methodological quality of the systematic reviews and their included trial. They also rated the certainty of the evidence using the “Grading of Recommendations Assessment, Development, and Evaluation” (GRADE) approach.

However, there are some potential biases and limitations that need to be considered when interpreting the results. Firstly, the authors only included SRMAs that investigated EEN compared with DEN, PN or OF for any clinical outcomes in hospitalized patients. This means that they may have missed relevant studies that investigated other interventions or populations. Secondly, while they used appropriate tools to assess the methodological quality of the systematic reviews and their included trial, they did not provide a detailed description of how they assessed each item on these tools. This makes it difficult to evaluate whether their assessments were accurate or biased.

Thirdly, while they rated the certainty of evidence using GRADE approach, they did not provide a detailed explanation for why they downgraded or upgraded certain outcomes. This makes it difficult to understand how confident we can be in their conclusions. Fourthly, the authors did not explore potential sources of heterogeneity between studies, which could have influenced the results. For example, they did not investigate whether the effect of EEN varied depending on the type of patient or clinical setting.

Finally, while the article provides a comprehensive summary of existing evidence on the effect of EEN compared with other approaches, it does not provide a balanced discussion of potential risks or limitations associated with EEN. For example, they did not discuss potential adverse effects such as diarrhea or aspiration pneumonia that can occur with early feeding in critically ill patients.

In conclusion, while the article provides a useful summary of existing evidence on the effect of EEN compared with other approaches in hospitalized patients, there are some potential biases and limitations that need to be considered when interpreting the results. Further research is needed to explore potential sources of heterogeneity and to investigate potential risks or limitations associated with EEN.

# Topics for further research:

* Adverse effects of early enteral nutrition in hospitalized patients
* Effect of early enteral nutrition on specific patient populations (e.g. critically ill
* surgical)
* Comparison of different types of enteral nutrition (e.g. continuous vs intermittent feeding)
* Role of oral feeding in hospitalized patients
* Cost-effectiveness of early enteral nutrition compared to other approaches
* Implementation strategies for early enteral nutrition in clinical practice

# Report location:

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