M. Petrea Cober, PharmD, BCNSP

Pharmacy Clinical Coordinator – Neonatal Intensive Care Unit, Akron Children's Hospital Assistant Professor – Pharmacy Practice, Northeast Ohio Medical University, College of Pharmacy

ASPEN Clinical Nutrition Week 2012

"Lipid Reduction Strategies to Prevent or Treat Parenteral Nutrition Associated Liver Disease" Monday, January 23nd, 2012, 1:30pm-3:00pm

A major problem with long-term use of parenteral nutrition (PN) in neonatal and pediatric patients is the development of parenteral nutrition associated liver disease (PNALD). The FDA-approved lipid emulsion component of PN in the United States is derived from soy-bean oil. Unfortunately, soybean-based lipid emulsions, which are typically administered at a dosage of 2-3 g/kg/day in infants and pediatric patients, have been thought to be a contributing factor to the pathogenesis of PNALD. This session will discuss the use of lipid reduction strategies to prevent and/or treat PNALD. Special attention will be given to adjustments to nutrition delivery needed to compensate for the reduction in calories from lipid emulsions, monitoring parameters required with the use of lipid reduction, and comparison to the use of fish-oil based lipid emulsions currently under investigational use.

Learning Objectives:

At the conclusion of this presentation, the learner will be able to:

- 1) Describe the PNALD and the proposed link between soy-bean based lipid emulsions and PNALD.
- 2) Outline a lipid reduction strategy for specific pediatric patient populations and monitoring parameters for this strategy.
- 3) Compare the use of lipid reduction strategies and the use of fish-oil based lipid emulsions for the prevention and treatment of PNALD.

Learning Assessment Questions:

- 1) The theoretical basis for lipid reduction in the prevention and treatment of PNALD is partially related to which of the following?
 - a) Decrease in overfeeding of pediatric patients
 - b) Increase in omega-3 fatty acids
 - c) Decrease in phytosterols administration
- 2) The primary mechanism to compensate for calories lost due to lipid reduction strategies includes which of the following:
 - a) Increased provision of amino acids in the parenteral nutrition
 - b) Increased provision of carbohydrates in the parenteral nutrition
 - c) Both a and b
- 3) Patients currently on a lipid reduction strategy to prevent/treat PNALD are at risk for?
 - a) Essential fatty acid deficiency
 - b) Vitamin A deficiency
 - c) Increase in omega-6 fatty acids

References:

Allardyce DB. Cholestasis caused by lipid emulsions. Surg Gynecol Obstet. 1982 May;154(5):641-7.

Cavicchi M, Beau P, Crenn P, Degott C, et al. Prevalence of liver disease and contributing factors in patients receiving home parenteral nutrition for permanent intestinal failure. Ann Intern Med. 2000 Apr 4;132(7):525-32.

Cober MP, Teitelbaum DH. Prevention of parenteral nutrition-associated liver disease: lipid minimization. Curr Opin Organ Transplant. 2010 Jun;15(3):330-3.

Cober MP, Killu G, Brattain A, Welch KB, et al. Intravenous Fat Emulsions Reduction for Patients with Parenteral Nutrition-Associated Liver Disease. J Pediatr. 2011 Oct 6. [Epub ahead of print]

Colomb V, Jobert-Giraud A, Lacaille F, Goulet O, et al. Role of lipid emulsions in cholestasis associated with long-term parenteral nutrition in children. JPEN J Parenter Enteral Nutr. 2000 Nov-Dec;24(6):345-50.

de Meijer VE, Gura KM, Meisel JA, Le HD, et al. Parenteral fish oil monotherapy in the management of patients with parenteral nutrition-associated liver disease. Arch Surg. 2010 Jun;145(6):547-51.

Gura KM, Lee S, Valim C, Zhou J, et al. Safety and efficacy of a fish-oil-based fat emulsion in the treatment of parenteral nutrition-associated liver disease. Pediatrics. 2008 Mar;121(3):e678-86.

Shin JI, Namgung R, Park MS, Lee C. Could lipid infusion be a risk for parenteral nutrition-associated cholestasis in low birth weight neonates? Eur J Pediatr. 2008 Feb;167(2):197-202.