

Critical Review:
Is Percutaneous Endoscopic Gastrostomy (PEG) tube feeding in patients with advanced dementia associated with survival benefit?

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This critical review examines published evidence regarding the impact of Percutaneous Endoscopic Gastrostomy (PEG) feeding tube insertion on survival in patients with advanced or late-stage dementia. Five studies were selected for review. Study designs include a non-randomized clinical trial, a randomized clinical trial, a retrospective between groups study, a retrospective cohort analysis, and a prospective cohort study. Overall, the evidence gathered from this review strongly suggests that PEG tube placement in patients with advanced dementia is not associated with survival benefit. Finally, study limitations and recommendations for clinical practice are discussed.

Dementia is an incurable, progressive disorder that ultimately results in complete loss of cognitive functions and death (Meier et al., 2001).

dementia, who underwent PEG tube insertion. Studies that did not specify the participants' stage of dementia or type of enteral feeding, as well as those with participants in earlier stages of dementia or those receiving tube feeding other than PEG were excluded. Studies that included other patient populations were not excluded, if the participants with advanced dementia were separated out in the analysis.

Data Collection

The results of the literature search yielded the following five types of studies: non-randomized clinical trial (1), randomized clinical trial (1), retrospective between groups study (1), retrospective cohort analysis (1), and prospective cohort study (1).

Kuo et al. (2009) conducted a non-randomized clinical trial (between groups design), where participants were not assigned to different treatment groups by chance. They investigated the

region, and the sole recruitment of

Overall, given the importance and validity of the experiment, there is highly suggestive evidence that PEG tube placement in nursing home residents with advanced dementia is not associated with improved survival.

The results of the five studies examined in the present critical review provide suggestive to compelling evidence that PEG tube feeding in patients with late

