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Home Parenteral Nutrition (HPN): An international benchmarking exercise

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The provision of adult Home Parenteral Nutrition (HPN) in Scotland, New Zealand and Denmark has been described by comparing country registries. The aim of the present study is to examine HPN prevalence and organisation across a selection of countries. Colleagues were asked to complete a questionnaire for their respective country. Point (31st December 2010) and 2010 period prevalence; number of centres (defined as managing more than five patients); organised care i.e. adherence to protocols or standards; referral pathways, national guidelines, education programmes and indications for HPN were examined.

Responses were received from 15 countries (see table) treating an estimated 8930 patients.

Country	Population (m)	2010 period prevalence	311210 Pt.prevalence	No. HPN centres	Referral pathways	Organised care
Australia*	22.2	6.7	5.1	9	no	no
Belgium	10.5	11	8	7	no	no
Denmark	5.3	66	47	3	yes	no
Eire	4.2	6.4	3.8	0	no	no
England*	51.8	10	8.3	21	no	emerging
France*	63.1	6	unknown	>14	no	no
Germany*	82	unknown	49	few	no	no
Italy*	60	33.3	unknown	90	no	no
Netherlands*	17	14.7	unknown	2	yes	yes
N. Ireland*	1.7	18.8	14.1	1	no	yes
New Zealand	4.2	7.2	5.3	1	no	no
Poland*	38.2	25	22.3	26	yes	yes
Scotland*	5.3	23	17.5	11	yes	yes
Spain*	46.2	3.25	2.7	7	no	no
Wales*	2.9	unknown	unknown	3	yes	yes

Eight countries (53%) had published HPN guidelines; of the 7 who did not, 4 (27%) had adopted guidelines such as ESPEN. Eleven (73%) had an HPN educational programme in place*. The most common underlying disease for HPN were ischaemia, Crohns’ disease, motility disorders and cancer (adults); and in children enteropathy, motility and inflammatory bowel disease. There is a variation in HPN practice but most countries had developed their own clinical guidelines or standards or used international society guideline to improve patient care. Several have under reported the HPN prevalence as registries are not available or used.