Are Fat Emulsions the "Old Gray Mare"?

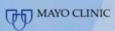


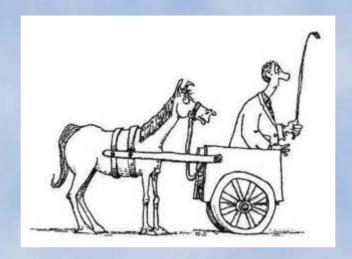
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DisclosuresNone







Conclusion:

Data are suggestive that the frequency of fat emulsion may be responsible for liver complications in patients on long term parenteral nutrition

Brief History Review

1960s - TPN first introduced

No fat emulsion available

Cover body in corn oil 1x per week

to prevent EFAD

Study the past if you would define the future.... Confucius



Why do we need fat anyway?

- Good calorie source
- To prevent essential fatty acid deficiency (EFAD)
 - Dermatitis, alopecia, platelet problems, compromised neurologic development and growth in infants



Late 60s-70s fat emulsions became available

BUT

Medicare will only pay for 3 units of 250 ml per week



 1980s Medicare changes reimbursement to cover daily fat

 Practice evolved for many to giving daily fat





 1980s and 90s liver disease becomes a prominent complication of HPN!

WHY???



 Studies by Clayton and lyer et al., implicated the soybean and safflower oil based fat emulsions

β-sitosterol is a plant sterol poorly cleared from the liver

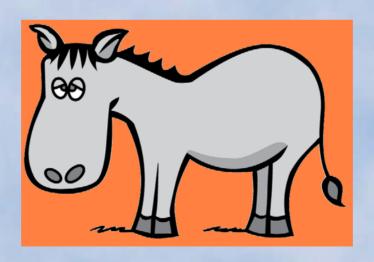


- The plant sterols, contained in the soybean based lipid emulsion, are poorly cleared by the liver. (Nutr 14:158-164, 1998)
- Accumulation of plant sterols might be responsible for cholestatic liver abnormalities. (Clin Nutr 24:415-420, 2005)



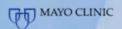


 Soybean and safflower oil based fat emulsions are the ONLY products approved for use in this country at present





- In the late 90s, Mayo began reducing the frequency of fat emulsion in an attempt to reduce or prevent liver disease
- Liver disease characterized by liver enzyme changes – seemed to return toward normal
 - Alkaline phosphatase, ALT (SGPT), AST (SGOT), bilirubin



The possibility of an association between the

frequency

of soybean/safflower based lipid infusions and PN-associated liver dysfunction had not been explored



Objective:

 To test the hypothesis that increased frequency of soybean/safflower based lipid infusion is associated with abnormal liver enzymes in long-term home parenteral nutrition (HPN) patients





- Retrospective review of records
- consumers who were receiving less than daily lipids - then increased to daily lipids
- consumers who were receiving daily lipids - then <u>decreased</u> to less frequent infusion



 Alkaline phosphatase (AP) and aspartate aminotransferase (AST) were recorded for two years prior to and after the change of lipid frequency



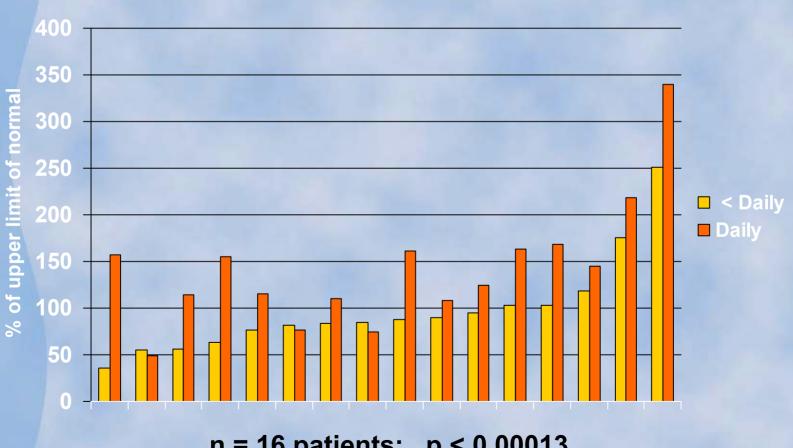


Patient Characteristics

- Mean age at initiation of HPN
 - 40.4 years (Range 24.0 67.5)
- Gender
 - 5 males , 15 females
- Underlying diagnoses
 - 12 short bowel syndrome
 - 8 intestinal dysmotility



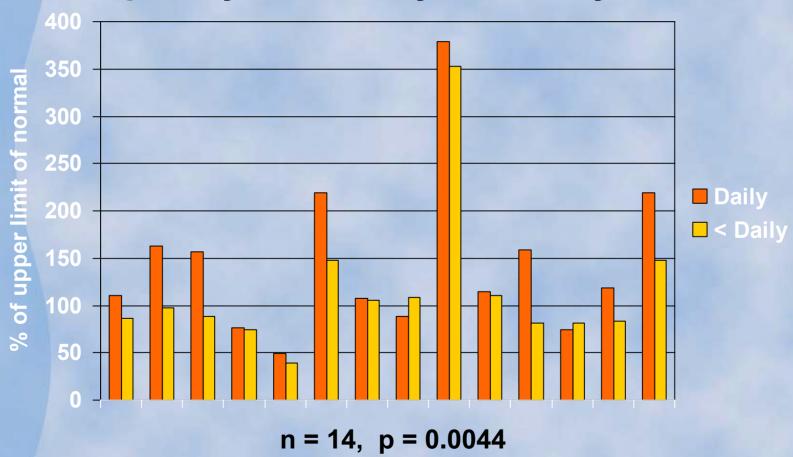
Effect of **Increasing** Lipid Infusion Frequency from < Daily to Daily on AP







Effect of <u>Decreasing</u> Lipid Infusion Frequency from Daily to < Daily on AP





Conclusion

Data are suggestive that the frequency of fat emulsion may be responsible for liver complications in patients on long term parenteral nutrition







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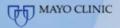
Intravenous Fat Emulsion Shortage Update

Due to the current shortage of IV Fat Emulsion (IVFE) in the U.S., A.S.P.E.N. developed an A.S.P.E.N. Intravenous Fat Emulsion National Shortage Task Force. The Task Force has assessed the national supply and developed "Information to Use in the Event of an Intravenous Fat Emulsion Shortage." This paper can be accessed on A.S.P.E.N.'s website.

The Task Force will remain in contact with IVFE suppliers and update supply information and the Information paper as needed.



American Society for Parenteral and Enteral Nutrition



- If your prescriber wants to decrease your fat emulsion to less days per week – remember this data
- Good opportunity to look at alternative fat sources
 - Olive oil
 - Fish oil

