

There are contradictory aspects to the issue of tube feeding and aspiration pneumonia. It is reasonable, but unproven, to believe that tube feeding will reduce the risk of aspiration pneumonia in some patients with swallowing difficulties.

The contradiction lies in the role of tube feeding in causing aspiration pneumonia. Feeding tubes offer no protection from aspiration of oral secretions (and nasogastric tubes may make it worse). Aspiration of gastric contents can still occur and aspiration pneumonia remains a common cause of morbidity and death in patients fed this way. Percutaneous endoscopically-placed gastrostomy tubes are not superior to nasogastric tubes when it comes to preventing aspiration pneumonia. However, for long-term use they are more convenient and more acceptable to patients who cannot be adequately fed by conventional means. Tube feeding may be recommended for patients who continue to aspirate despite other preventive strategies (the bulk of these are stroke patients). This decision will also rest on patient preference, prognosis and other indications for tube feeding, such as nutritional maintenance.

## Conclusion

Pulmonary aspiration is a significant cause of morbidity and mortality in a wide range of patients. Identifying and differentiating between the various aspiration syndromes is largely a clinical/epidemiological skill. Treatment is usually empirical, and therefore adequate differentiation between types of aspiration is needed to achieve best outcomes. Preventive strategies have recently been shown to reduce the rate of aspiration syndromes.

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## FURTHER READING

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*Conflict of interest: none declared*

## Self-test questions

*The following statements are either true or false (answers on page 23)*

7. Patients with aspiration pneumonitis should be given a bolus dose of corticosteroids as soon as possible after the aspiration.
8. Aspiration pneumonia does not occur in patients who are tube fed.

## Electronically tested

*Australian Prescriber* was one of the first medical journals in the world to make its full text freely available on the internet. Many thousands of people from around the world visit the web site ([www.australianprescriber.com](http://www.australianprescriber.com)) and some of them participated in a recent survey.

Most of the participants were health professionals from Australia, but at least one third were from overseas. More than half the participants had visited the site before and found it was useful when they were looking for information about a specific therapy or condition. The most popular topics on the *Australian Prescriber* web site are deep vein thrombosis and infections.

The participants made lots of useful suggestions for

improving the site. However, the web site already includes some of the features that people were looking for.

The web site has both an index and a search function. While the index will list articles where the subject, for example, hypertension, was an important part of the article, the search function will identify every article containing that word. The index is more specific, but is currently only updated annually when the paper index is published. (The Editorial Executive Committee will look at the possibility of updating the index more frequently in future.)

Although the survey is now completed readers are always welcome to send suggestions for improving the electronic or print forms of *Australian Prescriber*.