

Artificial Nutrition and Hydration in Stroke at the End of Life – a feasibility study

Patients often receive artificial fluids or feeding through a drip or feeding tube when they are unable to swallow after an acute stroke – known as artificial nutrition and hydration. For patients who are dying following their stroke, decisions are made about whether to provide artificial feeding and fluids at the end of life.

Current evidence from cancer and dementia suggests that artificial feeding and fluids at the end of life provides little benefit for symptom control or survival and carries burdens. The effect of artificial feeding and fluids in patients dying following stroke are not clear. Previous studies have stated how many stroke patients received the treatments as part of end of life care, but not the specific decisions made, such as the route or volume of feed or fluid provided.

More information is needed about the decisions made about artificial feeding and fluids at the end of life for patients with acute stroke and whether this affects how many patients experience common symptoms, such as pain, breathlessness or chest secretions.

A study to begin to answer these questions will be undertaken within Lancashire Teaching Hospitals NHS Trust. This study aims to determine whether these questions can be answered from the medical records of patients who have died following a stroke, and how many patient records would provide enough information to potentially detect a meaningful difference between how often patients who did and did not receive artificial feeding and fluids experienced symptoms. This initial study on a smaller number of patients will show whether a full study on a larger number of patients is possible, and will help to identify any problems that may be encountered in a full study.

Patients who died following a stroke at Lancashire Teaching Hospitals NHS Trust would be identified. Data would be collected from the medical records of their last admission regarding decisions made about artificial feeding and fluids, and symptoms they experienced. The results would be analysed to clarify whether the records could be found and if they contained relevant information. This would guide the design of a larger study with the aim of collecting enough information to establish current artificial feeding and fluid practice at the end of life in stroke and how this affects symptoms for patients. It is hoped that by understanding the possible positive or negative effects of giving patients artificial feeding and fluids at the end of their life following a stroke, we can make better decisions for patients in the same situation in the future, improving their care and supporting their loved ones.

As the study is looking at what has happened to patients at the end of their lives, it has not been possible to ask the individuals for their direct consent to be included. Anyone who during their life registered a wish with the Trust that their records are not used for the purpose of research will have this wish respected. This study has been approved by the Health Research Authority Research Ethics Committee, the Confidentiality Advisory Group and the Trust Research and Development department, to ensure that the study is appropriate to undertake, that the data accessed is only what is required to answer the study questions and that data is handled and stored securely and accessed only by individuals directly involved in the study, for the shortest time period possible. No information that could identify an individual patient will be kept once the information required to answer the study questions has been collected. For more information about how the Trust uses data in research and how to raise an objection to this, please see <https://www.lancsteachinghospitals.nhs.uk/privacy-notice> and <https://www.lancsteachinghospitals.nhs.uk/information-governance-leaflets>.