A multicentre, randomised controlled trial comparing the clinical effectiveness and cost-effectiveness of early nutritional support via the parenteral versus the enteral route in critically ill patients (CALORIES)


Record Status
This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.

Citation

Authors' objectives
To estimate the effect of early nutritional support via the parenteral route compared with the enteral route on mortality at 30 days and on incremental cost-effectiveness at 1 year. Secondary objectives were to compare the route of early nutritional support on duration of organ support; infectious and non-infectious complications; critical care unit and acute hospital length of stay; all-cause mortality at critical care unit and acute hospital discharge, at 90 days and 1 year; survival to 90 days and 1 year; nutritional and health-related quality of life, resource use and costs at 90 days and 1 year; and estimated lifetime incremental cost-effectiveness.

Authors' conclusions
There was no significant difference in all-cause mortality at 30 days for early nutritional support via the parenteral route compared with the enteral route among adults admitted to critical care units in England. On average, costs were higher for the parenteral route, which, combined with similar survival and quality of life, resulted in negative INBs at 1 year.

Project page URL
http://www.nets.nihr.ac.uk/projects/hta/075203

Final publication URL
http://www.journalslibrary.nihr.ac.uk/hta/hta20280/#/abstract

Indexing Status
Subject indexing assigned by CRD

MeSH
Critical Illness; Enteral Nutrition; Nutritional Support; Parenteral Nutrition

Language Published
English

Country of organisation
England

English summary
An English language summary is available.

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AccessionNumber
32010000391

Date abstract record published
28/04/2010