

EARLY VERSUS DELAYED NUTRITION IN PATIENTS AFTER UPPER GASTROINTESTINAL BLEEDING: A SYSTEMATIC REVIEW AND META-ANALYSIS OF RANDOMIZED CONTROLLED TRIALS

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Poster

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A meta-analysis of 10 randomized controlled trials with 1,051 patients found that early nutrition after upper gastrointestinal bleeding is safe and reduces hospital stay without increasing rebleeding or mortality risk.

KEY POINTS

- Early nutrition showed no statistically significant difference in 7-day or 30-day rebleeding rates compared to delayed nutrition (7-day RR=1.05, CI: 0.63–1.74; 30-day RR=1.16, CI: 0.59–2.26).
- There was no significant difference in 7-day mortality (RR=1.23, CI: 0.72–2.10), with a tendency toward decreased 30-day mortality in the early nutrition group (RR=0.57, CI: 0.31–1.04).
- Early nutrition reduced length of hospital stay compared to delayed nutrition (mean difference -1.22 days, CI: -2.43 to -0.01).
- Despite lack of evidence, patients are commonly kept nil by mouth for 48 to 96 hours after upper gastrointestinal bleeding due to fear of rebleeding.

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