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Summary

Access to care: Is there equity?

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Primary Care | Small Intestine & Nutrition

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Short bowel syndrome care lacks equity globally, with major disparities in access to home parenteral nutrition, surgical reconstruction, GLP-2 analogues, and transplantation across countries and regions.

KEY POINTS

- The speaker reported that home parenteral nutrition is not available in all countries, with 13% of European clinicians stating it is not routine in their country and formal programs absent in some nations including China and India.
- Access to GLP-2 analogues varies by country, though the speaker noted the field is rapidly changing and availability is increasing, particularly as teduglutide has come off patent.
- The speaker stated that intestinal transplantation activity varies widely worldwide, with reported average survival rates of 71% at one year and 46% at five years, though centre experience is emphasized as more important than averages.
- Surgical reconstruction including bowel lengthening is concentrated in specialized centres with expertise in countries such as the US, France, Argentina, and parts of Europe, with significant variation in practices and availability globally.
- The speaker highlighted that urgent care pathways for acute mesenteric ischaemia, a major cause of short bowel, are not well established except in France, unlike pathways for heart attack, stroke, or limb ischaemia.
- Achieving equity would require registries, care networks, standards, early referral programs, multidisciplinary team involvement, and provisions for remote care according to the speaker.

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