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Summary

Entero-hormonal therapy: The default choice?

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Primary Care | Small Intestine & Nutrition

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The speaker argues that GLP-2 analogues are not the default choice for short bowel syndrome, emphasizing that multidisciplinary care, optimized nutrition, and medical management are foundational, and that patient selection and preferences are critical before considering antihormonal therapy.

KEY POINTS

- A multidisciplinary team with expertise (doctors, nurses, dieticians, psychologists) is essential, with data showing that higher-caseload centers have better survival, fewer complications, and improved outcomes.
- Nutritional strategies (hyperphagia, tailored macronutrients based on anatomy, salt supplementation) and medical management (high-dose loperamide up to 16mg four times daily, PPIs, and potentially GLP-1 analogues) must be optimized before starting GLP-2 therapy.
- The speaker reported that in the STEPS trial, 60% of patients on teduglutide achieved more than 20% reduction in parenteral support versus 30% on placebo, with real-world data showing 85% reducing support and about one-quarter stopping parenteral nutrition completely.
- Long-term data presented at ASPEN showed continued efficacy after ten years with no habituation, and one-fifth to one-quarter of patients achieving enteral autonomy.
- Although 1 in 3 patients meet inclusion criteria, only 1 in 10 actually start teduglutide due to patient refusal, concerns about daily injections, desire for stability, compliance doubts, or unwillingness to undergo required endoscopies.
- Safety data from a seven-year follow-up show no increased colorectal cancer risk to date, though the speaker noted this follow-up period is short and future signals remain possible.

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