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Summary

Panel discussion: Beyond calories: Managing complications and refeeding syndrome in clinical nutrition support

Postgraduate Teaching Programme Barcelona 2026 | Presentation

Primary Care | Small Intestine & Nutrition

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This panel discussion addressed practical management of refeeding in anorexia nervosa and enteral nutrition complications, emphasizing that medically unstable anorexia patients require gastroenterology care alongside mandatory psychosomatic support, and highlighted overlooked patient groups at risk for refeeding syndrome.

KEY POINTS

- The speaker stated that patients with anorexia nervosa should never be discharged after refeeding without ongoing psychosomatic treatment, which must begin from day one, and discharge timing must be individualized rather than protocol-driven.
- Medically unstable anorexia nervosa patients fall within the gastroenterologist's realm as internal medicine physicians cannot dismiss severe medical instability as purely psychosomatic, though multidisciplinary treatment is always required.
- The speaker reported that constipation is a frequent enteral nutrition complication sometimes refractory to osmotic laxatives, manageable with paraffin oil and other laxatives, while hypergranulation around PEG sites typically resolves with one or two silver nitrate applications.
- Post-pyloric feeding is appropriate for patients who have already aspirated, are vomiting, or cannot maintain a semi-recumbent position, whereas the pylorus regulates osmolarity when medication is given orally.
- The speakers identified sarcopenic obesity, patients with high gastrointestinal losses, advanced liver disease patients, post-bariatric surgery patients, alcohol abuse patients, and obese patients on high-dose GLP-1 medications as groups where refeeding syndrome risk may be overlooked.

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