Diarrhoea in the enterally fed patient: not just a clinical problem

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Diarrhoea in the enterally fed patient is a difficult topic for review because of limited evidence. In this situation it is reasonable to request an expert opinion, particularly one grounded in significant experience. *Frontline Gastroenterology* aims to have all submissions reviewed by experts in the field. Tim Bowling's paper 'Diarrhoea in the enterally fed patient' was reviewed by two reviewers with contrasting opinions: one recommended publication with minor revisions, the other rejection (*see page 140*).¹ A subsequent third opinion was in favour of publication.

Doctors, more than any other health professionals, make judgements which are underpinned by an incomplete evidence base, and subsequently learn from what works and what doesn't. Thus much of medical learning is experiential, supplemented by an interpretation of the evidence base and what is learnt from others. What others learn is largely a result of their experiential and evidence-based learning and so on. Therefore knowledge accumulates from a complicated mix of learning from evidence, experience and others.

In areas of limited evidence the validity of learning from experience (and thus

of expert opinion) depends on the frequency of the problem and immediacy of outcomes. Early outcomes enable rapid and effective learning, while delayed outcomes (as occurs with non-alcoholic fatty liver disease) are less favourable for learning. In this situation, expert opinion relies more on extrapolations of scientific evidence and belief systems. These are not necessarily wrong—just less reliable.

With these problems in mind it is worth reflecting on whether the unfavourable reference for this 'expert opinion' paper of a problem with immediate outcomes (a part of which is published in box 1), should have led to rejection of the paper.

The reviewer also made reference to the writing style: too personal and at times contradictory. Thus there were concerns about content, emphasis and style.

The key questions for *Frontline Gastroenterology* are first, do these factors detract from the validity of the message and second, what impact will the paper have on clinical care. The question of validity in an area of limited evidence has been discussed. The paper will have no impact if it is not read (style is important) or if the content does not complement the reader's experience and learning

Box 1 Unfavourable reference for an 'expert opinion' paper

"The author has focused mostly on the factor of antibiotics and colonic flora as well as on fibre included in the feed (even though he has not highlighted what type of fibre should be added). He should also highlight the fact that enteral feed can be complicated not just by diarrhoea, but sometimes constipation and insoluble fibre should be added to this. The issue of antibiotics is largely affecting hospitalised patients whether or not they are on enteral feed. The author has also ignored other medications which are more commonly given to patients who are on enteral feeds, eg, PPI, antacids, pro-kinetic etc and these are associated with diarrhoea.

In the pathophysiology, one would expect a more comprehensive discussion on relevant issues which are extremely important in this field, such as small bowel bacterial overgrowth, abnormal bile acid homeostasis, diminished intestinal surface area, hypoplastic villi, the issue of gut permeability and leaky gut, tight junctions malfunctions leading to enterotoxin translocation, enteral nutrition in different age groups (diarrhoea is more common in enterally fed elderly patients), and small bowel down-regulations of the immune system such as gut associated lymphoid tissue (GALT). Other factors such as mucosal barriers and the role of IgA and mast cell etc which might have a role should be elaborated upon.

There has been no mention on the Enteral Refeeding Syndrome (where diarrhoea is an important manifestation), the Incretin effect, delayed gastric emptying and gastroparesis. The issue of gut hormones and their role in gastric emptying as well as the effect of these hormones on pancreatic exocrine secretions and intestinal secretions should have been mentioned as they have a role in the aetiology of diarrhoea in enterally fed subjects.

The osmolality and the viscosity of the formula should have been elaborated upon a lot more. Other factors such as the rate of the administration and the route of the administration should have been expanded on."

need (judging content and emphasis is critical). For example, are frontline clinicians interested in speculative pathophysiology in an area where they have no special expertise? The teacher (writer or reviewer) might regard pathophysiology to be important, but it might just turn the learner away from the paper and the opportunity for learning is lost.

Frontline Gastroenterology aims to craft a journal that health professionals will read and learn from. So it is important to know what readers think on these important issues. Will this paper help you manage your patients better? Should it have been published in its current form? Does the paper achieve an effective balance of content, emphasis and style? Does publication of a paper like this diminish

the journal's credibility or stray from its stated purpose? It would be very helpful to have feedback on these questions.

Frontline footnote: It is hoped that the review will stimulate you to look more closely at the paper and decide whether it should have been published, revised or rejected. If you do, you will (through inquiry, engagement and judgement) appreciate the issues much better than if you had just read the paper—and manage your patients more effectively.

Competing interests None.

Provenance and peer review Commissioned; not externally peer reviewed.

Reference

1. Bowling TE. Diarrhoea in the enterally fed patient. *Frontline Gastroenterol* 2010;1:140–3.