

4.1a EN Composition: Diets Supplemented with Arginine and Select Other Nutrients

Question: Compared to standard enteral feeds, do diets supplemented with arginine and other nutrients result in improved clinical outcomes in critically ill patients?

Summary of Evidence: There were 27 studies reviewed, 5 level 1 studies and 22 level 2 studies. The data from the Bertolini study was not included in the meta-analysis as the control feed was parenteral nutrition, not an enteral formula. The Kuhls 2007 study had two interventions including one comparing enteral nutrition supplemented with arginine plus β hydroxyl methyl butyrate & glutamine (Juven) to standard enteral nutrition alone, the data for which is included in this section. The data pertaining to the second intervention from this study comparing enteral nutrition supplemented with β hydroxyl methyl to standard enteral nutrition alone is described in section 6.5 EN: HMB. There was only one study in which arginine was given without other select nutrients (Tsuei 2004***), hence sensitivity analyses were done without this study.

Mortality: All 27 studies reported on mortality and when the results of the 26 studies (Bertolini 2003 excluded) were aggregated, there was no effect on mortality (RR 1.05, 95% CI 0.93, 1.19, $p=0.44$, heterogeneity $I^2=0\%$; figure 1a). When a sensitivity analysis was done which excluded the Tsuei study, there also was no effect on mortality (RR 1.05, 95% CI 0.93, 1.19, $p=0.46$, heterogeneity $I^2=0\%$; figure 1b). A subgroup analysis of high quality studies (score ≥ 8) vs. low quality studies (score < 8) showed that in higher quality studies, diets supplemented with arginine had no effect on mortality when including the Tsuei study (RR 1.08, 95% CI 0.95, 1.23, $p=0.23$, heterogeneity $I^2=0\%$; figure 1a) and excluding the Tsuei study (RR 1.08, 95% CI 0.94, 1.26, $p=0.28$, heterogeneity $I^2=0\%$; figure 1b); whereas in lower quality studies diets supplemented with arginine and other nutrients were associated with a trend towards a reduction in mortality (RR 0.76, 95% CI 0.49, 1.16, $p=0.20$, heterogeneity $I^2=0\%$; figure 1a). The difference between these two subgroups was not statistically significant ($p=0.11$). When the studies of trauma including the Tsuei study (RR 1.04, 95% CI 0.56, 1.93, $p=0.91$, heterogeneity $I^2=0\%$; figure 2a) and excluding the Tsuei study (RR 1.00, 95% CI 0.53, 1.88, $p=1.00$, heterogeneity $I^2=0\%$; figure 2b) vs. non-trauma patients (RR 1.05, 95% CI 0.87, 1.26, $p=0.60$, heterogeneity $I^2=21\%$; figure 2a) were compared, there were no differences in mortality. The difference between these two subgroups was not statistically significant ($p=0.88$). When the Tsuei study was considered by itself, there was no effect on mortality (RR 2.57, 95% CI 0.12, 57.44, $p=0.55$).

Infections: Based on the 14 studies that reported on the number of infectious complications, there was no difference in the rate of infectious complications in the analysis that included the Tsuei study (RR 0.99 95% CI, 0.85, 1.15, $p=0.88$, heterogeneity $I^2=48\%$; figure 3a) and the analysis that excluded the Tsuei study (RR 0.98, 95% CI 0.83, 1.15, $p=0.81$, heterogeneity $I^2=52\%$; figure 3b). Subgroup analysis also showed no differences in infectious complications when high quality studies including the Tsuei study (RR 0.99, 95% CI 0.83, 1.17, $p=0.87$, heterogeneity $I^2=52\%$; figure 3a) and excluding the Tsuei study (RR 0.98, 95% CI 0.81, 1.17, $p=0.80$, heterogeneity $I^2=59\%$; figure 3b) were compared to lower quality studies (RR 0.97, 95% CI 0.65, 1.45, $p=0.89$, heterogeneity $I^2=54\%$; figure 3a), and when studies of trauma patients including the Tsuei study (RR 0.86, 95% CI 0.52, 1.42, $p=0.55$, heterogeneity $I^2=63\%$; figure 4a) and excluding the Tsuei study (RR 0.79, 95% CI 0.41, 1.50, $p=0.46$, heterogeneity $I^2=71\%$;

figure 4b) were compared to studies of non-trauma patients (RR 1.00, 95% CI 0.86, 1.16, $p=0.96$, heterogeneity $I^2=45\%$; figure 4a). When the Tsuei study was considered by itself, there was no effect on infectious complications (RR 1.13, 95% CI 0.57, 2.25, $p=0.73$).

Length of stay: Diets supplemented with arginine and other nutrients had no effect on hospital length of stay when the Tsuei study was included in the analysis (WMD -1.43, 95% CI -4.95, 2.10, $p=0.43$, heterogeneity $I^2=83\%$; figure 5a) and when the Tsuei study was excluded from the analysis (WMD -0.94, 95% CI -4.79, 2.91, $p=0.63$, heterogeneity $I^2=84\%$; figure 5b); or on ICU length of stay when the Tsuei study was included in the analysis (WMD -0.77, 95% CI -2.31, 0.78, $p=0.33$, heterogeneity $I^2=70\%$; figure 6a) or when the Tsuei study was excluded from the analysis (WMD -0.50, 95% CI -2.17, 1.17, $p=0.56$, heterogeneity $I^2=72\%$; figure 6b). When the Tsuei study was considered by itself, there was no effect on hospital length of stay (WMD -5.00, 95% CI -16.17, 6.17, $p=0.38$) or ICU length of stay (WMD -3.00, 95% CI -9.75, 3.75, $p=0.38$).

Duration of mechanical ventilation: Diets supplemented with arginine and other nutrients were associated with a significant reduction in mechanical ventilation when the Tsuei study was included in the analysis (WMD -1.67, 95% CI -2.95, -0.39, $p=0.01$, heterogeneity $I^2=63\%$; figure 7a) and a trend towards a reduction when the Tsuei study was excluded from the analysis (WMD -1.40, 95% CI -2.78, -0.03, $p=0.05$, heterogeneity $I^2=65\%$; figure 7b). When the Tsuei study was considered by itself, there was no effect on duration of mechanical ventilation (WMD -4.00, 95% CI -10.50, 2.50, $p=0.23$).

Conclusions:

- 1) Diets supplemented with arginine and other nutrients have no effect on overall mortality in critically ill patients.
- 2) Diets supplemented with arginine and other nutrients have no effect on rate of infectious complications in critically ill patients.
- 3) Diets supplemented with arginine and other nutrients have no effect on hospital length of stay and ICU length of stay
- 4) Diets supplemented with arginine and other nutrients may be associated with a reduction in duration of mechanical ventilation in critically ill patients, but the presence of significant heterogeneity limits this inference.

Level 1 study: if all of the following are fulfilled: concealed randomization, blinded outcome adjudication and an intention to treat analysis.

Level 2 study: If any one of the above characteristics are unfulfilled

Table 1. Randomized studies evaluating diets supplemented with arginine and other nutrients in critically ill patients

Study	Population	Methods (score)	Intervention	Mortality # (%)‡		Infections # (%)	
				Arginine	Control	Arginine	Control
1) Cerra 1990	Surgical ICU N=20	C.Random: yes ITT: no Blinding: yes (8)	Impact (<i>see below</i>) vs. Osmolite HN non-isonitrogenous diets	1/11 (9)	1/9 (11)	NR	NR
2) Gottschlich 1990	Critically ill burn patients from 2 ICUs N=31	C.Random: not sure ITT: yes Blinding: yes (10)	Experimental formula (arginine, histidine, cysteine, ω 3 fatty acids) vs. Osmolite HN + protein isonitrogenous diets	2/17 (12)	1/14 (7)	NR	NR
3) Brown 1994	Trauma N=37	C. Random: not sure ITT: no Blinding: no (5)	Experimental formula (arginine, β carotene, lactalbumin, α linoleic acid) vs. Osmolite HN + protein isonitrogenous diets	0/19 (0)	0/18 (0)	3/19 (16)	10/18 (56)
4) Moore 1994	Trauma pts from 5 ICUs N=98	C.Random: not sure ITT: no Blinding: no (5)	Immun-Aid (<i>see below</i>) vs. Vivonex TEN non-isonitrogenous diets	1/51 (2)	2/47 (4)	9/51 (18)	10/47 (21)
5) Bower 1995	Mixed from 8 ICUs N=296	C.Random: yes ITT: no Blinding: yes (9)	Impact (<i>see below</i>) vs. Osmolite isonitrogenous diets	24/153 (16)	12/143 (8)	86/153 (56)	90/143 (63)
6) Kudsk 1996*	Trauma N=35	C.Random: yes ITT: yes Blinding: yes (10)	Immun-Aid (<i>see below</i>) vs. Promote + protein supplement isonitrogenous diets	1/17 (6)	1/18 (6)	5/16 (31)	11/17 (65)
7) Engel 1997	Trauma N=36	C.Random: not sure ITT: yes Blinding: no (6)	Impact (<i>see below</i>) vs. oligopeptide standard (Survimed OPD) non-isonitrogenous diets	ICU 7/18 (39)	ICU 5/18 (28)	6/18 (33)	5/18 (28)

8) Mendez 1997	Trauma N=43	C.Random: no ITT: no Blinding: yes (6)	Experimental (arginine, selenium, carnitine, taurine) vs. Osmolite HN + protein isonitrogenous diets	ICU 1/22 (4.5)	ICU 1/21 (5)	19/22 (86)	12/21 (57)
9) Rodrigo 1997	Mixed ICU N=30	C. Random: no ITT: yes Blinding: no (5)	Impact (<i>see below</i>) vs. standard (Precitene high protein) isonitrogenous diets	ICU 2/16 (13)	ICU 1/14 (7)	5/16 (31)	3/14 (21)
10) Saffle 1997	Burns N=50	C. Random: no ITT: no Blinding: double (8)	Impact (<i>see below</i>) vs. Replete (high protein, ω 3 fatty acids, glutamine) isonitrogenous diets	5/25 (21)	3/24 (13)	2.36 per patient	1.71 per patient
11) Weimann 1998	Trauma N=29	C.Random: no ITT: no Blinding: yes (9)	Impact (<i>see below</i>) vs. standard formula (Sandoz) isonitrogenous diets	2/16 (13)	4/13 (31)	NR	NR
12) Atkinson 1998	Mixed ICU N=390	C.Random: no ITT: yes Blinding: yes (11)	Impact (<i>see below</i>) vs. specially prepared isocaloric isonitrogenous diets	95/197 (48)	85/193 (44)	NR	NR
13) Galban 2000	Critically ill septic patients from 6 ICUs N=176	C.Random: yes ITT: no Blinding: no (6)	Impact (<i>see below</i>) vs standard (Precitene high protein) isonitrogenous diets	17/89 (19)	28/87 (32)	39/89 (44)	44/87 (51)
14) Capparos 2001	Mixed ICU patients from 15 ICUs N=235	C.Random: yes ITT: yes Blinding: yes (10)	Experimental formula (glutamine, arginine, 75g pro/L, vit A, C, E, MCT & fibre) vs control 62.5 g pro/L non-isonitrogenous diets]	27/130 (21)	30/105 (29)	64/130 (49)	37/105 (35)
15) Conejero 2002	SIRS patients from 11 ICUs N=84	C.Random: yes ITT: no Blinding: yes (8)	Experimental formula 8.5 g/L arginine, 27 g/L glutamine, 52.5 g pro/L) vs. control 66.2 g pro/L	28-day 14/43 (33)	28-day 9/33 (27)	11/43 (26)	17/33 (52)

16) Dent 2003	Mixed from 14 ICUs N=170	C.Random: yes ITT: yes Blinding: Yes (11)	Optimal (arginine, Vit E, β carotene structured lipids, MCT) vs. Osmolite HN isonitrogenous diets]	20/87 (23)	8/83 (10)	57/87 (66)	52/83 (63)
17) Bertolini 2003**	Patients with severe sepsis from 33 ICUs N=39	C.Random:yes ITT: yes Blinding: no (10)	Perative (<i>see below</i>) vs. parenteral nutrition non-isocaloric diets	ICU 8/18(44) 28-day 8/18 (44)	ICU 3/21(14) 28-day 5/21 (24)	NR	NR
18) Chuntrasakul 2003	Trauma, burns N=36	C.Random: no ITT: yes Blinding: single (6)	Neommune (12.5 g/L arginine, 62.5 g pro/L) vs. Traumacal (83 g pro/L, 6.25 g/L glutamine and fish oils) non-isocaloric, non-isonitrogenous diets	1/18 (5)	1/18 (5)	NR	NR
19) Tsuei 2004***	Trauma with ISS>20 N=25	C.Random: no ITT: yes* Blinding: single (9)	EN (Deliver 2.0) plus 30 gms arginine vs. EN (Deliver 2.0) plus 28 gms Casec isocaloric, isonitrogenous diets	1/13 (8) RR 2.57, 95% CI 0.12, 57.44, p=0.55	0/11 (0)	8/13 (61) RR 1.13, 95% CI 0.57, 2.25, p=0.73	6/11 (55)
20) Kieft 2005	Mixed ICU patients from 2 ICUs N=597	C.Random: yes ITT: yes Blinding: double (10)	Stresson (Nutricia) (<i>see below</i>) vs. standard control 50 g pro/L isocaloric, non-isonitrogenous diets	ICU 84/302 (28) Hospital 114/302 (38) 28-day 93/302 (34)	ICU 78/295 (26) Hospital 106/295 (36) 28-day 82/295 (30)	130/302 (43)	123/295 (42)
21) Pearce 2006	Acute pancreatitis patients N=31	C.Random: yes ITT: no Blinding: double (9)	Complete prototype formula with feed with feed with glutamine, arginine, omega 3 fatty acids and antioxidants vs. control prototype feed isonitrogenous, isocaloric diets	0/15 (0)	3/16 (19)	NR	NR
22) Wibbenmeyer 2006	Burns with >20% TSBA N=23	C.Random: no ITT: yes Blinding: double (10)	Crucial (19 g/L arginine, 63 g pro/L, 2.9 gms fish oils) vs. control (67 g pro/L) isonitrogenous, isocaloric diets	2/12 (17)	0/11	9/12 (75)	7/11 (64)

23) Kuhls 2007****	Trauma patients in ICU Injury Severity Score >18 N=100	C.Random: not sure ITT: no Blinding: double (10)	Standard EN + 3 gms β hydroxyl methyl butyrate (HMB) + 14 gm arginine + 14 gms glutamine (Juvan) vs. standard EN + isonitrogenous placebo supplement 25kcal/kg/day, 1.5g pro/kg/day isonitrogenous, isocaloric diets	3/22 (14)	2/22 (9)	4.0 ± 2.81 (per patient)	4.6 ± 2.81 (per patient)
24) Beale 2008	SIRS patients N=55	C.Random: no ITT: yes Blinding: double (9)	Intestamin (30 g glutamine) +Reconvan (10 g glutamine/L, 6.7 gm arginine/L), 98 g pro/L vs. control supplement +Fresubin 38 g pro/L. Both received 20% IV glucose nonisonitrogenous, isocaloric diets	ICU 6/27 (21) Hospital 7/27 (25) 28-day 5/27 (18) 6-month 10/27 (36)	ICU 4/27 (15) Hospital 7/28 (25) 28-day 3/28 (11) 6-month 8/27 (30)	NR	NR
25) Khorana 2009	Moderate to severe head injury patients requiring neurosurgery N=40	C.Random: yes ITT: yes Blinding: double (12)	EN formula Neomune (polymeric, 12.5 g/L arg, 6.25 g/L glutamine) vs EN formula Panenteral (polymeric) modified with the addition of protein.	0/20	0/20	Wound infection 0/20 Chest infection 7/20 (35) UTI 0/20 GI bleed 1/20 (5)	Wound infection 0/20 Chest infection 12/20 (60) UTI 1/20 (5) GI bleed 0/20
26) Iamsirisaengthong 2017	Major burn patients (>20% TBSA) N=20	C.Random: no ITT: Yes Blinding: no (5)	Neomune (25% protein, gln and arg containing) vs blenderized diet (17% protein). Isocaloric, non-isonitrogenous.	Hospital 1/10 (10%)	Hospital 1/10 (10%)	Septic complications 4/10 (40%) Wound Healing (days) 32.3 ± 14.3	Septic complications 7/10 (70%) Wound Healing (days) 38.3 ± 14.9
27) Nakamura 2020	Mixed ICU population (mostly non trauma) N=88	C.Random: Yes ITT: Yes Blinding: single (12)	Daily 3 grams HMB+14 grams arginine+14 grams of glutamine vs. standard EN	28 days 4/45 (8.7%)	28 days 6/43 (13.6%)	NA	NA

Table 1. Randomized studies evaluating diets supplemented with arginine and other nutrients in critically ill patients (continued)

Study	Length of Stay (days)		Duration of Ventilation (days)	
	Arginine	Control	Arginine	Control
1) Cerra 1990	36.7 ± 8.5	54.7 ± 10.5	NR	NR
2) Gottschlich 1990	NR	NR	9 ± 4.5 Mean ± SEM	10 ± 2.5 Mean ± SEM
3) Brown 1994	NR	NR	NR	NR
4) Moore 1994	ICU 5.3 ± 0.8 Hospital 14.6 ± 1.3	ICU 8.6 ± 3.1 Hospital 17.2 ± 2.8	1.9 ± 0.9	5.3 ± 3.1
5) Bower 1995	Hospital 27.6 ± 23	Hospital 30.9 ± 26	NR	NR
6) Kudsk 1996*	ICU 5.8 ± 1.8 Hospital 18.3 ± 2.8	ICU 9.5 ± 2.3 Hospital 32.6 ± 7	2.4 ± 1.3	5.4 ± 2.0
7) Engel 1997	ICU 19 ± 7.4 Hospital NR	ICU 20.5 ± 5.3 Hospital NR	14.8 ± 5.6	16 ± 5.6
8) Mendez 1997	ICU 18.9 ± 20.7 Hospital 34 ± 21.2	ICU 11.1 ± 6.7 Hospital 21.9 ± 11	16.5 ± 19.4	9.3 ± 6

9) Rodrigo 1997	ICU 8 ± 7.3 Hospital NR	ICU 10 ± 2.7 Hospital NR	NR	NR
10) Saffle 1997	Hospital 37 ± 4 (mean ± SEM)	Hospital 38 ± 4 (mean ± SEM)	22 ± 3 (mean ± SEM)	21 ± 2 (mean ± SEM)
11) Weimann 1998	ICU 31.4 ± 23.1 Hospital 70.2 ± 53	ICU 47.4 ± 32.8 Hospital 58.1 ± 30	21.4 ± 10.8	27.8 ± 14.6
12) Atkinson 1998	ICU 10.5 ± 13.1 Hospital 20.6 ± 26	ICU 12.2 ± 23.2 Hospital 23.2 ± 32	8 ± 11.1	9.4 ± 17.7
13) Galban 2000	ICU 18.2 ± 12.6 Hospital NR	ICU 16.6 ± 12.9 Hospital NR	12.4 ± 10.4	12.2 ± 10.3
14) Capparos 2001	ICU 15 (9.8-25) Hospital 29 (16.8-51)	ICU 13 (8.8-20.3) Hospital 26 (17.8-42)	10 (5-18)	9 (5-14)
15) Conejero 2002	14 (4-63)	15(4-102)	14 (5-25)	14 (5-29)
16) Dent 2003	ICU 14.8 ± 19.6 Hospital 25.4 ± 26	ICU 12 ± 10.9 Hospital 20.9 ± 17	14.3 ± 22.4	10.8 ± 12.8
17) Bertolini 2003**	13.5 (9-26)	15 (11-29)	NR	NR

18) Chuntrasakul 2003	<p>ICU 3.4 ± 5.8 Hospital 44.9 ± 30.2</p>	<p>ICU 7.8 ± 13.6 Hospital 28.8 ± 25.7</p>	2.7 ± 5.2	7.4 ± 1.3
19) Tsuei 2004***	<p>ICU 13 ± 6 (13) WMD -3.00, 95% CI -9.75, 3.75, p=0.38 Hospital 22 ± 9 (13) WMD -5.00, 95% CI -16.17, 6.17, p=0.38</p>	<p>ICU 16 ± 10 (11) Hospital 27 ± 17 (11)</p>	10 ± 5 (13) WMD -4.00, 95% CI -10.50, 2.50, p=0.23	14 ± 10 (11)
20) Kieft 2005	<p>ICU 7 (4-14) Hospital 20 (10-35)</p>	<p>ICU 8 (5-16) Hospital 20 (10-34)</p>	6 (3-12)	6 (3-12)
21) Pearce 2006	<p>ICU 11.0 ± 9.5 Hospital 19.1 ± 14.4</p>	<p>ICU 4.0 ± 3.6 Hospital 13.4 ± 11.1</p>	NR	NR
22) Wibbenmeyer 2006	NR	NR	Longer in experimental group; specific numeric data not reported	
23) Kuhls 2007****	<p>ICU 27.8 ± 17.82 (22) Hospital 40.0 ± 23.45 (22)</p>	<p>ICU 22.4 ± 17.35 (22) Hospital 30.3 ± 22.98 (22)</p>	23.1 ± 12.66 (22)	20.9 ± 12.66 (22)
24) Beale 2008	<p>ICU 16.6 ± 14.8 Hospital 43.8 ± 36.6</p>	<p>ICU 13.4 ± 11.5 Hospital 31.3 ± 27.2</p>	NR	NR
25) Khorana 2009	<p>ICU 9.6 days</p>	<p>ICU 9.3 days</p>	NR	NR

26) Iamsirsaengthong 2017	Hospital 35.4 ± 15.2	Hospital 40.4 ± 15.2	NR	NR
27) Nakamura 2020	Hospital 21.9 ± 8.8 ICU 5.4 ± 3.5	Hospital 24.3 ± 7.8, p=0.18 ICU 5.8 ± 3.8, p=0.83	4.8 ± 2.4	5.3 ± 3.8, p=0.45

C.Random: Concealed randomization

NR: Not Reported

ITT: intent to treat

LOS: Length of stay

ICU: intensive care unit

*Mortality data was ITT, data on infections was non ITT

**Bertolini data not included in meta-analysis as control formula was Parenteral Nutrition, not an enteral formula.

*** Tsuei 2004: excluded in sensitivity analyses as only study that gave arginine alone.

***Kuhls 2007: data pertaining to β hydroxyl methyl butyrate (HMB) supplement vs none not shown here, refer to section 6.5 Other EN Formulas for more details

‡ Hospital mortality reported or presumed unless specified

Impact: 12.5 g/L arginine, ω 3 fatty acids, ribonucleic acid and 55.8 gm protein/litre

Immun-Aid: 14 g/L arginine, glutamine, BCAA, ω 3 fatty acids, nucleic acids, Vit E, selenium, zinc and 80gms protein/litre

Perative: 6.8 g/L arginine, ω 3 fatty acids, Vit E, beta Carotene, zinc and selenium and 66 gms protein/litre

Optimental: 5.5 g/L arginine, ω 3 fatty acids, VitC, E, beta-carotene and 51 gms protein/litre

Stresson: 9g/L arginine, 13 g/L glutamine, ω 3 fatty acids, Vitamin E, C, beta-carotene, 75g protein/litre

Crucial: 10 g/L arginine, ω 3 fatty acids, VitC, E, 67 g protein/litre.

Neomune 48 g sachet: 2.5 g arginine, 1.25 g glutamine, fish oil, 12.5 g protein (Protein: 20% arginine, 10% glutamine; Fat: 20% fish oil) vs study's prepared formula: 12.5 g/L arginine, 6.25 g/L glutamine, fish oils, 62.5 g/L of protein

Figure 1a. Mortality (with quality sub-analyses)

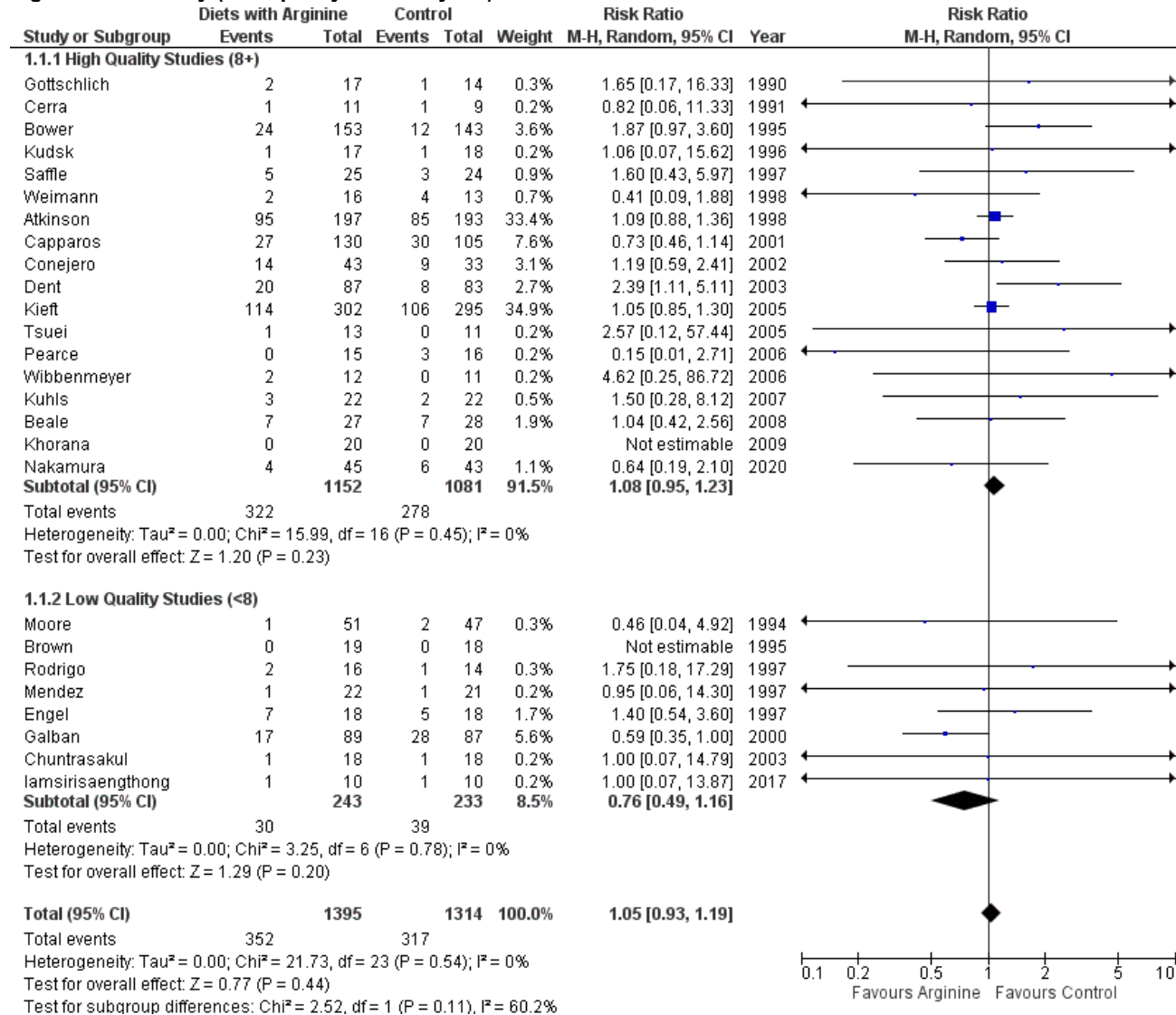


Figure 1b. Mortality (with quality sub-analyses; excluding Tsuei)

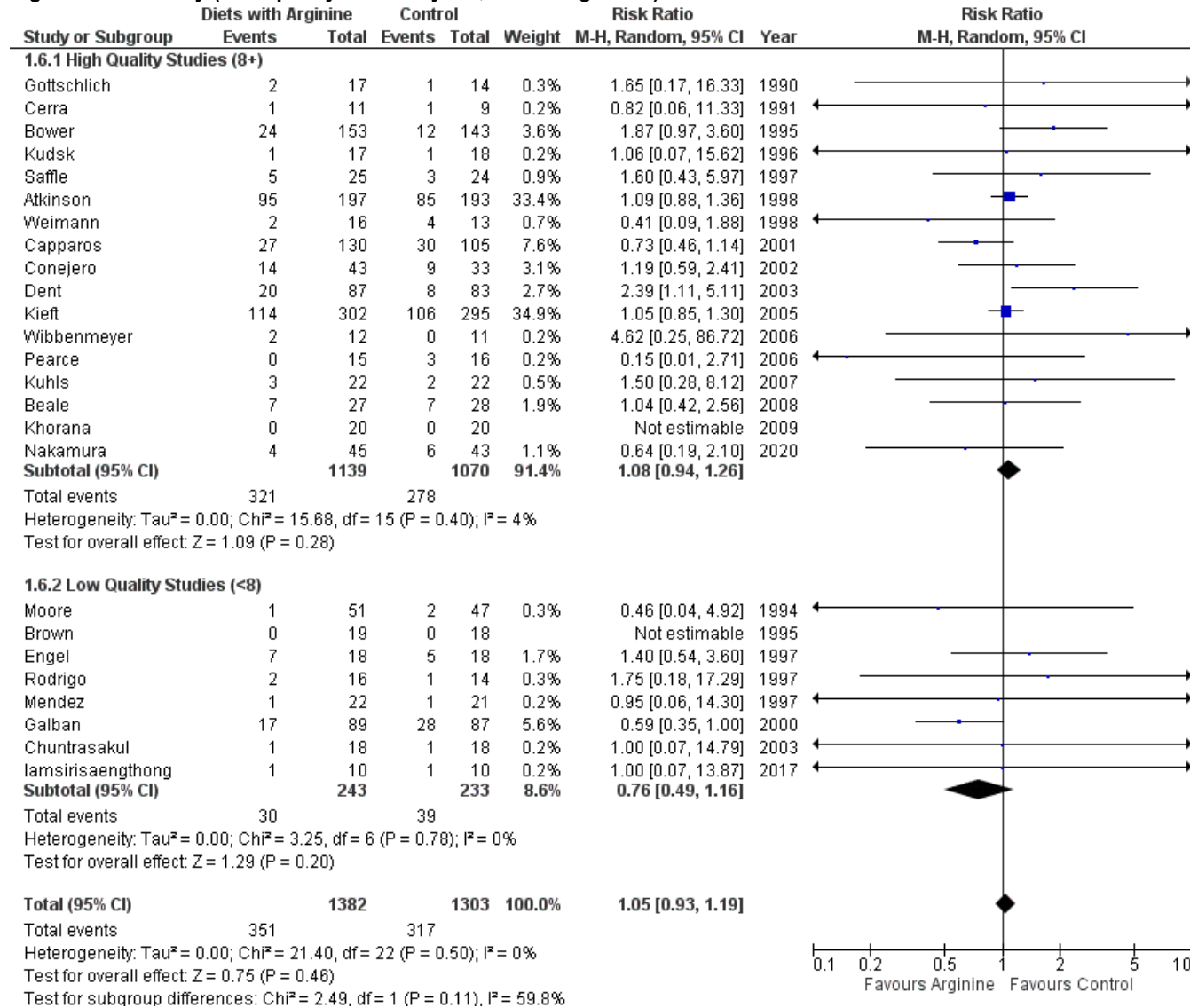


Figure 2a. Mortality (with trauma/non-trauma sub-analyses)

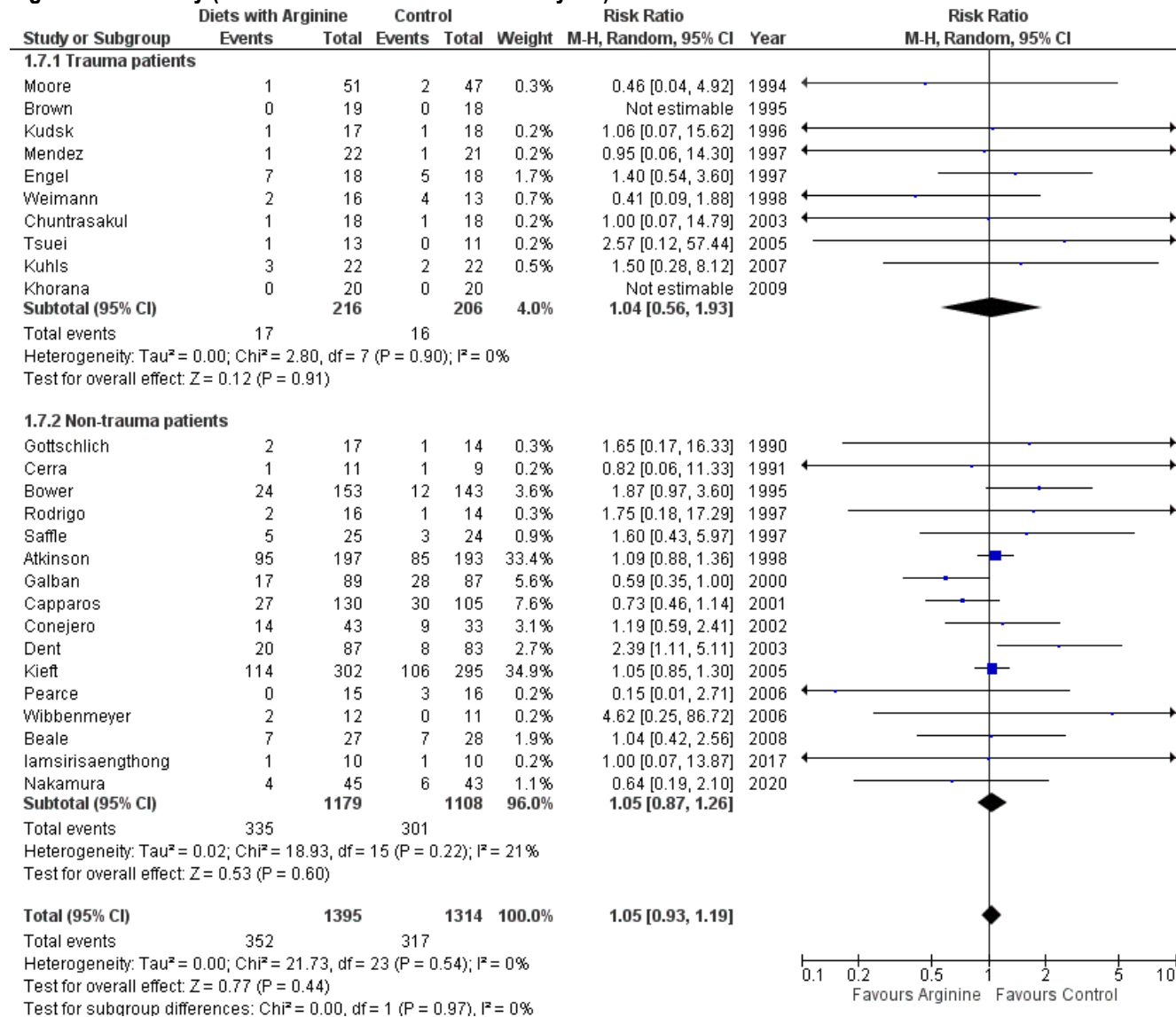


Figure 2b. Mortality in trauma patients (with trauma/non-trauma sub-analyses; excluding Tsuei)

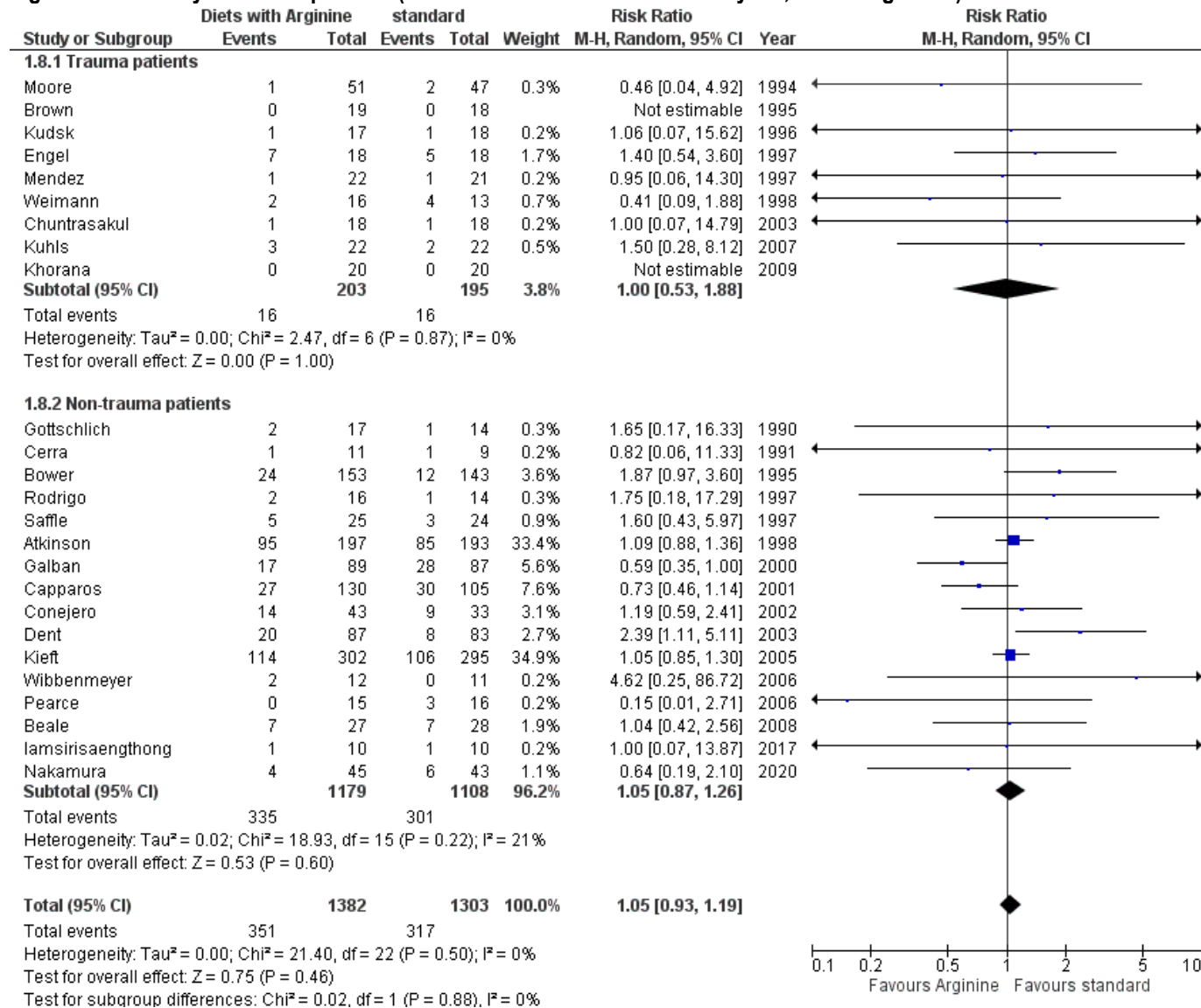


Figure 3a. Infectious complications (with quality sub-analyses)

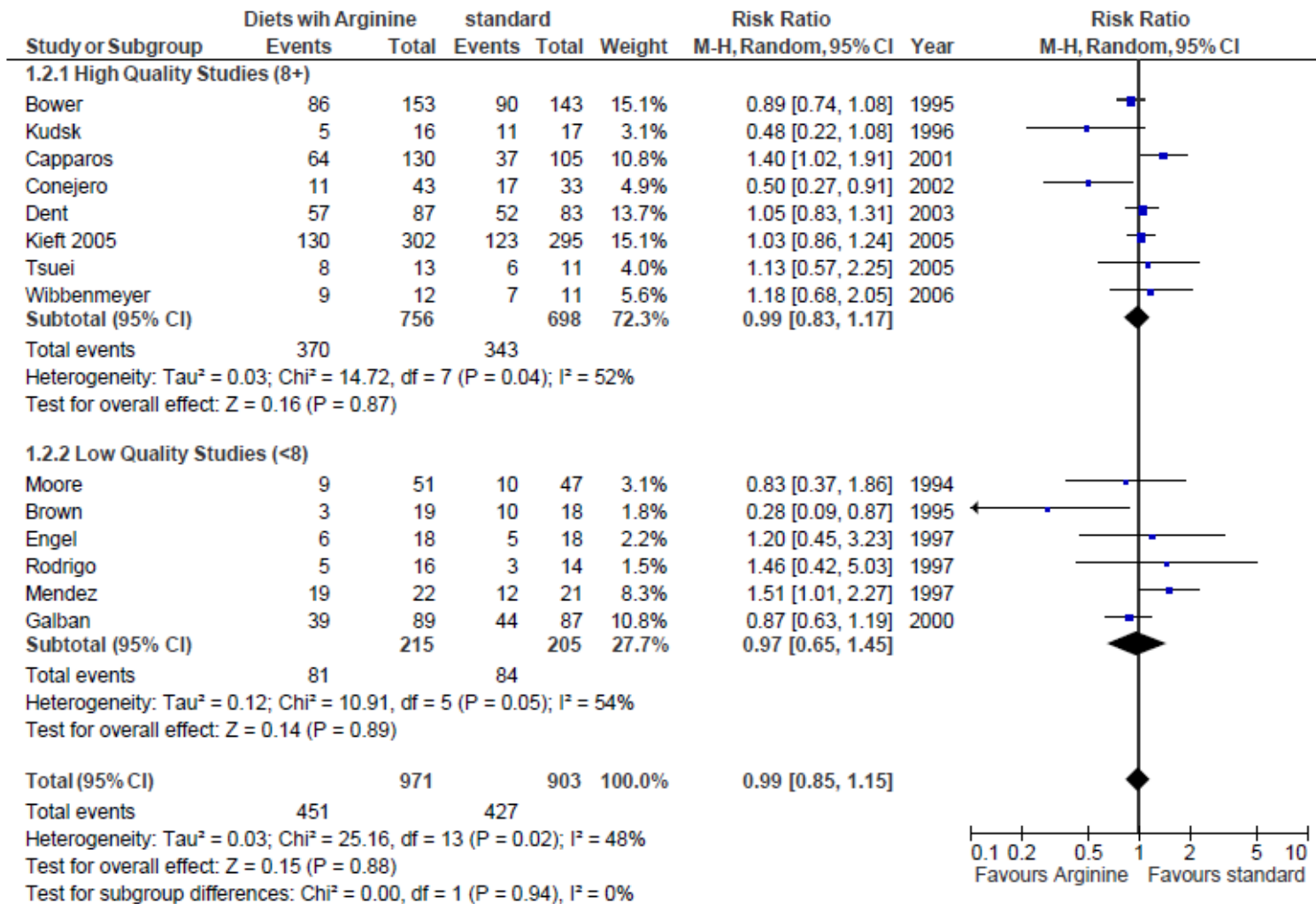


Figure 3b. Infectious complications (with quality sub-analyses; excluding Tsuei)

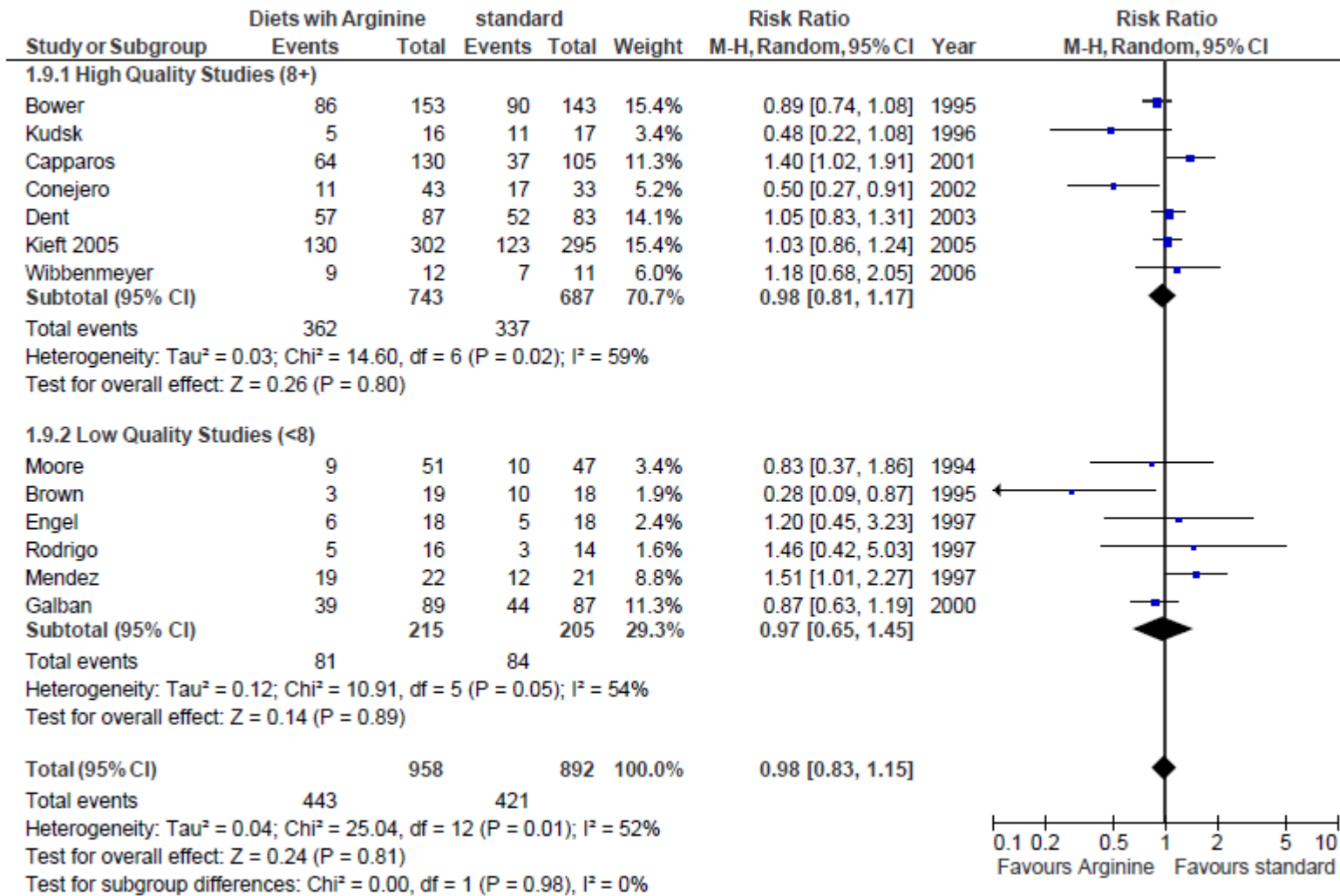


Figure 4a. Infectious complications (with trauma/non-trauma sub-analyses)

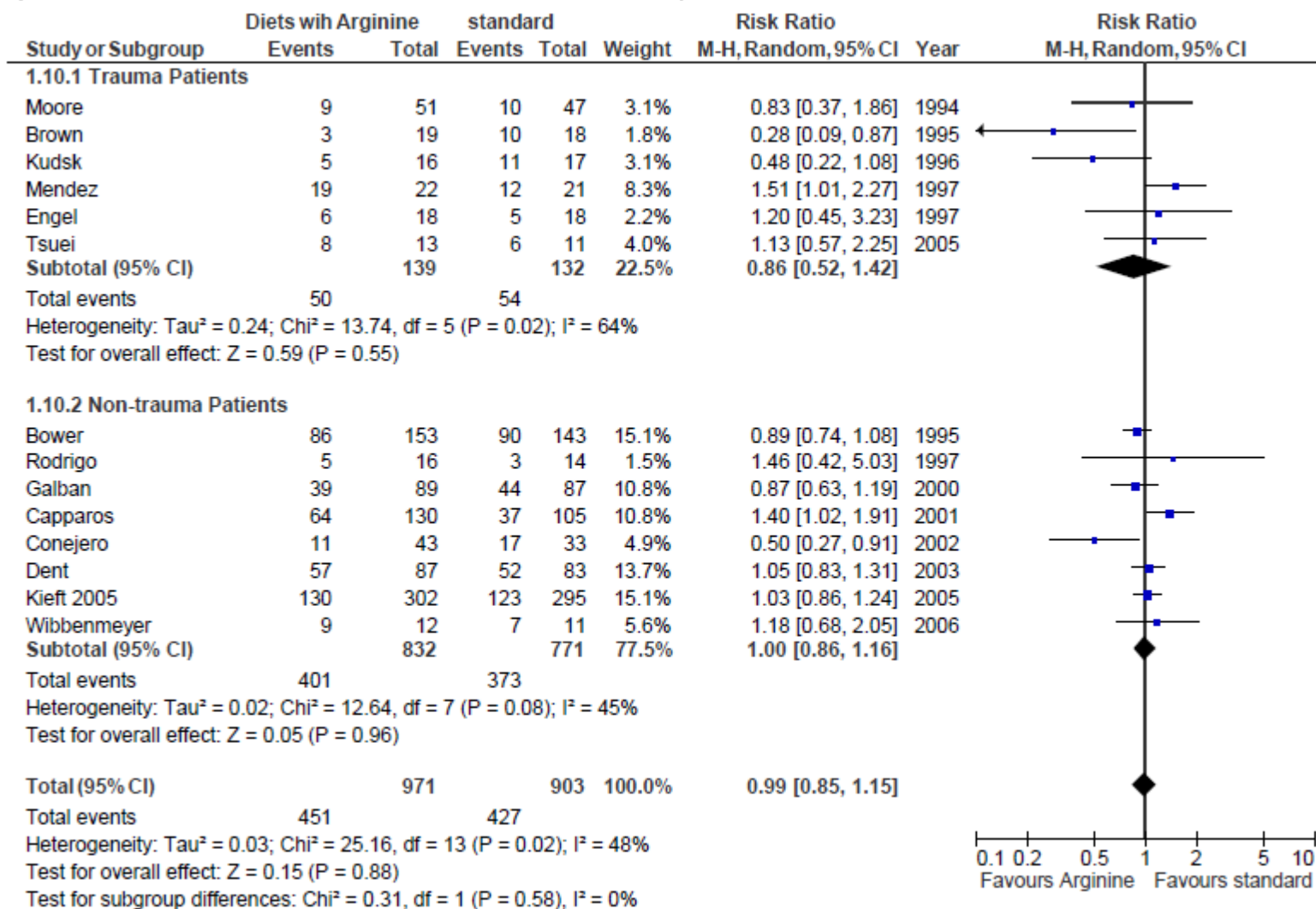


Figure 4b. Infectious complications (with trauma/non-trauma sub-analyses; excluding Tsuei)

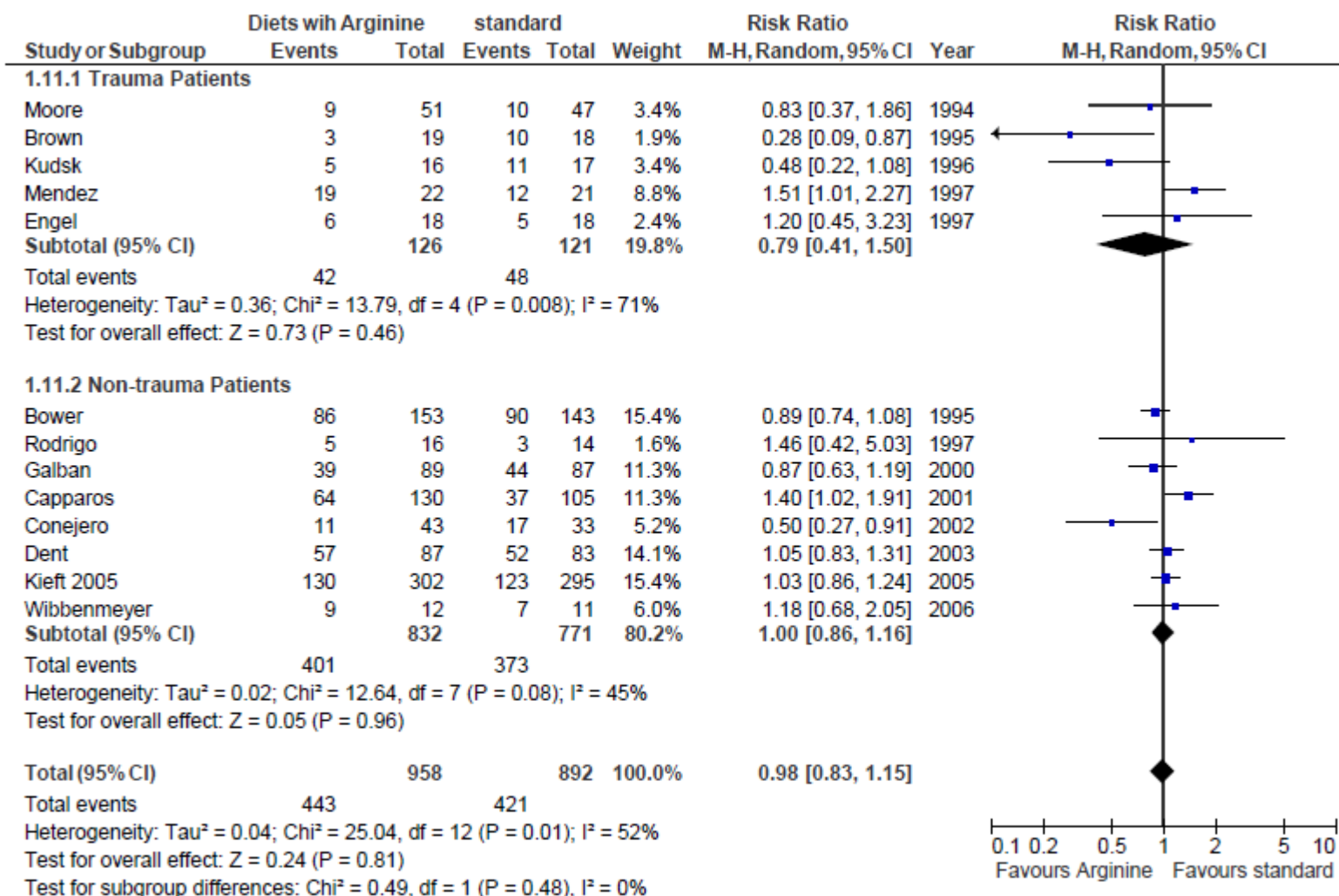


Figure 5a. Hospital LOS

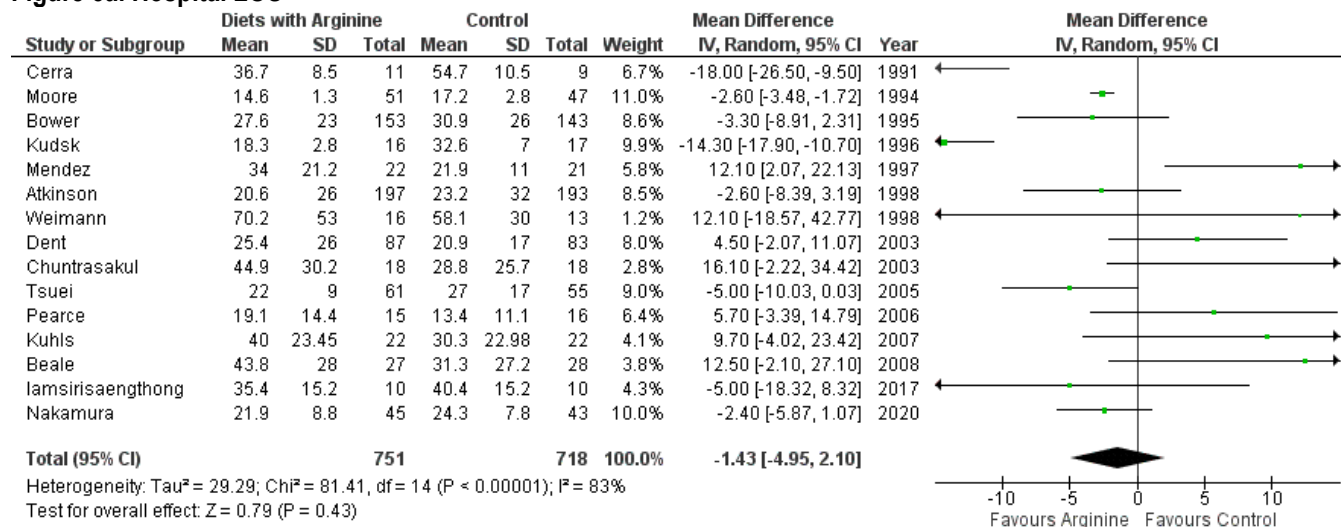


Figure 5b. Hospital LOS (excluding Tsuei)

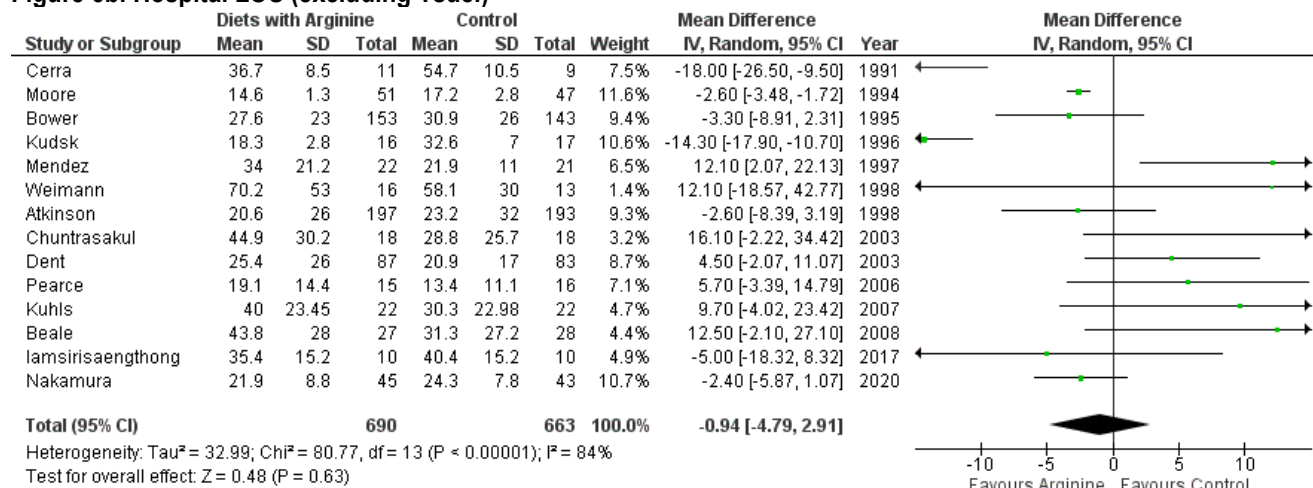


Figure 6a. ICU LOS

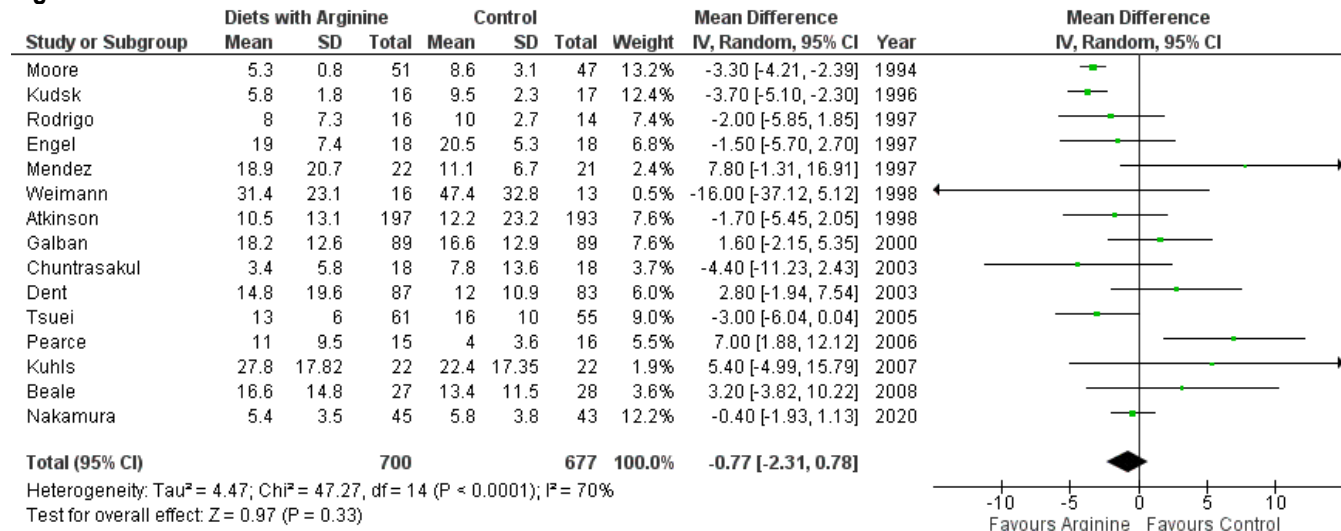


Figure 6b. ICU LOS (excluding Tsuei)

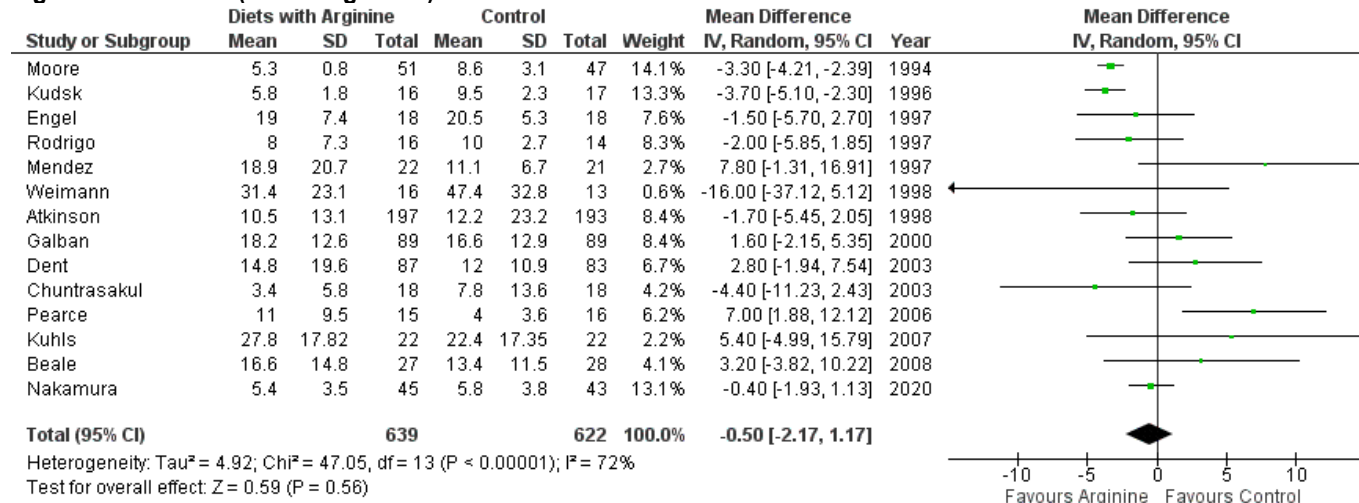


Figure 7a. Duration of Mechanical Ventilation (days)

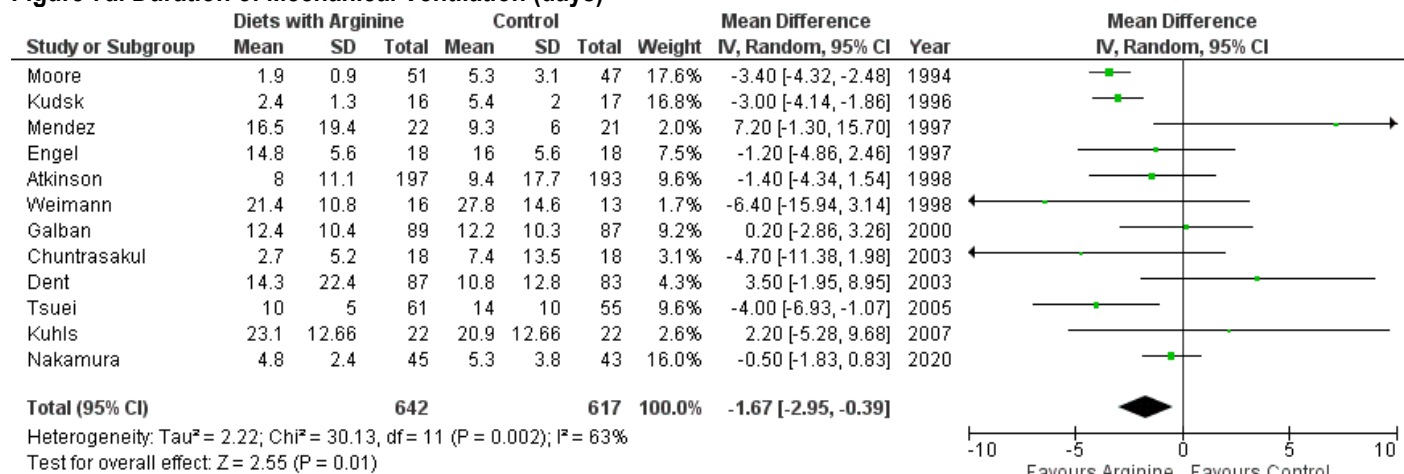
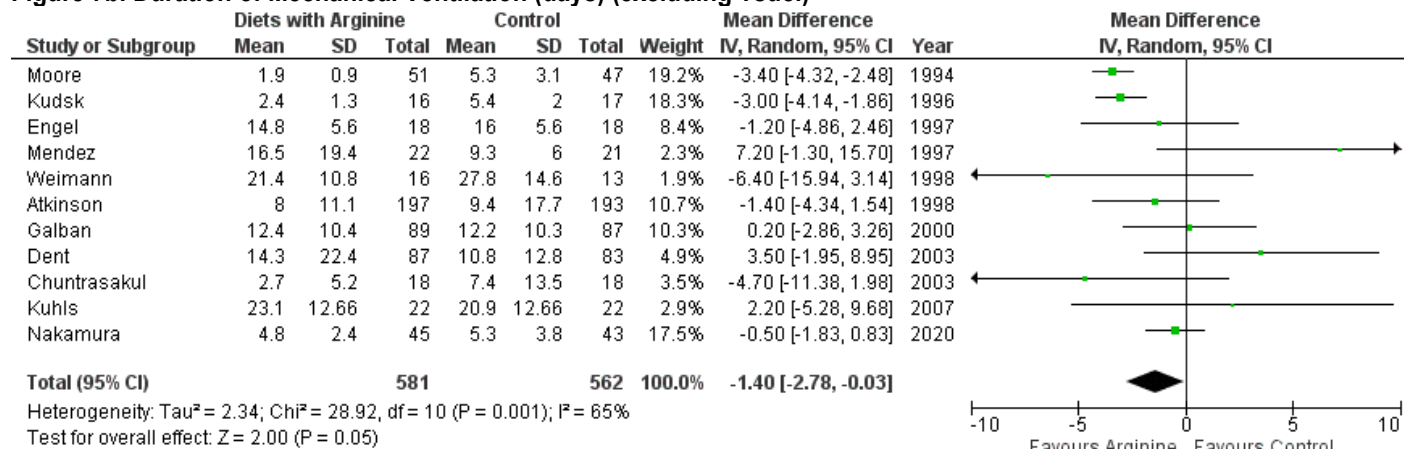


Figure 7b. Duration of Mechanical Ventilation (days) (excluding Tsuei)



References

Included Studies

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#	Excluded Studies	Reason
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4	Daly JM, Weintraub FN, Shou J, Rosato EF, Lucia M. Enteral nutrition during multimodality therapy in upper gastrointestinal cancer patients. <i>Ann Surg.</i> 1995 Apr;221(4):327-38.	Cancer pts
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12	Beale RJ, Bryg DJ, Bihari DJ. Immunonutrition in the critically ill: A systematic review of clinical outcome. <i>Critical Care Med.</i> 1999;27:2799-805.	Systematic review
13	Braga M, Gianotti L, Radaelli G, Vignali A, Mari G, Gentilini O, Di Carlo V. Perioperative immunonutrition in patients undergoing cancer surgery: results of a randomized double-blind phase 3 trial. <i>Arch Surg.</i> 1999 Apr;134(4):428-33. Comment in: <i>Surgery.</i> 2002 Nov;132(5):815-6.	Cancer pts
14	Di Carlo V, Gianotti L, Balzano G, Zerbi A, Braga M. Complications of pancreatic surgery and the role of perioperative nutrition. <i>Dig Surg.</i> 1999;16(4):320-6.	Cancer pts
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23	Preiser JC, Berre PJ, Van Gossum A, Cynober L, Vray B, Carpentier Y, Vincent JL. Metabolic effects of arginine addition to the enteral feeding of critically ill patients. JPEN J Parenter Enteral Nutr. 2001 Jul-Aug;25(4):182-7.	No clinical outcomes
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26	Braga M, Gianotti L, Nespoli L, Radaelli G, Di Carlo V. Nutritional approach in malnourished surgical patients: a prospective randomized study. Arch Surg. 2002 Feb;137(2):174-80.	Cancer pts, Same as Braga 2002, Gianotti 2003
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41	de Luis DA, Izaola O, Cuellar L, Terroba MC, Martin T, Aller R. Clinical and biochemical outcomes after a randomized trial with a high dose of enteral arginine formula in postsurgical head and neck cancer patients. <i>Eur J Clin Nutr.</i> 2007 Feb;61(2):200-4. Epub 2006 Aug 23.	Cancer pts
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49	Casas-Rodera P, Gómez-Candela C, Benítez S, Mateo R, Armero M, Castillo R, Culebras JM. Immunoenhanced enteral nutrition formulas in head and neck cancer surgery: a prospective, randomized clinical trial. <i>Nutr Hosp.</i> 2008 Mar-Apr;23(2):105-10.	Cancer pts
50	Huang XX, Wang XP, Ma JJ, Jing DD, Wang PW, Wu K. [Effects of enteral nutrition supplemented with glutamine and arginine on gut barrier in patients with severe acute pancreatitis: a prospective randomized controlled trial]. <i>Zhonghua Yi Xue Za Zhi.</i> 2008 Sep 9;88(34):2407-9. Chinese.	Not ICU pts
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53	Marik PE, Zaloga GP. Immunonutrition in critically ill patients: a systematic review and analysis of the literature. <i>Intensive Care Med.</i> 2008 (11):1980-90.	Systematic review
54	Petrov MS, Atduev VA, Zagainov VE. Advanced enteral therapy in acute pancreatitis: is there a room for immunonutrition? A meta-analysis. <i>Int J Surg.</i> 2008 Apr;6(2):119-24. Epub 2008 Jan 25.	Meta-analysis
55	Pontes-Arruda A, Demichele S, Seth A, Singer P. The use of an inflammation-modulating diet in patients with acute lung injury or acute respiratory distress syndrome: a meta-analysis of outcome data. <i>JPEN J Parenter Enteral Nutr.</i> 2008 Nov-Dec;32(6):596-605.	Meta-analysis
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61	Stableforth WD, Thomas S, Lewis SJ. A systematic review of the role of immunonutrition in patients undergoing surgery for head and neck cancer. <i>Int J Oral Maxillofac Surg.</i> 2009 Feb;38(2):103-10. Epub 2009 Jan 13. Review.	Meta-analysis
62	Suzuki D, Furukawa K, Kimura F, Shimizu H, Yoshidome H, Ohtsuka M, Kato A, Yoshitomi H, Miyazaki M. Effects of perioperative immunonutrition on cell-mediated immunity, T helper type 1 (Th1)/Th2 differentiation, and Th17 response after pancreaticoduodenectomy. <i>Surgery.</i> 2010 Sep;148(3):573-81. Epub 2010 Mar 12.	Elective surgery pts
63	Buijs N, van Bokhorst-de van der Schueren MA, Langius JA, Leemans CR, Kuik DJ, Vermeulen MA, van Leeuwen PA. Perioperative arginine-supplemented nutrition in malnourished patients with head and neck cancer improves long-term survival. <i>Am J Clin Nutr.</i> 2010 Nov;92(5):1151-6. Epub 2010 Sep 29.	Cancer pts, not ICU
64	De Luis DA, Izaola O, Cuellar L, Terroba MC, Martin T, Ventosa M. A randomized double-blind clinical trial with two different doses of arginine enhanced enteral nutrition in postsurgical cancer patients. <i>Eur Rev Med Pharmacol Sci.</i> 2010 Nov;14(11):941-5.	Elective surgery pts
65	Gatt M, MacFie J. Randomized clinical trial of gut-specific nutrients in critically ill surgical patients. <i>Br J Surg.</i> 2010 Nov;97(11):1629-36.	Cocktail of immune + probiotics
66	Sodergren MH, Jethwa P, Kumar S, Duncan HD, Johns T, Pearce CB. Immunonutrition in patients undergoing major upper gastrointestinal surgery: a prospective double-blind randomised controlled study. <i>Scand J Surg.</i> 2010;99(3):153-61.	Elective surgery pts
67	De-fang Z, Ke Z, Ren L, Li-jun Z. Clinical observation of enteral immunonutrition in patients undergoing liver transplantation. <i>Journal of Clinical Rehabilitative Tissue Engineering Research.</i> 2011 Jul; 15(31): 5873-80	Elective surgery pts
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