


Trends in number of patients undergoing gastrostomy between 2010 and 2022 in Japan

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Dear Editor,

The key to achieving successful nutrition is gastrointestinal tract feeding access. The purpose of enteral nutrition is to sustain mucosal barrier function, along with intestinal immune response and normal flora, by maintaining gastrointestinal mucosal integrity [1]. Percutaneous endoscopic gastrostomy (PEG) facilitates long-term enteral nutrition. The European Society of Gastrointestinal Endoscopy as well as the American Society for Parenteral and Enteral Nutrition has recommended the use of gastrostomy tubes for patients whose nutritional intake is likely to be qualitatively or quantitatively inadequate for a period exceeding four weeks [2, 3]. In Japan, the number of patients undergoing PEG had been increasing rapidly due to the rapid aging of the population and the promotion of home medical care. However, PEG for bedridden elderly patients who are unable to communicate became noticeable. Therefore, in June 2012, the Japan Geriatric Society published a guideline for the decision-making process in elderly care: focusing on the introduction of artificial hydration and nutrition. The Japanese mass media criticized PEG at once. In addition, the Japanese health insurance significantly reduced the medical fee of gastrostomy in 2014. Thus, the avoidance of gastrostomy in frail or disabled older adults could have occurred [4]. The present study investigated the current status of gastrostomy in Japan since 2010, based on statistics published by the Japanese Ministry of Health, Labour and Welfare (MHLW).

Data on the numbers of patients with gastrostomy were obtained from the website of the Japanese MHLW. Changes in number of patients undergoing gastrostomy are shown in **Figure 1**. Owing to “gastrostomy bashing”, the number of gastrostomy tube placements was decreasing since 2011. A further decline was seen in 2020, most likely due to coronavirus disease 2019. Because the rates of patients aged 65 years and older were stable (range, 87.6%–90.2%) during the entire period of investigation, it was denied that indications for gastrostomy were only restricted to elderly patients. The present study has several limitations. First, the Japanese MHLW has released data for June each year. Second, indications for gastrostomy are unknown.

In conclusion, decreasing use of gastrostomy tube feeding in Japan was demonstrated. Although many factors (e.g., underlying disease, the individual's age and social barriers, and the physician's personal philosophy) influence the decision-making process for PEG [5], “gastrostomy bashing” should be avoided. It is important to reduce unbeneficial placement of gastrostomy tube, while maintaining alignment with clinical guidelines.

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Decreasing use of gastrostomy tube feeding in Japan

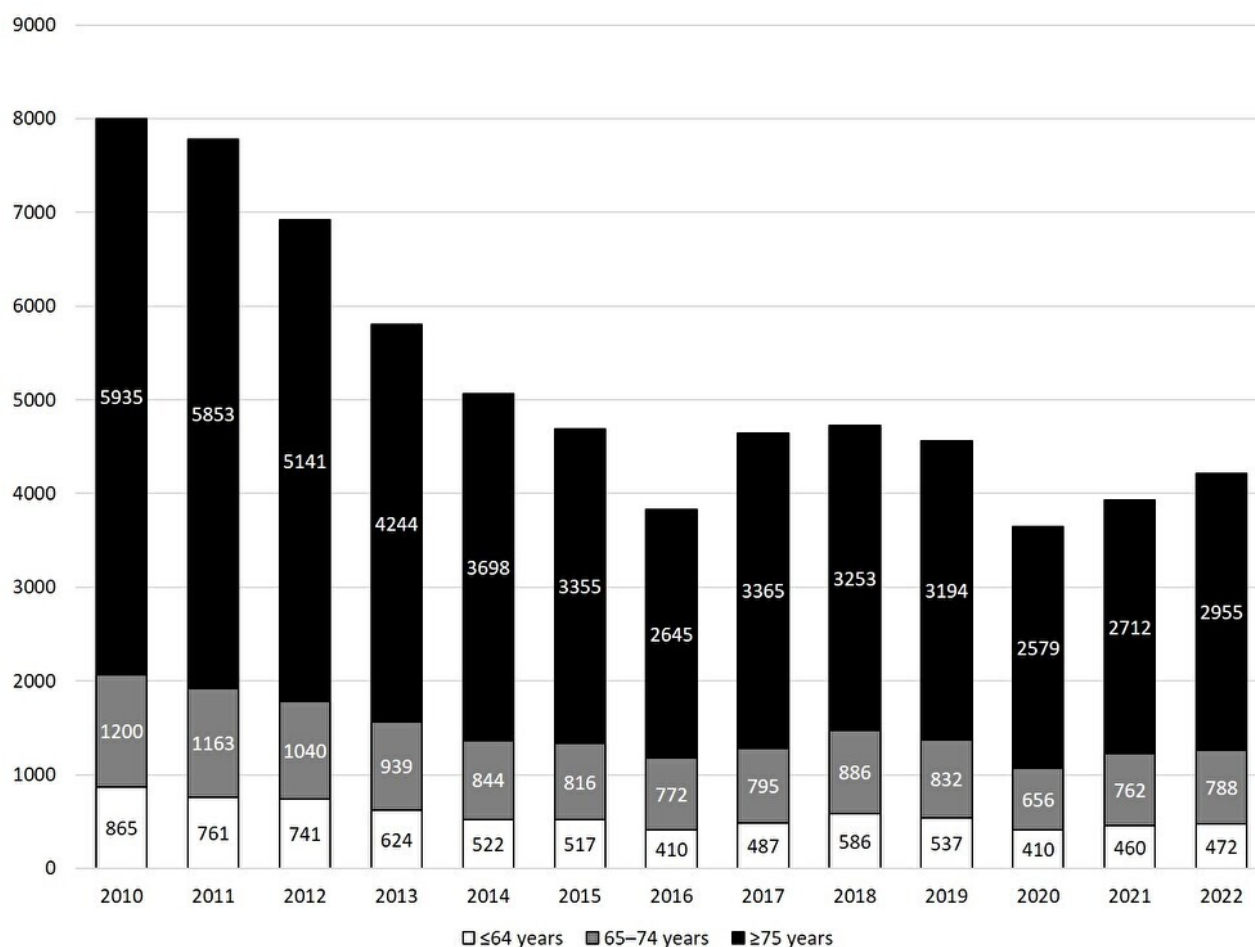


Figure 1. Changes in number of patients undergoing gastrostomy in Japan from 2010 to 2022 (data for June each year) (Source: Author's own elaboration)

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