

ANHI Webinars & Live Events November 2026

Management of Pediatric Crohn's Disease: An ECCO-ESPGHAN Guideline Update

Publication: Journal of Crohn's and Colitis
Publish Date: August 2026
Authors: Shouval DS, Hojsak I, Miele E, et al.

SUMMARY

Updated guidance from the European Crohn's and Colitis Organization (ECCO) and the European Society for Pediatric Gastroenterology, Hepatology and Nutrition (ESPGHAN) provides evidence-based recommendations for the management, monitoring, and long-term care of children with Crohn's disease. Developed by a multidisciplinary panel of experts through a systematic review of literature published between 2018 and 2025, the guideline outlines best practices across key areas of care, including risk stratification,

nutritional therapy, treatment targets, therapeutic drug monitoring, imaging, and endoscopy. For children at high risk of disease progression, anti-TNF therapy is recommended as first-line treatment, supported by proactive and reactive drug monitoring to optimize effectiveness. In low-risk luminal disease, exclusive enteral nutrition or the Crohn's Disease Exclusion Diet combined with partial enteral nutrition are preferred induction therapies. Long-term management focuses on achieving endoscopic remission, supporting normal growth, improving quality of life, and preventing bowel damage. The guideline also reviews emerging biologic and small-molecule therapies that may play a future role in pediatric care.

READ ARTICLE

Low Daily Protein Intake and Risk of Kidney Failure and Mortality in Chronic Kidney Disease

Publication: JAMA Network Open
Publish Date: October 2026
Authors: Suh SH, Choi HS, Kim CS, Bae EH, Kim J, Jung JY, Jeong JC, Lee KB, Oh KH, Ma SK, Kim SW

SUMMARY

Daily protein intake and long-term outcomes were examined in 1,861 Korean adults with chronic kidney disease who were not on dialysis, followed for a median of 9.3 years in the KNOW-CKD cohort. Intake was estimated from a single baseline 24-hour urine collection and grouped into five categories. After adjustment for clinical and laboratory factors, intake below 0.6 g/kg/day was associated with a higher risk of kidney failure requiring replacement therapy (hazard ratio 1.42; 95% CI 1.09–1.85) and of death from any cause (2.17; 95% CI 1.17–4.03), compared with intake of 1.2 g/kg/day or higher. Risk

of major cardiovascular events did not differ significantly across intake groups. The authors note that the findings are observational and limited to a Korean cohort.

READ ARTICLE

Specialized Nutrition Products in Pediatric Medical Care: Clinical Applications, Formulation, Regulation, and Future Directions

Publication: Nutrients
Publish Date: October 2026
Authors: Murray RD, Teegarden MD, Gonzalez AL, Arensberg MB, Stutts JT

SUMMARY

Children with acute and chronic medical conditions frequently face nutrition challenges that cannot be addressed through usual dietary intake alone. This narrative review provides a comprehensive overview of specialized pediatric nutrition products, including oral nutrition supplements, enteral formulas, and medical foods. The authors describe how these products support nutrition care across a range of conditions such as faltering weight, food allergies, developmental disorders, cancer, gastrointestinal diseases, cystic fibrosis, metabolic disorders, burns, and kidney disease. Beyond clinical use, the review examines key formulation considerations, including nutrient stability, digestibility, tube-feeding compatibility, and flavor acceptability, all of which influence effectiveness and adherence. The article also reviews international regulatory frameworks governing specialized nutrition products and highlights challenges related to access and reimbursement. Looking ahead, the authors identify opportunities for advancing research on long-term outcomes, technology integration, artificial intelligence, product innovation, and pediatric malnutrition quality metrics. They conclude that specialized

nutrition products are important tools for supporting growth, development, and individualized nutrition care in vulnerable pediatric populations.

READ ARTICLE

American Society of Anesthesiologists Guidance on Periprocedural Fasting in Patients Receiving Tube Feeding

Publication: Anesthesiology Open
Publish Date: October 2026
Authors: Sparling JL, Edmiston T, Nasa P, Gupta RA, Karamchandani K, Khanna AK, Chow J, Bilotta F, Sachdev A, Sreedharan R, Siddiqui S, Wischmeyer PE, Stoppe C, Mechanick JI, Yeh DD, Pearl RG, Rice TW, Dashti HS, DeWane M, Rosenthal M, Dutton RP, Nagrebetsky A

SUMMARY

An international multidisciplinary panel used a four-round modified Delphi process to develop consensus recommendations on fasting around procedures for patients who receive tube feeding. All 11 invited experts completed every round. Twenty-eight draft items were consolidated into 20 recommendations, all of which reached consensus and remained stable. The American Society of Anesthesiologists Committee on Critical Care Medicine endorsed the set unanimously. The recommendations call for hospital protocols, including ending routine "nothing by mouth after midnight" orders, and describe when tube feeding may continue in patients with and without a secured breathing tube, with the aim of limiting unnecessary nutrition loss. The authors state that this document is not official ASA Board policy and that high-grade evidence remains limited.

READ ARTICLE

Optimizing Nutrition in Pediatric Burn Patients: A Quality Improvement Initiative

Publication: Pediatric Quality & Safety
Publish Date: September 2026
Authors: Sharf TO, Kim MS, Arkowitz DW, Waibel EM, Teets JM, Schug S, Elliott EC, Sharron MP, Burd RS

SUMMARY

Addressing prolonged perioperative fasting emerged as an important opportunity to improve nutrition delivery in hospitalized children with burn injuries. In this quality improvement initiative, a multidisciplinary team implemented a standardized nutrition protocol that included concentrated feeding formulas, continuation of enteral feeds during procedures for intubated patients, and the use of high-protein clear liquids up to two hours before surgery for eligible nonintubated patients. Thirty pediatric burn patients were evaluated before and after protocol implementation. Among children receiving tube feeds, median fasting duration decreased from 11.0 to 5.6 hours, while both calorie and protein delivery increased significantly. Statistical analyses confirmed that the intervention was associated with shorter fasting times and improved nutrient intake. Importantly, no aspiration events or major feeding-related complications were observed. Hospital length of stay remained unchanged. The authors conclude that perioperative fasting is a modifiable contributor to nutritional deficits in pediatric burn care and that standardized feeding protocols can safely enhance calorie and protein delivery.

READ ARTICLE

Body Recomposition in Adults: Mechanisms, Modulators, and Practical Algorithms for Simultaneous Skeletal Muscle Mass Gain and Fat Mass Loss

Publication: Journal of the International Society of Sports Nutrition
Publish Date: November 2026
Authors: Naddafha S, Schoenfeld BJ, Antonio J, Stout JR

SUMMARY

Evidence from randomized trials, meta-analyses, and selected laboratory studies in adults was synthesized in a structured narrative review of simultaneous fat-free mass gain and fat mass loss, often called body recomposition. The most consistent approach was progressive resistance training combined with higher protein intake, typically about 1.6–2.4 g/kg/day, and a moderate calorie deficit of about 10–20% below maintenance. Effects were largest in untrained people and those with more body fat, smaller in trained or lean athletes, and still feasible in older adults when training was supervised and protein intake was sufficient. The authors conclude that expected changes are generally modest, especially in trained or lean people, and that programs should be individualized and monitored over time.

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