INTRODUCTION: Cancer cachexia increases morbidity and mortality among patients. Proper nutritional counselling and supplements may improve the quality of life

AIM: The aim of the study is to determine the effect of dietary counselling and oral supplements on weight loss in patients with head and neck cancer undergoing radiotherapy.

MATERIAL AND METHOD: This is a hospital-based prospective observational study on 60 patients of head and neck cancer undergoing radiotherapy with or without chemotherapy. Data were recorded regarding weight, height, PG-SGA score, form of nutrition support and haematological investigations.

RESULT: The mean age of the sample was 47.35 years (23-70 years). 38.3% of the patients assessed with the PG-SGA were considered well-nourished and 61.6% were moderately malnourished.

CONCLUSION: Early and intensive individualised dietary counselling by a dietitian produces clinically relevant effects in terms of decreasing weight loss and malnutrition in patients with head and neck cancer undergoing radiotherapy.

KEYWORDS: Head and Neck Cancer, Radiotherapy, Dietary counselling, Nutritional supplement, Wasting, Quality of life

ABSTRACT

The role of nutritional counselling and oral nutritional supplements in the prevention and treatment of malnutrition in head and neck cancer patients undergoing radiotherapy.

INTRODUCTION: Malnutrition is a major cause of morbidity and mortality in cancer patients. The cause of malnutrition at diagnosis amongst head and neck cancer patients is considered multifactorial and includes both lifestyle factors such as smoking and chewing tobacco and heavy alcohol use and tumour factors.

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patients tend to have more advanced disease and therefore are expected to refuse the exclusion of patients for palliative treatment in this study. This study has demonstrated a lower prevalence of malnutrition at the time of diagnosis, critical weight loss has been more frequently observed in patients with cancer of the hypopharynx, oropharynx oral cavity, or supraglottic larynx which supports the findings of our study. There was a prevalence of malnutrition among our patients which could be explained by their low socioeconomic status and illness. However this finding differs from that of Jeffery E et al who found lower prevalence of malnutrition at initial presentation in their sample of head and neck cancer patients as 61.7% of patients classified as overweight or obese. This also has an impact on how much weight has to be lost before 5% loss is achieved.

A high percentage of patients in our study experienced mild weight loss (<5kg body weight) during their radiation treatment which differs from the findings of other studies. One study reported that pre-treatment determinations of nutritional status or dietary habits and anthropometric measurements were not predictive of weight loss during radiotherapy. Studies have found that sex, tumour site and stage influenced critical weight loss during treatment which is in accordance with our study.

Capuano et al reported on the results of their nutritional programme designed for patients to achieve and maintain their calculated energy and protein requirements. They observed that non-compliant patients continued to lose weight, whilst compliant patients did not lose significant amounts of weight. This finding is in accordance to that of our study. In practice, patients may find it difficult to be compliant if they have multiple nutrition impact symptoms.

The use of chemotherapy is a common treatment modality in patients who have more advanced tumour stages. Side-effects of chemotherapy also increase the incidence of nausea/vomiting and myelosuppression thereby increases the morbidity and mortality of patients. The literature also supports tube feeding via nasogastric tube or percutaneous endoscopic gastrostomy (PEG) as a means of minimising loss of weight in patients with locally advanced head and neck cancers receiving accelerated fractionation and concurrent chemoradiation.

CONCLUSION
This study has identified that increasing age, advanced stage disease and the addition of chemotherapy are risk factors for weight loss during radiation treatment. Pre-treatment nutritional status did not influence weight loss during treatment in this study. Therefore, this study highlights the need for early identification and intensive dietetic intervention for patients to prevent weight loss thereby improving Quality of life (QoL).

REFERENCES:


