Nutrition in Palliative Care

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Goals of nutrition in palliative care

Quality of life
- Reduce worries: diet restrictions, religions/beliefs, meal management at home, etc.
- Ensure comfort: treat symptoms

Comfortably deliver nutrition
- High protein, high energy foods
- Therapeutic diets

Case study

A 78-year old man with lung cancer was referred to Nutrition Services
He was admitted with increased shortness of breath and weakness
His past medical history includes coronary artery disease
He lives alone and reports significant weight loss over the past 3 months

What are his barriers to nutrition?

- GI symptoms?
- Restrictive diet?
- Meal management at home?

Gastrointestinal Symptoms

- Taste changes (dysgeusia)
- Poor mouth health
- Dysphagia
- Anorexia
- Cachexia

Taste changes

- Decreased sensitivity, number or toxic dysfunction of taste buds.
- Nutritional Deficiencies (especially fluids).
- Poor Dental Hygiene.
- Treatment or Disease.
- Finding foods too sweet, too salty, metallic, bitter, bland, etc.
Taste changes - Solutions
- Dental Care
- Bland Foods (eg: Milk, cold food)
- Seasoning or sweeten to taste
- Appetite stimulants (eg: Sherry or Wine)
- Tart foods
- www.bccancer.bc.ca (Coping with Taste Changes)

Poor Mouth Health
- Normally produce 1 to 1.5 litres of saliva a day. Reduced by disease and cancer treatment.
- Dry mouth (xerostomia) and lead to infection
- Toxicity eg, mouth sores “stomatitis” or “mucositis”
- Halitosis can be from smoking, dehydration, poor oral hygiene, infections

Mouth Care
- Meticulous attention.
- Tissues clean and moist. Airway patent.
- Child size soft tooth brush or gauze.
- Individualized, or every 4 hours.
- Biotene or Oral Balance products.
- Toothette Mouth Moisturizer
- “Pink Swabs” or gauze for teeth
- Vaseline for lips

Dysphagia
- Obstruction
- Infection
- Nerve damage
- Muscular weakness
- Mental or nervous coordination

Dysphagia- Solutions
- Soft foods
- Liquids
- Blenderized
- Thickened fluids
- Crushed meds

Anorexia
- Physiological
- Treatment related
- Psychological
Reasons for Anorexia
- Nausea, fear of vomiting
- Unappetizing food
- Aversion to food odors, sight of food
- Too much "encouragement"
- Early satiety
- Dehydration, constipation
- Mouth Discomfort

Reasons for Anorexia (cont’d)
- Pain, fatigue
- Odorous ulcers
- Biochemical: Hypokalemia, Hyponatremia, Uremia
- Treatment: Drugs, Radiation, Chemotherapy, Hormonal Tx, Surgery
- Anxiety, Depression, Disease Process

Treatment of Anorexia
- Hi Protein, Hi Energy Foods
- Nutritional Supplements (Boost, Boost Fruit Flavoured Beverage, Hi Protein Pudding, Polycose)
- Corticosteroids
- Cannabinoids eg, Marinol
- Megace (Megasterol Acetate)

Cachexia/Anorexia
- Weight Loss, lipolysis, loss of visceral and skeletal protein mass and profound Anorexia
- Variable incidence, eg: rare in Metastatic Breast Cancer
- Anorexia is the result of metabolic changes.
- Aggressive oral nutrition has not been shown to affect tumour response or survival

Anti-catabolic agents
- EPA (Eicosapentanoic acid).
- Fish oils: Salmon, trout, sardines, mackerel.
- Inhibits the action of proteolysis?
- 2 grams EPA used in studies.

Nutrition Support
- Enteral tube feed
- Reflux (vomiting).
- Diarrhea.
- Aspiration Pneumonia
- Pain at insertion site
- Home management burden

Total parenteral nutrition – rare occasion
Nutrition Principles in End of Life Care

- Eating and drinking will become nil.
- "Aggressive" nutrition can contribute to difficult symptom control.
- The atmosphere surrounding eating is more important than the quantity ingested.

Case study

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Goals of nutrition in palliative care

Quality of life
- Reduce worries: liberalize healthy heart diet, implement home support
- Ensure comfort: modified-texture diet, address taste changes

Comfortably deliver nutrition
- High protein, high energy foods
- Liberalize unnecessary therapeutic diets

References available at

www.bccancer.bc.ca