

Tool helping UC cancer institute identify patients at risk for malnutrition

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A person needs nourishment from food to live and flourish.

However, people undergoing cancer treatment are often plagued with nausea, a lack of appetite, gastrointestinal issues, dry mouth and heartburn, among other issues, which make it hard to complete this seemingly simple task.

"Malnutrition in [patients](#) undergoing [cancer treatment](#) is correlated to decline in function as well as the ability to tolerate treatment, infection and increased hospitalization," says Tammy Ward, registered dietician and specialist in oncology [nutrition](#) for the UC Cancer Institute. "When these patients are losing weight because they can't or don't want to eat, they're losing fat and muscle mass that are stores for vitamins and minerals to support health."

With the importance of nutrition's role in better outcomes for patients known, the American College of Surgeons Commission on Cancer recommended that all cancer programs create guidelines for assessing the nutritional well-being for those with cancer and determine best ways to intervene.

At the UC Cancer Institute, Ward and Kelly Guthrie, clinical dietician, have rolled out a pilot study in select cancer clinics to determine if the use of a validated [malnutrition](#) screening tool given at the time of a patient's first visit will help in identifying those who are at risk.

"The tool we are using is called the Nutrition Screening Questionnaire, which includes three simple questions about a patient's weight loss and appetite," she says. "If the patient has a score of two or more triggers, a consultation with a dietician is ordered."

Currently, this assessment is being conducted in the gastrointestinal, surgical oncology, Esophageal Disease Center and hepatobiliary (liver and gallbladder) clinics. Ward says that once a patient is considered at risk for malnutrition, she and Guthrie offer their services or refer the patients to community resources to seek assistance.

"This tool is only given to new patients at this time, and we're still trying to determine the best way to catch existing patients who may be at risk for malnutrition," she says, adding that they are in the process of finding out if a tool can be built into the EPIC system to alert dieticians if a patient falls below a certain weight within a certain time frame.

"However, our efforts are working. As of the last week in October, 75 percent of new patients were screened; 40 percent of new patients were identified as being at-risk.

"There is a need, but we just need to figure out the best way to find these at-risk patients and then the best way to help them keep their weight up before it's too late—oftentimes, once they lose weight, it's difficult to gain it back."

Ward and Guthrie work closely with the [cancer](#) care team and the patient as part of the treatment plan to provide individualized education about good nutrition, adequate protein intake and the increase of fruits and vegetables.

"We do a nutrition assessment to determine eating habits and cultural preferences for each patient," she says, adding that patients are seen by dieticians 1 to 2 times per week once the patient begins treatment to

provide ongoing education about altering diet to manage symptoms. "We also work with the physicians in order to make sure patients receive the right supplements or medications to ensure they get the nutrients needed.

"We are happy to see that our assessments are working, but there is a lot more to be done, and we hope to roll this pilot out further in coming months. Food is such an important part of life—both physically and socially. We're happy to provide these services and will work to continually help patients have better outcomes and quality-of-life."

Provided by University of Cincinnati

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