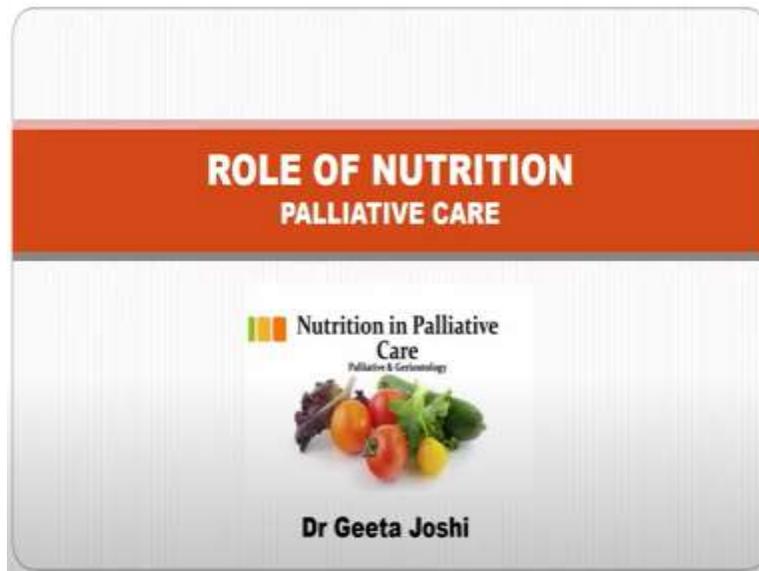


Certificate in Integrative Palliative Care – 3
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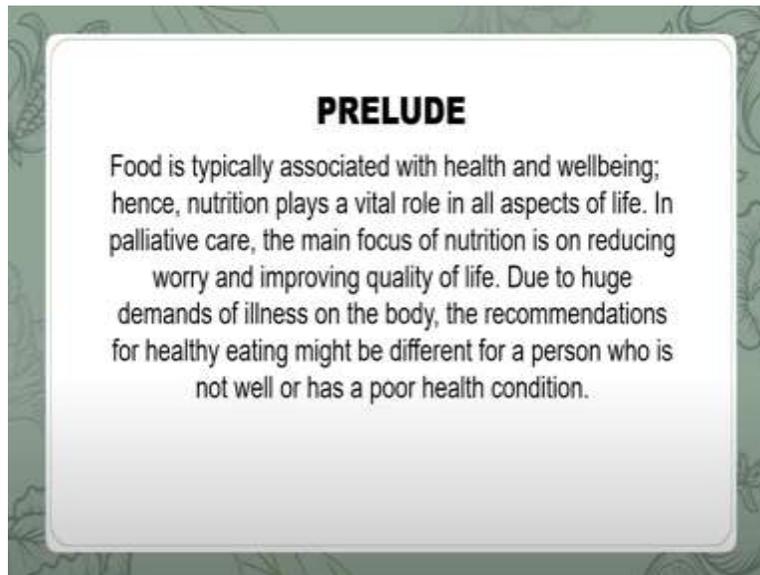
Week-09
Lecture 71: Role of Nutrition in Palliative Care

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Namaskar. Continuing with our series on diet therapy, what we have learned till now is why junk food is not good for us, what are good ways to improve or boost our immune system so that we do not fall sick quite often. Why it is important to cook at home, why it is important to fuel ourselves with right kind of protein, fiber and calorie dense meals so that our bodies are able to function properly. Moving ahead in this direction, nutrition plays a very important role in palliative care in cancer patients. Today, we will navigate through in this session.

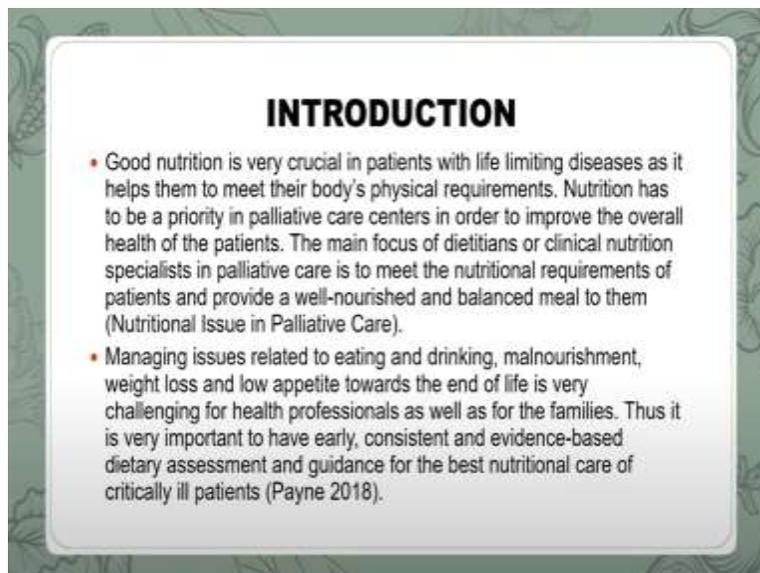
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Role of nutrition in palliative care in cancer patients.

Food is typically associated with health and wellbeing. Hence, nutrition plays a vital role in all aspects of life. In palliative care, the main focus of nutrition is on reducing worry and improving the quality of life. Due to huge demands of illness on the body, the recommendations for healthy eating might be different for a person who is not well or has a poor health condition.

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Good nutrition is very crucial in patients with life-limiting diseases as it helps them to meet their body's physical requirements. Nutrition has to be a priority in palliative care centres in order to improve the overall health of the patients. The main focus of dietitians or clinical nutrition specialists in palliative care is to meet the nutritional requirements of patients and provide a well nourished and balanced meal to them. Managing issues related to eating and drinking, malnourishment, weight loss, low appetite towards the end of life is very challenging for health professionals as well as for the families. Thus, it is very important to have early, consistent and evidence-based dietary assessment and guidance for the best nutritional care of critically ill patients.

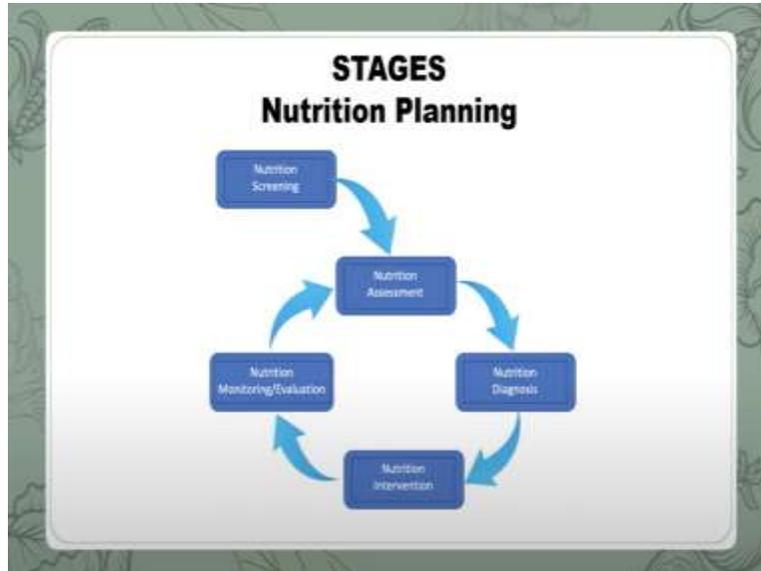
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What exactly is palliative care? What is the intent? First, to provide for good quality of life, diet as desired by the individual. The goal is to alleviate negative symptoms, for example, pain, weakness, constipation, nausea, mouth ulcers, loss of appetite, dry mouth. To emphasize pleasurable aspects of eating without concern for quantity or nutrient or energy content. And hospice care. Stages of nutritional planning.

The first step is nutritional screening. This is a very simple step. In this, a dietician or a healthcare provider will screen a patient for whether the patient is malnourished or not. If the patient is found to be at risk of being malnourished, then the next step would be a proper nutritional assessment. There are many tools which are very simple to use for carrying out a proper nutritional assessment and this should be carried out by a trained clinical dietitian or any healthcare provider.

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After doing a proper nutritional assessment, there comes the next step of nutrition diagnosis. This also should be done by a registered clinical nutritionist where she can come up with a diagnosis where the patient is cachexic, underweight or what is the exact problem so that proper nutritional intervention can be made. After doing the nutritional diagnosis, proper nutritional intervention should be done in order to meet the nutrient goals. Nutrient intervention can be done in the form of modifying the diet, the quantity, the texture or even insertion of a tube feed for the patient. That depends on the clinical condition of the patient.

After nutrition intervention, nutrition monitoring or evaluation is also important. So, the entire process of starting with the nutritional screening and which ends with the nutritional monitoring and evaluation is very important for assessment of a patient nutritional needs.

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**Goal of Nutrition
Palliative Care**

Nutrition in palliative care and at the end of life should be one of the goals for improving quality of life. It is important to address issues of food and feeding at this time to assist in the management of troublesome symptoms as well as to enhance the remaining life (Holder 2003).

Goal of nutrition palliative care. Nutrition in palliative care and at the end of life should be one of the goals for improving quality of life for the patient. It is important to address issues of food and feeding at this time to assist in the management of troublesome symptoms as well as to enhance the remaining life.

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KEY ISSUES
Palliative Care Nutrition

People suffering from prolonged and advanced illness and not maintaining a proper dietary intake suffer from impaired nutritional status. Eating and drinking can often become challenging in such cases.



What are the key issues? People suffering from prolonged and advanced illness and not maintaining a proper dietary intake suffer from impaired nutritional status. Eating and drinking can often become challenging in such cases.

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KEY ISSUES
Palliative Care Nutrition

There are symptoms which make it difficult for a person to eat a normal diet such as:

- Anorexia (poor appetite)
- Nausea & vomiting
- Sore Mouth or Throat
- Taste Changes
- Dry Mouth
- Constipation or Diarrhoea
- Pain
- Fatigue

There are symptoms which make it difficult for a person to eat a normal diet such as poor appetite or anorexia, nausea, vomiting, sore mouth or throat, taste changes, dry mouth, constipation or diarrhea, pain and fatigue. These symptoms if are continued for a longer period of time, they can actually impact the nutritional status of the patient.

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Health

Different types of Therapeutic diets

- No Concentrated Sweetens or NCS diet:** Manages weight & blood sugar levels
- No Added Salt diet or NAS:** Reduces intake of salt
- Low Cholesterol Diet:** Helps treat fat levels
- High fiber diet:** Used to treat gastrointestinal diseases
- Puried diets:** Prescribed for those who are unable to chew or swallow

Different types of therapeutic diets.

We have learnt about few therapeutic diets in the previous lectures also. So, no concentrated sweets or a low cholesterol diet, no added salt diet, high fibre diet, puree diet. Depending on the patient's clinical conditions and the symptoms, different forms of therapeutic diet can be altered and included in a patient's regular meals so that the calorie, protein and other requirements of nutrients are met for the patient. All this is done to enhance or improve the quality of patient's life.

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Palliative nutrition support.

The most important things are which everyone should focus on. The first point is clinical assessment of the patients. Then assess whatever symptoms if any are there. Then a proper nutritional assessment should be carried out. And a psychological attitude should also be assessed, food intake, keeping in mind the GI function status.

These all things are also dependent on the life expectancy which could be short, medium or long and after all this whatever the special needs of the patient they can be chalked out by a proper healthcare provider.

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Nutrition in Palliative Care



Nutrition in Palliative Care



Nutrition in Palliative Care



Nutrition in palliative care. The aim is also to make the food attractive so that it is appealing to the patient and this might increase the appetite of the patient. Here in this picture, you can see different kinds of colors which are there on the plate. As we have discussed in the earlier sessions also that a colorful diet will give you lot amount of antioxidants which will help to improve the immune system, different colors are very appealing to the eyes, it can also increase the patient appetite.

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KEY ISSUES Palliative Care Nutrition

- Thus impaired health as a result of the above symptoms is associated with weight loss, muscle loss, functional limitations, and reduced muscle strength which affect their overall quality of life in a negative way and lead to increased morbidity (Shaw and Eldridge, 2015).
- Anorexia or loss of appetite is the most common problem seen in people suffering from chronic diseases. It can be caused by several medications, feeling of loneliness, or anxiety caused by the illness (Diet and Nutrition in Palliative Care).

Now, we will discuss certain key issues in palliative care nutrition. Impaired health as a result of the above symptoms is associated with weight loss, muscle loss, functional limitations and reduced muscle strength, which will affect their overall quality of life in a negative way and lead to increased morbidity. Anorexia or loss of appetite is the most common problem seen in people suffering from chronic diseases. It can be caused by several medications, feeling of loneliness, anxiety caused by the illness.

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Treating poor appetite.

Food first. The first thing which you should keep in mind before serving food to the patient is that the patient should be wanting to eat. The most important thing here is that portion size has to be kept in mind. It is not necessary that you give a big plate which is full of nutrients, proteins, fiber, etc. A patient might not accept that. A smaller portion size of a nutritious meal can be first given to a patient that might increase his appetite or the willingness to eat that particular portion size.

Sometimes psychologically it becomes difficult for the patient just at the sight of the food plate that he or she needs to consume or finish this much large amount of food. So portion size also plays a very important role.

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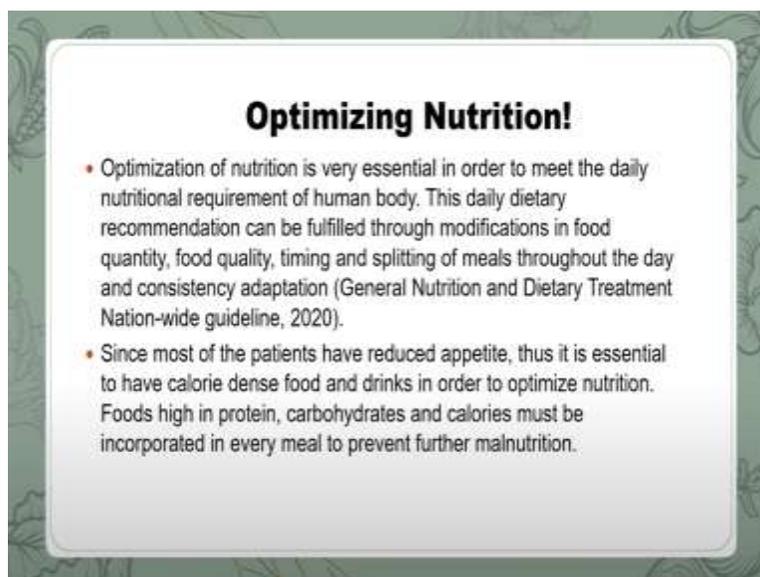
KEY ISSUES
Palliative Care Nutrition

- Some patients in palliative care centers may face social and psychological issues due to different food beliefs and eating habits (Dillon 2006). A palliative patient may find meal times a burden as they may feel too weak to get up and eat or sometimes they have poor appetite. This causes them to feel isolated and hence they end up feeling depressed and ultimately weak and emaciated due to lack of dietary intake (O'Hara, 2017).

Some patients in palliative care centers may face social and psychological issues due to different food beliefs and eating habits. People from different cultures, they have different food habits and there are chances they might not like to have a food which is not as per their taste or their cultural habit. A palliative patient may find meal times a burden as they may feel too weak to get up and eat.

Sometimes they have poor appetite. This causes them to feel isolated and hence they end up feeling depressed and ultimately weak and emaciated due to lack of dietary intake.

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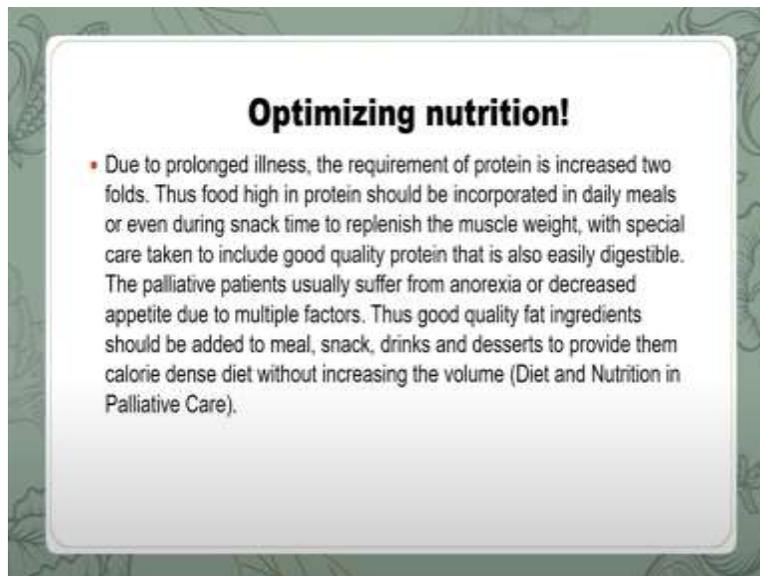
Optimizing Nutrition!

- Optimization of nutrition is very essential in order to meet the daily nutritional requirement of human body. This daily dietary recommendation can be fulfilled through modifications in food quantity, food quality, timing and splitting of meals throughout the day and consistency adaptation (General Nutrition and Dietary Treatment Nation-wide guideline, 2020).
- Since most of the patients have reduced appetite, thus it is essential to have calorie dense food and drinks in order to optimize nutrition. Foods high in protein, carbohydrates and calories must be incorporated in every meal to prevent further malnutrition.

Optimizing Nutrition in Such Patients Optimization of nutrition is very essential in order to meet the daily nutrition requirement of human body. This daily dietary recommendation can be fulfilled through modifications in the food quantity, food quality, timing and splitting of meals throughout the day and consistency adaptation. Since most of the patients have reduced appetite, thus it is essential to have calorie-dense food and drinks in order to optimize nutrition.

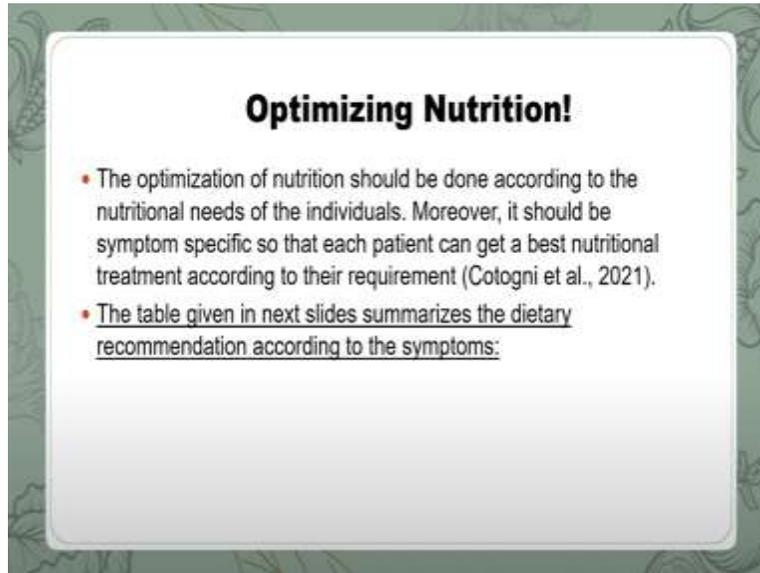
Foods high in protein, carbohydrates and calories must be incorporated in every meal to prevent further malnutrition.

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Due to prolonged illness, the requirement of protein is increased two folds. Thus, foods high in protein should be incorporated in daily meals or even during snack time to replenish the muscle weight, with special care taken to include good quality protein that is also easily digestible. The palliative patients usually suffer from anorexia or decreased appetite due to multiple factors. Thus, good quality fat ingredients should be added to the meal, snacks, drinks and desserts to provide them calorie dense diet without increasing the volume.

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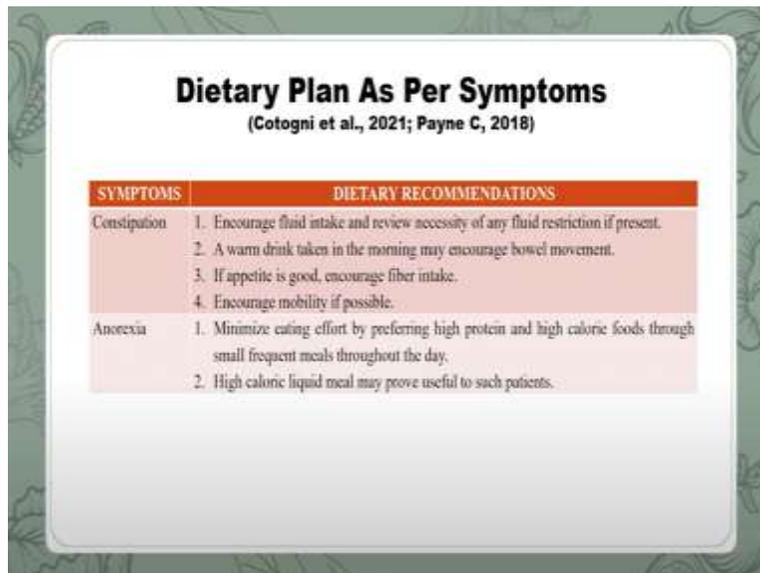


Optimizing Nutrition!

- The optimization of nutrition should be done according to the nutritional needs of the individuals. Moreover, it should be symptom specific so that each patient can get a best nutritional treatment according to their requirement (Cotogni et al., 2021).
- The table given in next slides summarizes the dietary recommendation according to the symptoms:

The optimization of nutrition should be done according to the nutritional needs of the individuals. Moreover, it should be symptom specific so that each patient can get a best nutritional treatment according to their requirement.

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Dietary Plan As Per Symptoms
(Cotogni et al., 2021; Payne C, 2018)

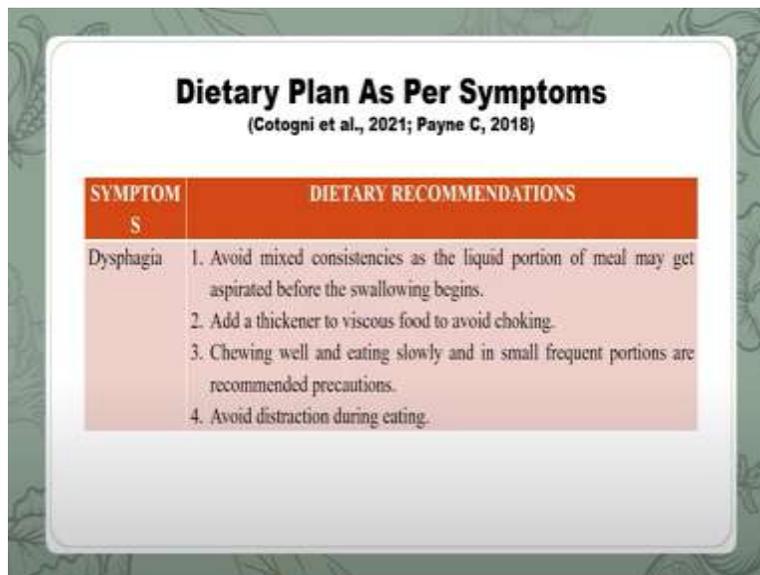
SYMPTOMS	DIETARY RECOMMENDATIONS
Constipation	<ol style="list-style-type: none">1. Encourage fluid intake and review necessity of any fluid restriction if present.2. A warm drink taken in the morning may encourage bowel movement.3. If appetite is good, encourage fiber intake.4. Encourage mobility if possible.
Anorexia	<ol style="list-style-type: none">1. Minimize eating effort by preferring high protein and high caloric foods through small frequent meals throughout the day.2. High caloric liquid meal may prove useful to such patients.

The table which is given in the next slide summarizes the dietary recommendations according to the symptoms. We will first discuss constipation. Encourage fluid intake and review necessity of any fluid restriction if present.

A warm drink taken in the morning may encourage bowel movement. If appetite is good, encourage fiber intake, encourage mobility if possible. Anorexia or loss of appetite. Minimize eating effort by preferring high protein, high calorie foods through small frequent meals throughout the day. Here portion size is also important.

High-caloric liquid meal may prove useful to such patients.

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Dietary Plan As Per Symptoms
(Cotogni et al., 2021; Payne C, 2018)

SYMPTOM S	DIETARY RECOMMENDATIONS
Dysphagia	<ol style="list-style-type: none">1. Avoid mixed consistencies as the liquid portion of meal may get aspirated before the swallowing begins.2. Add a thickener to viscous food to avoid choking.3. Chewing well and eating slowly and in small frequent portions are recommended precautions.4. Avoid distraction during eating.

Dysphagia or difficulty in swallowing. Avoid mixed consistencies as the liquid portion of the meal may get aspirated before the swallowing begins. Add a thickener to viscous food to avoid choking. Chewing well and eating slowly and in small frequent portions are recommended precautions.

Avoid distraction during eating.

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Dietary Plan As Per Symptoms
(Cotogni et al., 2021; Payne C, 2018)

SYMPTOMS	DIETARY RECOMMENDATIONS
Sore mouth	<ol style="list-style-type: none">1. Avoid very hot foods and drinks.2. Prefer soft, creamy or soft foods, as the hard ones may damage the oral membrane.3. Avoid very salty, spicy or acidic foods and fluids.
Nausea and vomiting	<ol style="list-style-type: none">1. Avoid greasy, fatty or fried foods.2. Less odorous and cold food may be better tolerated.3. Foods or drinks containing natural ginger extract may help to reduce the feeling of sickness.4. Encourage patients not to lie immediately after having food.5. Encourage fluids to prevent dehydration. It may be best to drink between meals rather than with meals.

Sore mouth. Avoid very hot food and drinks. Prefer soft, creamy or soft foods as the hard ones may damage the oral membrane. Avoid very salty, spicy or acidic foods and fluids. For nausea and vomiting, avoid greasy, fatty or fried foods.

Less odors and cold food may be better tolerated. Foods or drink containing natural ginger extract may help to reduce the feeling of sickness. Encourage patients not to lie immediately after having food. Encourage fluids to prevent dehydration. It may be best to drink between meals rather than with the meals.

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Dietary Plan As Per Symptoms
(Cotogni et al., 2021; Payne C, 2018)

Symptoms	Dietary recommendations
Taste and smell change	<ol style="list-style-type: none">1. Adjust diet in accordance with the changed taste preference and avoid food which causes aversion.2. Ensure foods that are moist and easy to eat and avoid those foods that stay in mouth for a long period.3. Follow good oral hygiene practices.4. Prefer mildly flavored foods. Cold foods are usually less odorous.5. If sense of taste has decreased, choose highly flavored foods.

Taste and smell changes Adjust the diet in accordance with the changed taste preference and avoid food which causes aversion. Ensure foods that are moist and easy to eat and avoid those foods that stay in mouth for a longer period. Follow good oral hygiene practices. Prefer mildly flavored foods.

Cold foods are usually less odorous. If sense of taste has decreased, then choose highly flavored foods.

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What is the importance of good nutrition palliative care? Good nutrition that is right for your stage of life can help you enjoy overall well-being and quality of life, maintain a strong immune system and reduce the risk of infection, cope up with the demands of illness and treatment, increase wound healing and tissue repair.

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This actually needs lot of personal care. We cannot just give good nutritious food to a patient and put him or her in isolation and say that please eat. Personal attention increases the chances of eating well in any patient.

So today in this session, we have gone through that what are the challenges a patient faces in palliative care? How can we help the patient cope up with these challenges so that his nutritional requirements are met and he or she is able to improve his quality of life? Thank you.