

Nutrition to improve patients outcomes

Dietary Counselling:
a Simple but Effective
way to improve
Cancer Outcomes

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**Dietary
Counselling**

! NEVER SIMPLE !

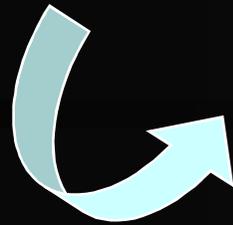
Effective

The diet is the only factor that the patient feels he/she can control

Food intake is recognised by the patient as essential to maintain activity, energy & function

Quality in Nutrition

Nutrition professionals



Training

Skills

Expertise

Differentiation
Clinical Nutrition

- ✓ Empathy
- ✓ Values dimensions determinant for patients
- ✓ Only timely, adequate & sustained / reinforced intervention is effective

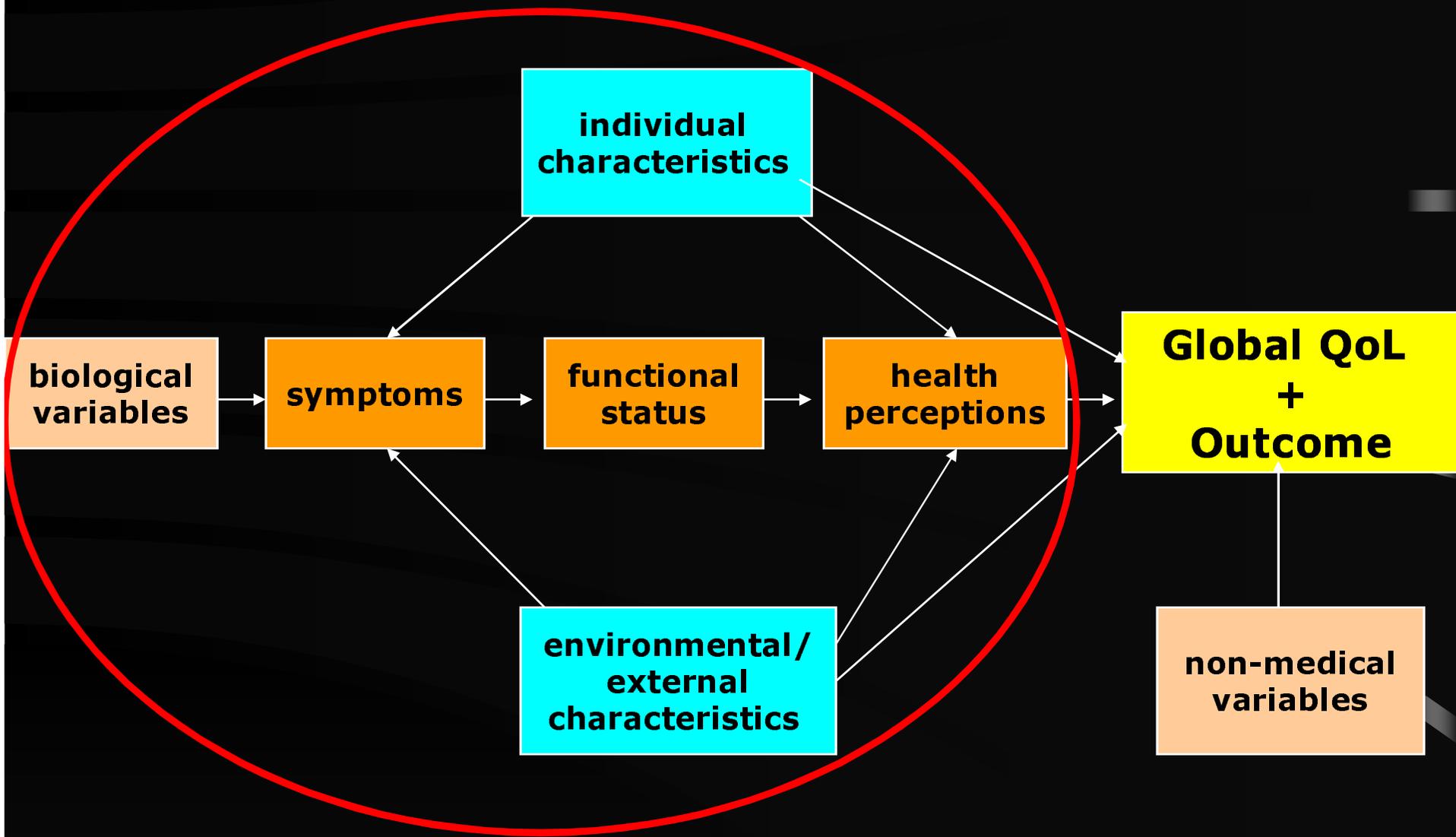
Patient is the priority

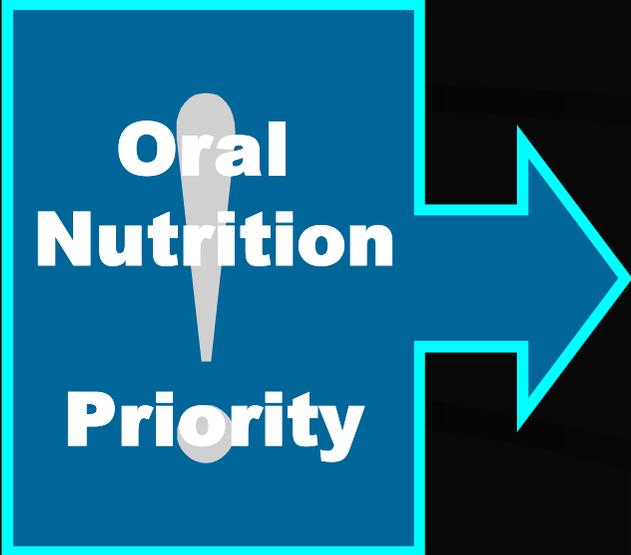
Criteria
Quality / Accreditation



Council of Europe

Resolution ResAP(2003)3 on food and nutritional care in hospitals 2003

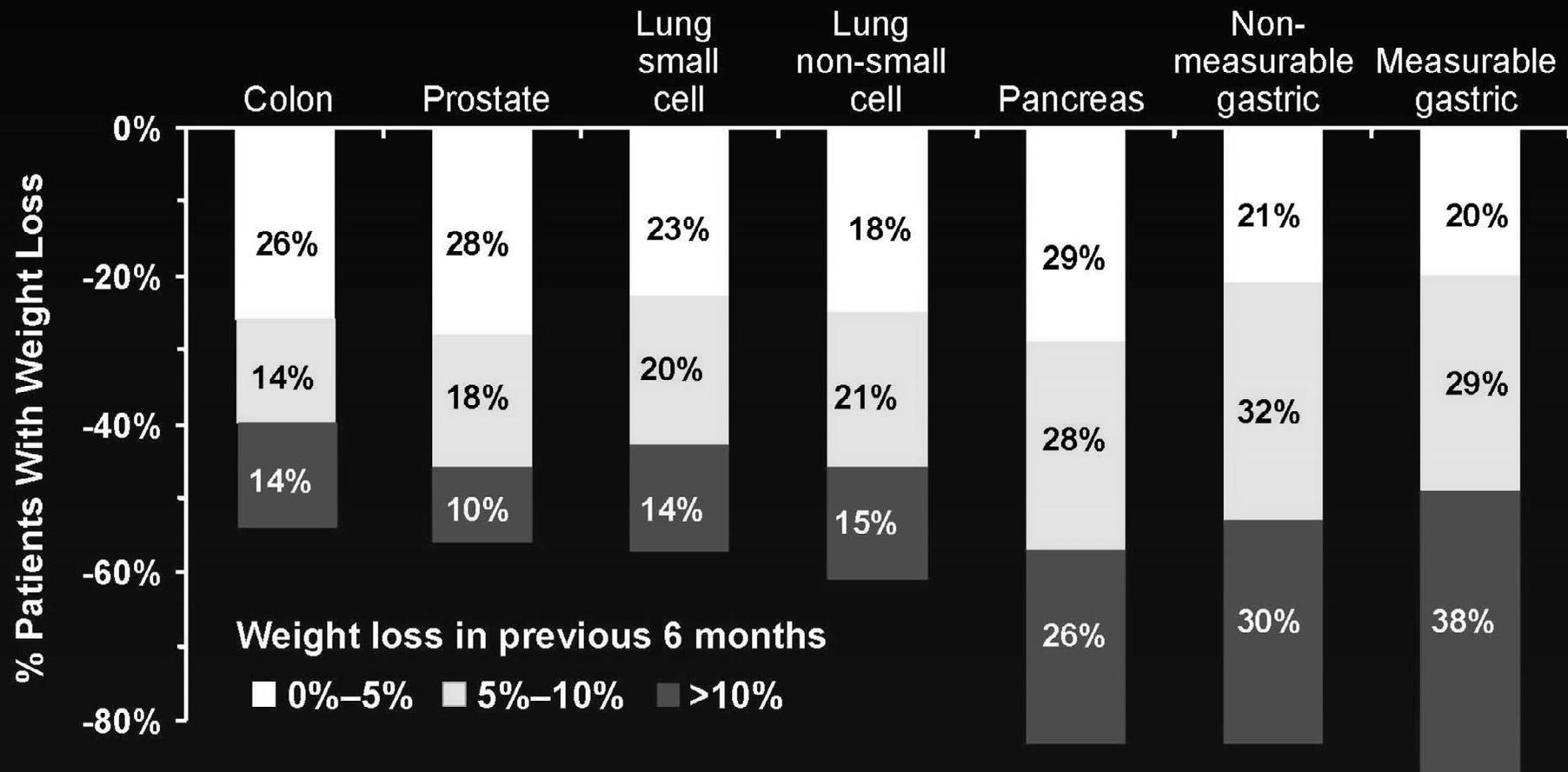




**Oral
Nutrition
Priority**

- Always the preferred route
- Patient's daily routine
- Autonomy
- Pleasure
- Family
- Psychological modulation
- Improve QoL + acute / late morbidity

Frequency/Severity of Weight Loss Associated With Cancer



Undernutrition in cancer



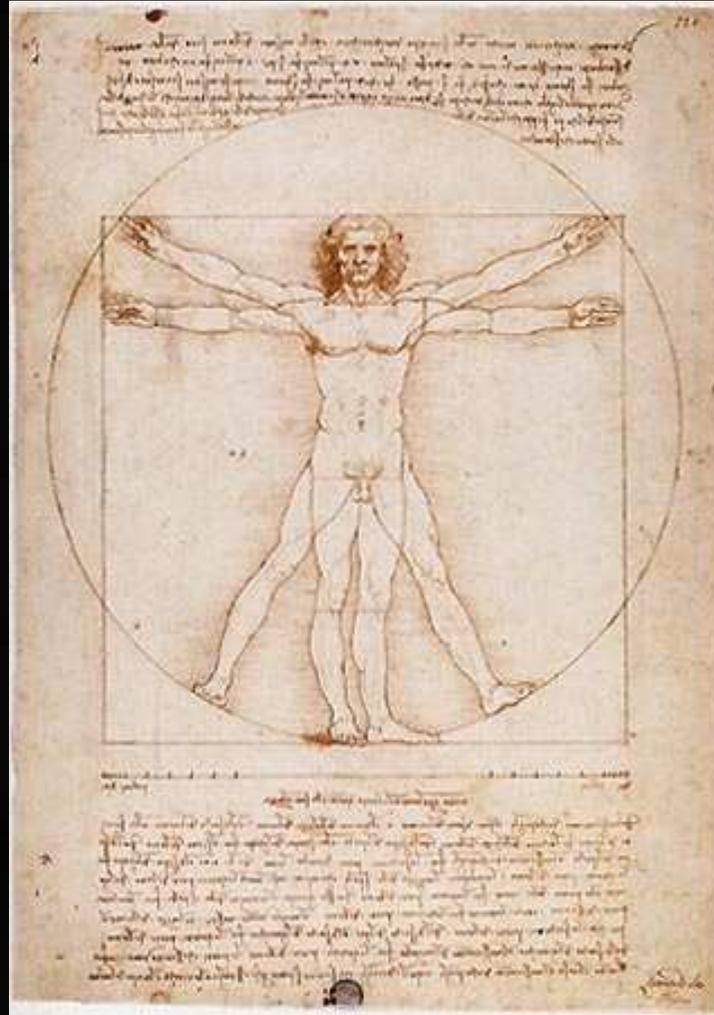
influences patients' clinical course



**indicator of poor prognosis
! morbidity and mortality !**

- **Reduces Quality of Life (QoL)**
- **Impairs functional capacity and physical activity**
- **Impairs immune function**
- **Increases treatment related morbidity & reduces tolerance to treatment(s)**
- **May reduce treatment(s) response/efficacy**
- **May reduce survival**

Nutrition



Patient-centred outcomes

DECISION-MAKING

? Patient' GI functioning ? **yes** → **Counselling+supplements**

Evaluate
Intake
Prescribe { How much ?
Which nutrients ?

no

Insufficient vs **≥ 95% needs**
< 50% needs **Sufficient**

duration
+
nutritional status
+
disease severity

monitor

PARENTERAL ← Artificial Nutrition → ENTERAL

Evidence based nutritional counselling

- Assessment nutritional status &

NUTRITIONAL INTAKE

– Structured Questionnaire

- Dietary preferences / habits / intolerances
- Diary meal distribution
- Psychological status, autonomy (cooperative? needs support?)
- Symptom' assessment (GI, dysphagia, anorexia, pain, ...)

INDIVIDUALISED DIET

- Inform the patient / family

importance of the diet / food
types / amounts

- Intake \approx requirements

energy/macro/micronutrients

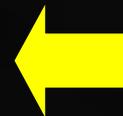
Individualised counselling

- Therapeutic diets modified to fulfill specific requirements:
 - digestion / absorption
 - disease stage and progression
 - psychological factors
 - symptom modulation

- Mantain (as possible) the usual dietary pattern

- Prescription

type
amounts
frequency



Patient
Disease
Therapeutic goals

1st intervention trials of nutritional therapy

regular foods / therapeutic diets → outcomes



Radiotherapy and Oncology 67 (2003) 213–220

**RADIOTHERAPY
& ONCOLOGY**
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www.elsevier.com/locate/radonline

Does nutrition influence quality of life in cancer patients undergoing radiotherapy?

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Head & Neck 2005; 27: 659-668

IMPACT OF NUTRITION ON OUTCOME: A PROSPECTIVE RANDOMIZED CONTROLLED TRIAL IN PATIENTS WITH HEAD AND NECK CANCER UNDERGOING RADIOTHERAPY

Paula Ravasco, MD,¹ Isabel Monteiro-Grillo, MD, PhD,^{1,2}
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ORIGINAL REPORT

Dietary Counseling Improves Patient Outcomes: A
Prospective, Randomized, Controlled Trial in Colorectal
Cancer Patients Undergoing Radiotherapy

Paula Ravasco, Isabel Monteiro-Grillo, Pedro Marques Vidal, and Maria Ermelinda Camilo

Individualised nutritional counselling and education were, *per se*, major determinants to improve *outcomes*



nutritional

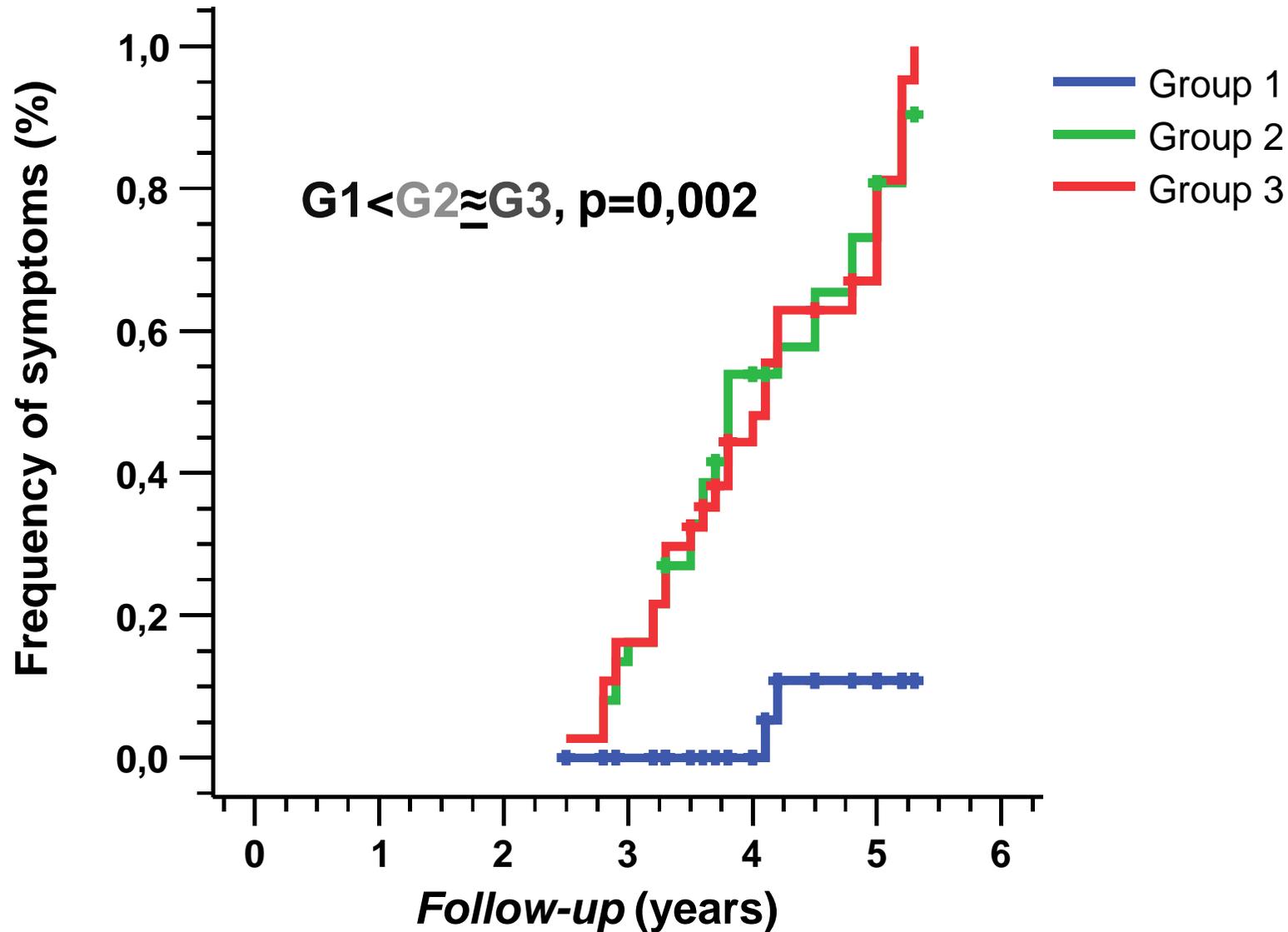
clinical

functional

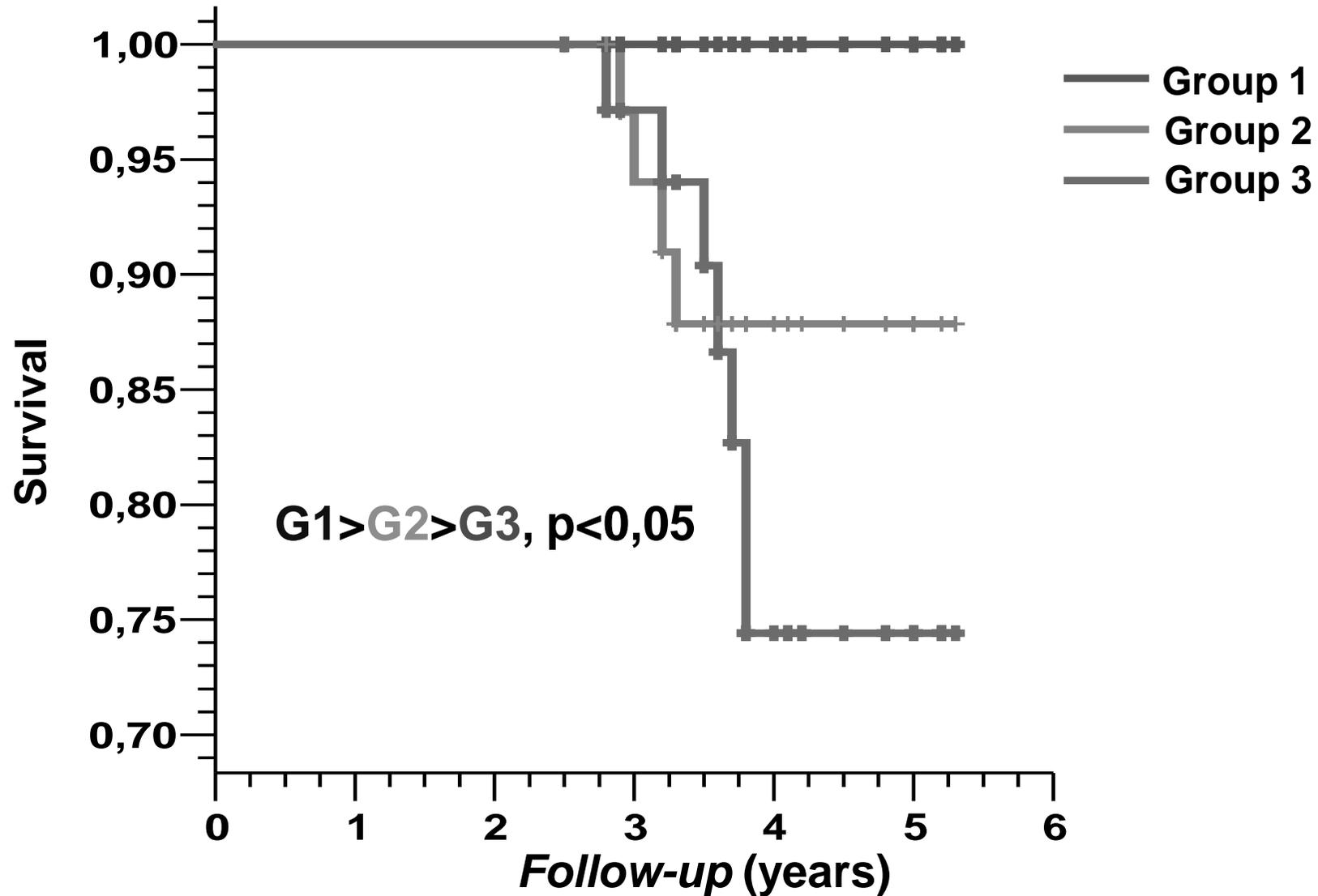
QoL

Late RT toxicity

Diarrhoea, abdominal distention, flatulence



Survival



Quality of Life

G1

highest QoL scores similar to those at 3-mts follow-up

QoL ↔ adequate nutritional intake + status p<0.05

G2+G3

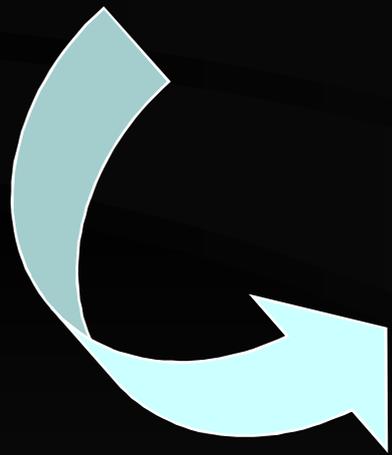
all QoL scores worsened vs 3 mts follow-up p<0.05

Worse QoL ↔ deterioration nutritional intake+status
p<0.01

G1>G2~G3 p<0.002

First results of a long term *follow-up*, designed to evaluate the possible efficacy of adjuvant therapeutic diets

Early & timely individualised nutritional counselling
and education had a sustained effect on *outcomes*



nutritional

clinical

functional

QoL

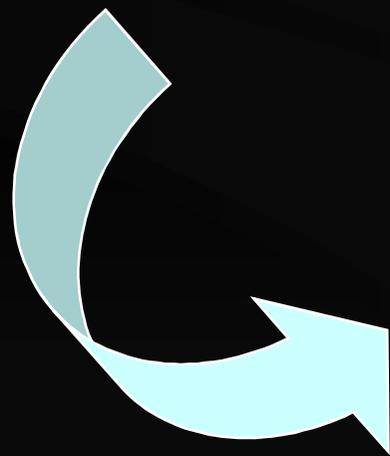
and probably prognosis

J Am Diet Assoc 2007

Nutrition Support Using the American Dietetic Association Medical Nutrition Therapy Protocol for Radiation Oncology Patients Improves Dietary Intake Compared with Standard Practice

ELISABETH A. ISENRING, PhD, AdvAPD(Aus); JUDITH D. BAUER, PhD, MHSc, AdvAPD(Aus); SANDRA CAPRA, PhD, MSocSc, FDAA(Aus)

In patients with GI tract cancer submitted to RT, individualised nutritional counselling vs standard practice, improved *outcomes*



nutritional

functional

QoL

Evidence grade A

Intensive dietary counselling

with regular foods ± oral nutritional supplements

↑ diet intake,

prevents therapy-associated weight loss,

prevents treatment interruption

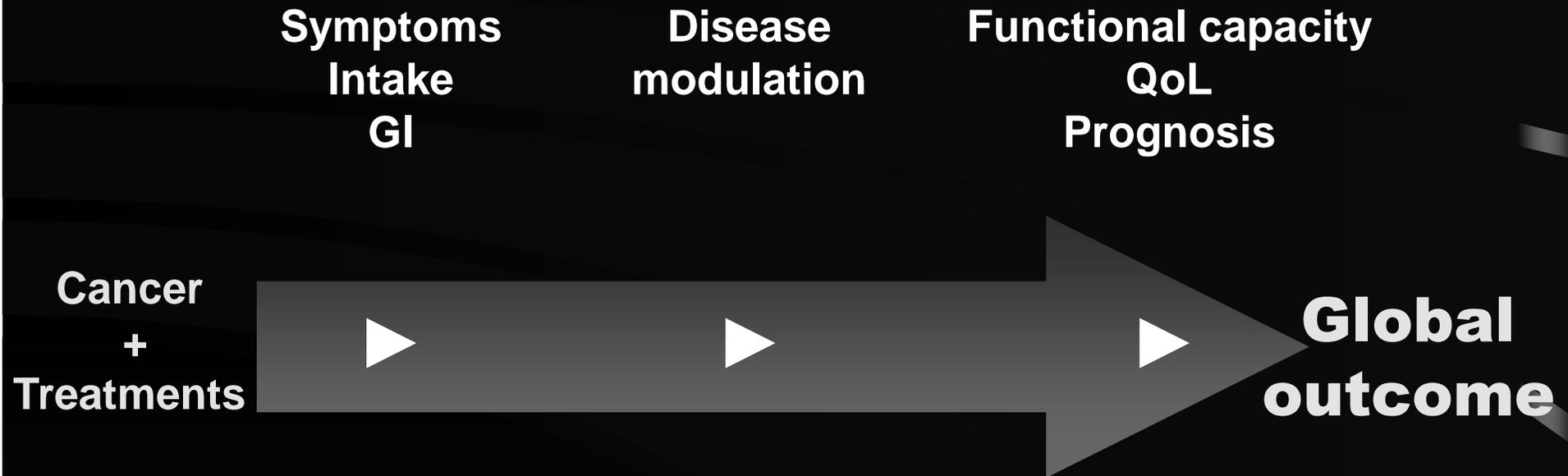
in GI or head-neck cancer patients undergoing RT ± CT



**Specific
nutrients**

“New era in cancer management”

Nutrition and outcomes



Therapeutical approach
Multiprofessional

NUTRITION

**Adjuvant to the
anti-neoplastic
treatment goal**

**Proactive nutritional
intervention can modulate
weight loss & morbidity**

**Early nutritional intervention
paramount to prevent
nutritional & physiological
deficits**

NUTRITION

**Stabilize or improve
global clinical status &
↑ potential for favorable
response to therapy,
recovery & prognosis**

**Maintain adequate
nutritional status, body
composition, performance
status, immune function &
Quality of Life**



*It is our obligation to
provide and integrate
Nutrition in the
overall treatment,
mandatory to sustain life
throughout the patient's
disease journey...*

John Hunter, 1794

*and to significantly
improve Outcomes !*