Patient malnutrition essay example

Health & Medicine, Cancer



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Malnutrition is a condition in which the body's nutritional requirements are not completely met. As a result, there will be loss in body weight, delayed healing of wounds, general weakness and poor resistance to infections. If a patient, who is already hospitalized, is affected by malnutrition, it can worsen his or her condition further and may even lead to death in severe cases. Pregnant women, patients suffering from chronic diseases like cancer, aged people as well as children belong to the highly vulnerable category and malnutrition can cause serious effects in them. In some patients, malnutrition may not be due to the poor quality of diet they intake, but due to their own body's inability to assimilate the nutrients from their diet. Patients coping with pancreatic cancer are often affected by malnutrition due to this reason. In this paper, malnutrition in case of cancer patients is discussed in detail.

Cancer and Malnutrition

Cancer is a disease that is very difficult to cope with and its treatment involves prolonged hospitalization. Malnutrition in cancer patients occurs due

to several reasons including psychological reasons, patient's depressed state and lack of appetite, secondary effects of the treatment procedure, effects of drug used in chemotherapy as well as the local effects of tumor. Cancer patients often become victims of malnutrition and develop a condition called "cachexia", in which the patient progressively loses body weight due to lean body mass and muscle wastage. Cachexia occurs due to the systemic effects of cancer combined with malnutrition. Patients with stomach, esophagus and pancreatic cancer are more susceptible to cachexia (Van Cutsem and Jann, 2005).

Causes of Malnutrition in Cancer Patients

Lack of appetite in cancer patients is caused due to the drugs used in chemotherapy, hormonal changes as well as influence of the patient's own immune system. In a patient undergoing cancer treatment certain compounds called cytokines and other metabolites are released. These compounds cause satiety, alter smell and taste in patients and prevent them from eating to the required level. Also, the metabolites and drugs interact with each other, and cause nausea, vomiting sensation as well as gut discomfort. Radiation therapy can also affect nutritional status of cancer patients. Based on the amount and intensity of radiation employed, the mucosal lining of internal organs, especially the gastro-intestinal tract may be affected. Ulcerations in tongue, throat and gut are also common in patients undergoing radiation therapy (Van Cutsem and Jann, 2005). Hence, the tumor as well as its treatment affects nutritional status of the patient and thus, malnutrition has to be addressed carefully in cancer patients.

Consequences of Malnutrition in Cancer Patients

Malnutrition in cancer patients affects their quality of life, delays their response to treatment, increases hospitalization time, leads to other complications or secondary effects, suppresses the immune system and reduces resistance to infections, and in terminally ill patients it becomes the ultimate reason for their death. Cancer therapy is costly and malnutrition further increases the burden of hospitalization and treatment costs to the patient (Barker, Gout and Crowe, 2011).

Control and Management of Malnutrition

Malnutrition can be easily managed through regular assessment of patient's nutritional requirements and supplementing for deficiencies. The American Dietetic Association suggests a "nutritional risk screening" tool to address the patient malnutrition issue. Nutritional risk screening involves an assessment of patient's medical history, regular diet, present physical condition, laboratory test reports as well as other relevant data. Several nutritional risk screening tools including Malnutrition Screening Tool (MST), Malnutrition Universal Screening Tool (MUST), Mini Nutrition Assessment (MNA), Subjective Global Assessment (SGA) etc. are available (Barker, Gout and Crowe, 2011).

These tools are simple to use and they estimate nutritional status of patient based on factors such as weight loss, signs of muscle wastage, appetite, age, gut symptoms, functional capacity and specific disease or medical condition (Fessler, 2008). Nurses or nutritional experts can use these tools to identify malnutrition in patients and appropriately supplement or modify their diet. Further, patients as well as health care professionals need to be aware of

symptoms and consequences of malnutrition and act diligently. Whether in a hospital setting, residential facility or at home, risk evaluation must be done and appropriate action must be taken to reduce malnutrition associated patient mortality as well as morbidity rates.

References

Barker, Lisa. A, Gout, Belinda. S and Crowe, Timothy. C. (2011, Feb. 16). Hospital Malnutrition: Prevalence, Identification and Impact on Patients and the Healthcare System. International Journal of Environmental Research and Public Health, 8(2), 514-527. Retrieved Jun. 6, 2014, from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC308447.

Fessler, Theresa. A. (2008, Jul). Malnutrition: A Serious Concern for Hospitalized Patients. Today's Dietician, 10, 44. Retrieved Jun. 6, 2014, from http://www. todaysdietitian. com/newarchives/063008p44. shtml.

Van Cutsem, Eric, and Jann. Arends. (2005). The causes and consequences of

cancer associated malnutrition. European Journal of Oncology Nursing, 9, pp.

net/publication/7335382_The_causes_and_consequences_of_cancer-associated_malnutrition/file/e0b495237819b78934. pdf.

S51-S63. Retrieved Jun. 6, 2014, from http://www.researchgate.