Proactive dietetic care makes a difference to the nutritional well-being of gastrointestinal radiotherapy patients

Introduction

Gastrointestinal cancer (GI) patients have a 60% incidence of malnutrition at diagnosis. This is exacerbated by the treatments provided. Patients who decline nutritionally are more at risk of losing their functional independence and a greater risk of admissions. Historically a reactive service was run at this cancer center, patients were referred if and when they were identified as being at nutritional risk by identification at the multidisciplinary team meeting, routine nutritional screening or healthcare professional referral. This would then mean a 2-4 week wait before being seen in a general oncology dietetic clinic, those needing regular input would be seen no more than every 4 weeks.

Objectives

To explore a new on treatment, proactive service for people receiving radiotherapy.

Method

New GI patient clinic

- A dietitian assessed all GI & hepatobiliary patients & those colorectal identified at risk of malnutrition
- Dietetic assessment: hand grip, weight, weight change & diet history
- Patient & dietetic goals set
- EQ5D completed

Radiotherapy

- Weekly dietetic consultations:
  - Weight & goals monitored

Post treatment follow-up

- Dietetic Consultation at 4/52
- Baseline measures repeated
- Completed a CARE Measure

These patients were compared to a retrospective group treated in the previous 6 months.

Results

Patients lost significantly less weight in this new service \( (p=0.01) \)

97% of patients rated the service as very good to excellent

77% fully achieved their dietetic goals & 14% partially achieved

Quality of life as measured by EQ5D showed a median VAS score at baseline & post treatment of 75

Conclusions

1. A proactive service ensures the patients are well supported, nutritional issues are identified as they occur and interventions commenced as soon as possible.
2. The dietitian is a key member of the multidisciplinary team to ensure the patient is holistically supported during treatment.
3. This service is now embedded into practice and commissioned.

References