Nutritional Status of Cancer Patients at Dietitian Referral

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BACKGROUND

- Malnutrition and cachexia in cancer associated with
  - Adverse prognosis
  - Poor tolerance of cancer treatment
  - ↓quality of life
  - ↑healthcare costs

- Emphasis on early recognition: people at risk of malnutrition and in pre-cachexia stage

- Anecdotal concern: late referral to dietitians

AIM & OBJECTIVES

AIM: Provide a snapshot of current practice in Ireland

OBJECTIVES: To describe

- Nutritional status of people with cancer at dietitian referral
- Referral timing and triggers
- Professional opinion on adequacy of referral timing
- Utility of the consensus definition of cancer cachexia\textsuperscript{1} in clinical practice

1. Fearon, Strasser et al Lancet Oncol 2011

METHODS

- Prospective observational study
- 5 tertiary referral centres in Ireland
- Consecutive referrals to dietitian: people with cancer
- Adults: 18+

RESULTS

200 patients

DEMOGRAPHICS

- 51% inpatients, 60% male
- Median age 65 (Range: 19–93)
- Median ECOG 1 (Range: 0–4)
- Current treatment
  - Chemotherapy 58%
  - Radiotherapy 39%
  - Intent curative / unknown 47%

NUTRITIONAL STATUS

- Weight loss at time of referral
  - 66% had lost ≥ 5% body weight
  - 36% had lost ≥ 10% body weight
- Median Body Mass Index (BMI): 23 kg/m\textsuperscript{2} (range 13 – 41)
- People with normal or overweight BMI: 79% had lost weight

REFERRAL TIMING & TRIGGERS

- Median time since diagnosis: 100 days (range 4 – 8078)
- Weight loss most common reason for referral (52%)
- 45%: earlier opportunity for referral was missed

CONCLUSIONS

- People with cancer in Ireland were referred late to a dietitian with established weight loss and multiple barriers to nutrition
- Almost half have missed an earlier opportunity for dietitian referral
- Weight loss may be masked by pre-existing overweight / obesity
- Consensus cancer cachexia definition and staging may be feasible in clinical practice but would need validation

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