

Nutritional counseling as a nutrition strategy in palliative care



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ABSTRACT

Palliative care is an approach that aims to alleviate suffering and improve the quality of life of patients facing a life-threatening illness, as well as their families and/or caregivers. The nutritionist is an important member of the multidisciplinary team who must act observing the pillars of palliative care, using strategies that seek to relieve symptoms related to food, as well as seeking to nourish the patient in line with their physical, psychological, religious and social aspects. Nutritional counseling is the first nutritional intervention strategy used by nutritionists. Regarding symptom management, this intervention had positive effects on a greater number of symptoms, namely: digestive symptoms, fatigue, dyspnea, inappetence, caloric-protein intake, anorexia, nausea/vomiting, xerostomia, and dysgeusia. Regarding quality of life, early and intensive nutritional counseling, in addition to the use of oral nutritional supplementation, offered positive results in cancer patients receiving radiotherapy, as well as in cancer patients in physical, emotional and social functioning scores. Several studies have also shown that nutritional counseling and the use of oral nutritional supplements, when indicated, lead to improvements in the nutritional status of patients in palliative care. Nutritional counseling is a fundamental step to facilitate nutritional therapy, including strategies that converge expertise and theoretical knowledge and considering each person's feelings, experiences, beliefs, and attitudes. Therefore, it is necessary to establish a bond between the nutritionist and the patient, which will allow them to guide them to necessary changes and improve adherence to nutritional therapy.

Keywords: Palliative Care, Nutrition, Counselling.



1 INTRODUCTION

The palliative care approach aims to improve the quality of life and alleviate the suffering of individuals facing a life-threatening illness, as well as their family members, with impeccable pain control, as well as other physical, psychological, social, and spiritual symptoms (1).

Towards Better effectiveness in the provision of palliative care, a trained multidisciplinary team is necessary, so that care is carried out in a comprehensive manner, including evaluation in all dimensions of the individual. In this context, the nutritionist is an important actor in the evaluation process in palliative care and should seek appropriate strategies to nourish the patient, considering their physical, psychological, religious and social conditions, which may interfere in the improvement of the patient's quality of life (2).

It is important for the nutritionist to be aware of the prognosis and stage of the underlying disease, so that his intervention is based on the maintenance or restoration of the nutritional status, however, promoting well-being and relief from suffering. As the end of life approaches, the objectives of nutritional intervention are more related to quality of life than to nutritional adequacy, and it is necessary for the nutritionist to seek first to provide comfort and assist in the control of symptoms (3,4).

Nutritional counseling is usually the first nutritional intervention strategy used by nutritionists and consists of individualized guidance regarding the quantity and frequency of meals, changes in consistency, fortification of foods and preparations, taking into account the patient's clinical condition and the symptoms presented, also promoting family support, a pleasant environment for the meal and the need for effective communication for greater success in adherence (5).

Therefore, this chapter aims to address nutritional counseling as an important and effective nutritional intervention strategy in the context of palliative care.

2 THEORETICAL BACKGROUND

2.1 NUTRITIONAL COUNSELING FOR SYMPTOM CONTROL IN PALLIATIVE CARE

It is common for patients in palliative care to have various symptoms related to eating, such as lack of appetite, lack of interest in food, and food refusal. In this way, as a consequence we have low food intake and weight loss. In addition, due to the use of various medications, adverse effects constantly occur, such as: nausea; Vomiting; diarrhoea; early satiety; Malabsorption; constipation; xerostomia; dysgeusia; dysphagia; among others (6).

To assess symptoms in palliative care, there are validated tools widely used to assess objective and subjective components and, thus, guide professionals in the assessment of pain and other sources of suffering, such as *Edmonton Symptom Assessment Scale (ESAS)* (7).



Oral feeding, as it is more physiological, should be prioritized, as recommended by the American Dietetic Association, as long as the gastrointestinal system is intact, the patient has a desire and has clinical conditions to eat by this route (8). Oral nutritional care comprises several approaches, including nutritional counseling, meal enrichment, provision of intermediate snacks, and oral nutritional supplements. Supplementation or enrichment of the diet can be carried out by adding natural foods or specific nutrients to meals (examples: protein powder modules, maltodextrin, medium-chain triglycerides, etc.), which can increase the caloric and protein density of meals and beverages, without a large increase in volume (9).

Recently, in 2022, a scoping review was published that brought the most used nutritional interventions in older adults in palliative care. Among them, nutritional counseling was the intervention that had positive effects on the largest number of symptoms, namely: digestive symptoms, fatigue, dyspnea, inappetence, calorie-protein intake, anorexia, nausea/vomiting, xerostomia, and dysgeusia (10). The selected studies brought the following results: significant reduction in total digestive symptom scores (11); Greater control for fatigue, dyspnea, and loss of appetite (12); Significant improvement of appetite in cancer patients with nutritional counseling associated with simple pharmacological measures (13); Better average energy and protein intake with nutritional counseling in association with oral nutritional supplement use (14); The reduction in anorexia, nausea/vomiting, xerostomia, and dysgeusia in cancer patients was 90% in the nutritional counseling group, 67% in the oral supplemental group, and 51% in the control group. In addition, there was an increase in energy intake in the group that received nutritional counseling and it was maintained throughout the 3 months (15).

2.2 NUTRITIONAL COUNSELING AND ITS EFFECTIVENESS IN QUALITY OF LIFE IN PALLIATIVE CARE

The concept of quality of life is considered broad and diverse, providing a view of the level of well-being, considering the result of the evaluation of the various domains and attributes of individual life and the perception of health status (16).

In their scoping review, Moura et al. presented four studies that addressed nutritional counseling and its effect on the quality of life of older adults in palliative care (17). Of those, only one reported that there was no positive effect on cancer patients and weight loss on chemotherapy (18). The other results showed that: early and intensive nutritional counseling, in addition to the use of oral nutritional supplementation, offered beneficial results in terms of overall quality of life and physical function in patients receiving radiotherapy (19); In cancer patients, all quality-of-life function scores improved, whereas in the control group all quality-of-life function scores worsened (15) and that this type of intervention in cancer patients showed that the intervention group had higher scores of



functional quality of life scores for physical, emotional, and social functioning compared to the control group (20).

Considering these results, we observe the recommendation of the *European Society of Parenteral and Enteral Nutrition* (ESPEN) that for individuals undergoing radiotherapy, nutritional intake should be ensured mainly by individualized nutritional counseling and/or with the use of oral nutritional supplements, leading to improved nutritional intake, body weight, and quality of life, which benefits patients and avoids interruptions in treatment (21).

Although some studies do not report a positive impact of nutritional counseling on survival and response to treatment, the recommendation of this intervention is observed by the reports of many patients regarding the greater benefits in health and general well-being when compared to those who do not receive it, thus, a better quality of life is demonstrated by patients in palliative care who receive nutritional counseling. This highlights the importance of the nutritionist in the management of the patient, in an individualized way, with guidelines and recommendations aimed at well-being and comfort (5,22).

2.3 NUTRITIONAL COUNSELING AND ITS EFFECTIVENESS ON NUTRITIONAL STATUS IN PALLIATIVE CARE

Several studies have shown improvement in nutritional status of patients in palliative care when they are offered nutritional counseling and the use of oral nutritional supplements, when indicated.

Arnold and Rochter observed that albumin levels in cancer patients remained stable with the use of this type of intervention (23). In patients undergoing radiotherapy, nutritional counseling and oral nutritional supplementation offer benefits in terms of weight loss and deterioration of nutritional status (19). Silvers et al. observed that in cancer patients, body weight was higher and nutritional risk was lower in the group that received this type of intervention (20). Corroborating these findings, Del Fabro et al. found that nutritional counseling associated with pharmacological measures resulted in improved weight gain in cancer patients (24).

Administration of oral nutritional supplements is a simple, non-invasive strategy to increase nutrient intake by patients (25). It is indicated in patients who are weight loss, malnourished, or have insufficient nutrient intake (< 70% of nutritional requirements) (26). In patients with chronic diseases, this intervention has been shown to be beneficial in terms of physical function and weight gain. In addition, in patients with a BMI < 20kg/m² these beneficial effects were even more pronounced (27). In general, oral nutritional supplementation is carried out in line with nutritional counseling.

It is important to remember that nutritional assessment should be carried out respecting the principles of the palliative care approach, according to the patient's situation and the stage of the underlying disease, essentially considering their comfort and autonomy (28). Therefore, it is essential



to establish the relevance of the nutritional assessment method to be used, and it should not be used in case of futility or physical or emotional discomfort for the patient (29).

3 CONCLUSION

Through the studies analyzed, it was observed that nutritional counseling is an important and effective intervention strategy in patients in palliative care and the one that offers better results in all aspects, and it is necessary for the nutritionist to be attentive to the specific recommendations for each patient, in an individualized way to the needs of each one.

Nutrition counseling is a critical step in facilitating nutritional therapy. In addition to including strategies that converge *expertise and* theoretical knowledge, it involves considering the feelings, experiences, beliefs and attitudes of each one, requiring the establishment of a bond between the nutritionist and the patient, which will allow guiding them to necessary changes and improving adherence to nutritional therapy.

Thus, it is important for the nutritionist to have a broader view of the different roles that food can have: more than a means to nourish the body, food also has a role of comfort, pleasure, commensality, celebration and care. In palliative care, it is imperative that the nutritionist takes into account the physical, emotional, psychological and religious aspects of the individual, in addition to building a bond between the team, family members and the patient.



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