Taste preferences in patients with haematological malignancies in cytotoxic treatment

Sørensen, Britt Nyholm; Kipp, M.L.; Andersen, Jens Rikardt

Published in:
Clinical Nutrition Supplements

Publication date:
2010

Document version
Publisher's PDF, also known as Version of record

Volume 5 Supplement 2 2010

ISSN 1744-1161

ELSEVIER

Clinical Nutrition Supplements

An International Journal Devoted to Clinical Nutrition and Metabolism

Abstracts of the 32nd ESPEN Congress Nice, France, 5 – 8 September 2010

Official journal of the European Society for Clinical Nutrition and Metabolism

Table: Prevalences of sarcopenia and malnutrition in IF patients

	Female (n = 33)	Male (n = 15)
SMI by BIS definition A/B	48/48%	47/73%
SMI by DXA definition A/B	55/45% (n = 20)	42/58% (n = 12)
SGA-BC / MUST >0	52/57%	33/33%

SMI by BIS was not different from SMI by DXA (p = 0.26). Agreement between SGA BC and sarcopenia by BIS was fair (kappa=0.30) but poor as judged by MUST > 0 (kappa=0.17). Sarcopenia by BIS showed substantial agreement with sarcopenia by DXA (kappa=0.75). BMI below 20 agreed moderately with sarcopenia (kappa=0.43).
Conclusion: Sarcopenia and malnutrition are common in patients with intestinal failure. Sarcopenia can be conveniently assessed in by BIS with validated prediction equations. Malnutrition screening tools agreed better with sarcopenia in female than in male IF patients.

References

[1] Tengvall *et al*: Clinical Nutrition 2009, 28; 52–58.

Disclosure of Interest: None declared

PP057

THE FREQUENCY, CONSEQUENCES AND THE EVOLUTION OF MALNUTRITION IN PATIENTS WITH SEVERE FORMS OF CROHN'S DISEASE TREATED WITH INFLIXIMAB

R. Vadan[1], L.S. Gheorghe[1], A. Constantinescu[1], C. Gheorghe[1]. [1]*Gastroenterology, Fundeni Clinical Institute for Digestive Diseases, Bucharest, Romania*

Rationale: The majority of Crohn's disease (CD) patients with moderate/severe flares of activity present weight loss, sometimes important, malnutrition being observed frequently. We aimed to determine the frequency and consequences of malnutrition and also the evolution of nutritional status in patients treated with Infliximab.
Methods: Patients with moderate/severe CD with no response to corticosteroids which received Infliximab for the induction of remission were evaluated. The response to induction therapy and adverse reactions were noted. Patients treated with Infliximab for maintenance of remission were prospectively followed up. Weight was monitored before and during the biologic treatment. Patients were classified as normal if BMI > 20, with mild malnutrition if BMI 19–20, moderate if BMI 18–19 and severe malnutrition if BMI < 18.
Results: 52 patients were included in our study, 9 with fistulizing and the rest with inflammatory Crohn's disease. At the beginning of treatment all patients presented with weight loss. Severe malnutrition was observed for the entire group in 32.7%, being significantly more frequent in young patients (p = 0.034). The presence of malnutrition was a risk factor for infectious adverse reactions to biologic therapy (p = 0.04). After induction of remission a slow increase in weight was observed, after one year of remission all patients reached a normal nutritional status. The mean weight gain was of 5.8±1.75 (2–7.8) kg.
Conclusion: Malnutrition is frequently encountered in patients with moderate/severe flares of Crohn's disease and negatively affects the prognosis of these patients. Infliximab treatment determines the induction and especially the maintenance of remission for long periods of time. The control of disease activity allows the correction of nutritional status in all patients.

Disclosure of Interest: None declared

Nutrition and cancer I

PP058

LOWER BODY MASS INDEX IS ASSOCIATED WITH INCREASED POSTOPERATIVE DEATH IN PATIENTS UNDERGOING SURGERY FOR HEPATOCELLULAR CARCINOMA

M. Ishizuka[1], K. Kubota[1], J. Kita[1], M. Shimoda[1], M. Kato[1], T. Sawada[1]. [1]*Department of Gastroenterological Surgery, Dokkyo Medical University, Mibu, Japan*

Rationale: A recent study has disclosed that a moderate body mass index (BMI) (22.5–25 kg/m^2) is associated with lowest mortality[1]. However, few studies have investigated the influence of BMI in patients undergoing surgery for hepatocellular carcinoma (HCC). The aim of this study is to evaluate the influence of BMI on postoperative death in patients undergoing surgery of HCC.
Methods: Three hundred forty-two patients were enrolled, and divided into three groups: Group A, BMI < 22.5; Group B, BMI ⩾22.5 to ⩽25; Group C, BMI ⩾ 25. Uni- and multivariate analyses of postoperative death were performed to compare BMI with clinical factors. Kaplan-Meier analysis and log rank test were used to compare such outcome in groups A, B and C.
Results: Kaplan-Meier analysis and log rank test revealed that Group A had higher postoperative death than Group B or C ($P = 0.0022$). Uni- and multivariate analyses selected BMI (Group B vs. Groups C/A) (⩾22.5/<22.5) (odds ratio, 1.829; 95% C.I., 1.091–3.068; $P = 0.022$) as one of the factors predictive of postoperative death, together with aspartate aminotransferase (AST) level (odds ratio, 1.016; 95% C.I., 1.001–1.032; $P = 0.042$) and HCC growth pattern (odds ratio, 2.216; 95% C.I., 1.073–4.578; $P = 0.032$).
Conclusion: BMI is a simple but important predictor of postoperative death in patients undergoing surgery for HCC, and is able to classify such patients into three independent groups.

References

[1] Whitlock G, Lewington S, Sherliker P, Clarke R, Emberson J, Halsey J, et al. Body-mass index and cause-specific mortality in 900 000 adults: collaborative analyses of 57 prospective studies. Lancet 2009; 373: 1083–1096.

Disclosure of Interest: None declared

PP059

TASTE PREFERENCES IN PATIENTS WITH HAEMATOLOGICAL MALIGNANCIES IN CYTOTOXIC TREATMENT

B.N. Sørensen[1], M.L. Kipp[2,3], J.R. Andersen[2]. [1]*Dept Human Nutrition, University of Copenhagen, Copenhagen,* [2]*Nutrition Unit 5711,* [3]*Clinic for Haematology 4042, Rigshospitalet, Copenhagen OE, Denmark*

Rationale: Oral nutritional supplements (ONS) are available to accommodate insufficient nutritional intake in

cancer patients. However treatment with ONS is often associated with poor product acceptability and patient compliance. Altered taste sensation linked to cancer and chemotherapy is belived to play a significant role. The objective of this study was to investigate taste preferences of the basic qualities, in patients with haematological malignancies during or after cytotoxic treatment.

Methods: Thirty-four patients (20 females and 14 males) with self reported taste changes took part in this study. All patients was diagnosed with hematological malignancies (25 with leukemia, 6 with lymphoma and 3 with myeloma). Eleven was ungoing chemotherapy treatment, while 23 had finished their chemotherapy treatment. The patients mean BMI was 23.58 (±3.8) and mean age was 53 (±13.7) years. None of the patients was fed by tube or parenterally. The patients were blinded and evaluated the acceptability and the taste intensity of the samples, by using a 10 cm visual analogue scale (VAS). Ten different samples was prepaired containing either a strong or a weak concentration of one of the 5 basic tastes (sweet, sour, salt, bitter and umami). One random sample of each of the basic tastes was included twice as a control. Data was analyzed using Wilcoxon Rank Sum Test for paired data (non-parametric).

Results: The weak concentrations were in general best accepted among the patients except from umami taste, where a difference in concentration did not affect the acceptability. The patients disliked bitter the most.

Conclusion: The results indicate that a nutritional product, which is a bit salted, contains umami and is slightly sour would be the best accepted by haematological cancerpatients.

Disclosure of Interest: None declared

PP060

SUPPLY OF FOOD FOR OUTPATIENTS DURING CHEMO-RADIOTHERAPY FOR CANCER

L. Rasmussen[1,2], R. Baggersgaard[1,2], B. Ipsen[1], J.R. Andersen[1,3]. [1]*Nutrition unit 5711,* [2]*Clinic for Oncology 3991, Rigshospitalet, Copenhagen OE,* [3]*Dept Human Nutrition, University of Copenhagen, Copenhagen, Denmark*

Rationale: It is well documented, that cancer patients have many nutritional problems, and they have increased problems during radiotherapy. The intake of food is insufficient in most patients, and the outpatient clinics are trying to cope with this problem in different ways. One component of the problem is the supply of food others are appetite and compliance. We wanted to investigate if an extended supply of food during chemo-radiotherapy had any effects on the patient's intake and nutritional status.

Methods: Data were collected in 2009 in two different periods of time with different supply of food. The supply was extended with hot meals (soups) and deserts during the months of January–March (period 1), and a control sampling was performed in October (period 2).

Patient's intake was noted by the staff on standardized forms during their stay in the clinic, and compared to the calculated needs and the course of their bodyweight.

Patients from both time periods were randomly selected

Results: Nutritional intake was significantly larger in th period with the extended supply, but weight loss was nc statistically significant in the two periods. Weight los varied significantly between cancer types. The preferre types of foods was markedly affected by the supply.

	% of estimated needs		Un-paired
	Group 1*	Group 2*	t-test
Energy intake			
Mean (SD)	51 (18.1)	34 (15)	
Range (median)	12–95 (51)	11–70 (29)	
P-value			P = 0.001
Protein intake			
Mean (SD)	36 (14.4)	29 (13.1)	
Range (median)	6–69 (35)	3–57 (28)	
P-value			P = 0.07

Group 1 = extended food supply, group 2 = regular food supply.

Conclusion: The supply of food does affect the patient's intake, both of energy and types of food ingested. The lack of effect on the weight loss might be caused by the sampling method, as cancer types varied in the sampling periods.

Disclosure of Interest: None declared

PP061

NEO-ADJUVANT AND ADJUVANT POLYAMINE FREE ORAL NUTRITIONAL SUPPLEMENT (ONS) COMBINED WITH DOCETAXEL IN CASTRATE RESISTANT PROSTATE CANCER (CRPC) PATIENTS: A PHASE II TRIAL

B.G. Cipolla[1], L. Miglianico[2], X. Artignan[2], J. Bassoulet[2], C. Abraham[3], J.P. Moulinoux[4]. [1]*Urology,* [2]*Oncology, CH Privé Saint Grégoire, Saint Grégoire,* [3]*Oncology, CH A. Mignot, Le Chesnay,* [4]*GRETAC, Université Rennes I, Rennes, France*

Rationale: Polyamines (PA) are involved in cancer. PA dietary reduction could be of clinical interest in CRPC We have assessed the tolerance of a PA free ONS combined with docetaxel in CRPC patients (pts).

Methods: 24 pts, age 69±10 years, with symptomatic CRPC were prospectively evaluated for tolerance, quality of life (QLQ C-30 questionnaire), W.H.O. performance status (PS) pain and analgesic consumption scores, PSA response. The PA free ONS was given as sole diet for 14 days then progressively and partially replaced by low PA containing foods. Docetaxel administration started on day 21 for 6, three weekly 75 mg/m^2 injections. Statistics: paired t and Wilcoxon tests. The PA free ONS "Castase™" was provided by Nutrialys Medical Nutrition. 35760, Saint Grégoire, France.

Results: 23 patients were evaluated for the PA free ONS only phase.

15 pts completed the trial at scheduled dates. 6 patients did not complete the trial. 3 pts are ongoing.

Tolerance:

- PA free ONS alone phase. At D0: 114% adverse effects (AE) were recorded. After three weeks, AE decreased to 30%. QLQ C30 scores were significantly improved (57±14 vs. 47±16, p = 0.042 at day 15) as well as pain scores.