



Consequences of Nutrition Problems in Cancer Patients and their Treatment

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DESCRIPTION

Nutrition is an essential part of cancer care and can help patients improve their quality of life and treatment outcomes. By following these nutrition methods, cancer patients can manage their side effects and meet their nutritional needs. Cancer is a disease that affects the cells of the body and causes them to grow abnormally and uncontrollably. Cancer can affect any part of the body and can spread to other organs and tissues. Cancer can also affect the way the body uses food and nutrients, leading to nutritional problems. Nutritional problems are common in cancer patients and can have a negative impact on their health, quality of life, and treatment outcomes. Some of the nutritional problems that cancer patients may face are weight loss are one of the most common signs of cancer and its treatment. It can be caused by reduced appetite, nausea, vomiting, diarrhea, mouth sores, taste changes, difficulty swallowing, pain, depression, anxiety, or side effects of medications. Weight loss can also be a result of cachexia, a condition that causes muscle wasting and inflammation in the body. Weight loss can lead to weakness, fatigue, infections, poor wound healing, and reduced response to treatment.

Malnutrition is a condition that occurs when the body does not get enough nutrients (such as protein, carbohydrates, fat, vitamins, minerals, and water) to function properly. It can be caused by inadequate intake of food or fluids, poor absorption of nutrients from the digestive tract, increased nutrient losses from the body, or increased nutrient needs due to cancer or its treatment. It can cause anemia, immune system dysfunction, organ failure, and increased risk of complications and death.

Dehydration is a condition that occurs when the body loses more fluids than it takes in and can be caused by vomiting, diarrhea, fever, sweating, or reduced fluid intake due to nausea, mouth sores, taste changes, or lack of thirst. Dehydration can cause headaches, dizziness, confusion, low blood pressure, kidney problems, and electrolyte imbalances.

Eat a balanced diet that includes a variety of foods from all food groups (fruits, vegetables, grains, protein foods, dairy products,

and healthy fats). Choose foods that are high in calories and protein to help maintain weight and muscle mass. Avoid foods that are high in salt, sugar, or fat if they cause discomfort or worsen symptoms. Drink enough fluids to stay hydrated. Aim for at least 8 cups of water or other fluids per day. Avoid alcohol and caffeine as they can dehydrate the body and interfere with some medications. Choose fluids that are nutritious and easy to tolerate such as milk, juice, soup, smoothies, or oral rehydration solutions. Eat small and frequent meals throughout the day instead of three large meals. This can help prevent feeling too full or too hungry and reduce nausea and vomiting. Eat slowly and chew well to aid digestion and prevent choking.

Adjust the texture and temperature of foods according to the preference and tolerance. Some people may find soft or pureed foods easier to swallow than solid foods. Some people may prefer cold or room temperature foods over hot foods if they have mouth sores or taste changes. Use supplements or fortified foods if needed to boost of the nutrient intake. Supplements are products that contain extra nutrients such as protein powders. Seek help from a registered dietitian who can provide individualized nutrition advice and support. A dietitian can assess nutritional status, identify nutritional needs and goals, design a personalized meal plan, and monitors progress and outcomes.

CONCLUSION

Rumination, Gastro-Oesophageal Reflux (GER), with or without aspiration, delayed stomach emptying, and constipation are all symptoms of gastrointestinal tract dysfunction that may be caused by damage to the developing central nervous system. All of these challenges may potentially make it difficult for impaired children to feed themselves, posing more serious long-term management problems. The usual clinical practice for patients who are older and are hospitalized should include nutritional examination. There is a need for a thorough screening technique for nutritional status evaluation that is clinically applicable and practicable. Before treatment is planned, a supplemental conventional nutritional assessment should be done if the screening tests indicate malnutrition.

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