



Malnutrition Conditions in Breast Cancer Patients and its Related Diseases

Felicia Maxine*

Department of Nutrition, Columbia University, New York, United States of America

DESCRIPTION

Disease-Related Malnutrition (DRM) is a serious condition that happens when a person's diet does not contain the right amount of energy, protein, and/or micronutrients to meet their daily needs and cope with the effects of a disease or its treatment. DRM can lead to altered body composition (decreased muscle mass), diminished physical and mental function, increased risk of infections and complications, delayed wound healing, reduced quality of life, and increased mortality. Breast cancer is one of the most common types of cancer among women, affecting millions of people worldwide. It is a complex disease that can have various causes, risk factors, treatments and outcomes.

One of the challenges that breast cancer patients face is the risk of malnutrition, which can worsen their quality of life, prognosis and survival. Malnutrition is a condition that occurs when the body does not receive adequate nutrients to meet its needs. It can result from reduced food intake, increased nutrient losses, altered metabolism or increased nutrient requirements. Malnutrition can affect all age groups and all types of diseases, but it is especially prevalent and severe in cancer patients. Depending upon the study, malnutrition might affect anywhere between 20% and 70% of cancer patients. However, malnutrition-not the cancer itself-is a factor in 10%-20% of cancer patients' mortality.

In contrast to malnutrition brought on by fasting, malnutrition in cancer patients is the result of a combination of anorexia and metabolic dysregulation brought on either by the tumour itself or by its therapy. This can lead to cachexia, a multifactorial syndrome characterized by severe, involuntary loss of skeletal muscle mass, with or without loss of fat mass, increased systemic inflammatory response and increased protein catabolism. DRM can affect people of any age, but it is more common among older people, especially those living in care homes or hospitals, and people with chronic or acute conditions such as cancer, gastrointestinal disorders, respiratory diseases, burns, trauma, or surgery. DRM can be caused by many factors, such as:

- Reduced appetite or oral intake due to pain, nausea, vomiting,

dysphagia, taste changes, depression, or medication side effects.

- Increased nutrient losses or requirements due to inflammation, infection, fever, diarrhea, malabsorption, or increased metabolism.
- Decreased food availability or quality due to poverty, social isolation, lack of access to health care or inadequate nutritional support.
- Dietary restrictions or preferences that limit the intake of certain foods or nutrients.

DRM is often underdiagnosed and undertreated because it may not be recognized as a priority by health care professionals or by patients. However, DRM has significant consequences for both individuals and health systems. Disease-related malnutrition is a common and serious condition that affects millions of people worldwide. It has negative impacts on both individuals and health systems. However, it can be prevented and treated with timely and appropriate nutritional interventions.

Therefore, it is important to raise awareness and advocate for the recognition and management of DRM as a priority in health care. Breast cancer patients are particularly vulnerable to malnutrition and cachexia, as they often experience weight loss, reduced appetite, nausea, vomiting, diarrhea, taste changes, fatigue and pain. These symptoms can be caused by the tumour itself, by hormonal changes, by psychological distress or by the side effects of treatments such as surgery, chemotherapy, radiotherapy or hormonal therapy. Moreover, some breast cancer patients may have pre-existing nutritional problems such as obesity or diabetes that can complicate their nutritional status.

CONCLUSION

Malnutrition and cachexia are common and serious problems in breast cancer patients that require early detection and comprehensive management. By implementing multidisciplinary interventions that address both the nutritional and non-nutritional aspects of the disease, it is possible to improve the quality of life and outcomes of these patients. Providing

Correspondence to: Felicia Maxine, Department of Nutrition, Columbia University, New York, United States of America, E-mail: maxi@cia.edu

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psychological support can help patients cope with stress, anxiety, depression or body image issues that may affect their eating behavior and nutritional status. This can include counseling,

psychotherapy or group therapy. The prevention and treatment of DRM is essential to improve the health and well-being of patients and to reduce the burden on health systems.