

## NUTRITIONAL THERAPY IN CLINICAL MANAGEMENT OF ONCOLOGICAL PATIENTS

Assist. Prof. PhD Student Blebea Nicoleta Mirela

Faculty of Pharmacy, University of Medicine and Pharmacy Carol Davila, Romania

### ***Introduction***

Oncological diseases, as well as their treatment, can cause changes in the diet by affecting the taste, smell, appetite, without being satiated and the body's ability to absorb nutrients from food. Affecting the taste can make patients want more sweet foods, no longer tolerate strong flavors, an increased sensitivity to bitter taste and aversion to meat. Tumors can partially block the digestive system or make swallowing food painful or difficult. Other factors, such as chronic pain, painkillers, fatigue, depression, fear and anxiety associated with cancer, can lead to decreased appetite. All forms of treatment have certain side effects, including loss of appetite, nausea, vomiting or decreased immunity.

Identifying the special needs of each patient and providing nutritional support in accordance with an individualized nutritional plan developed with the help of teams of health professionals (oncologists, nurses and dieticians) is crucial for improving the nutritional status of cancer patients. Counseling is an effective and inexpensive method in combination with other nutritional interventions, which leads to improved nutritional intake in patients undergoing chemotherapy and improved quality of life in patients undergoing radiotherapy.

### **The basics that should be part of a patient's diet oncological shall be:**

#### ● **Fluids**

The volume of fluid is generally recommended not to exceed 30-35 ml / kg body weight per day; the interval may change depending on the patient's hemodynamic status, the presence of fever or loss of body fluid

#### ● **Energy**

It is suggested that adequate energy targets for bedridden and outpatient cancer patients are 20-25 kcal / kg per day and 25-30 kcal / kg per day, respectively, to improve lean body mass and increase liver production. anabolic proteins

#### ● **Macronutrients**

According to recent recommendations, protein intake should be >1 g / kg per day and, if possible, up to 1.5 g / kg per day in cancer patients. In patients with normal renal function, protein intake at doses up to and greater than 2 g / kg per day is safe; in patients with acute or chronic.

#### ● **Micronutrients**

Nutritional supplement formulas usually contain electrolytes. Blood electrolyte levels should be closely monitored and supplementation should be adjusted according to the needs of each patient. Vitamins and minerals are necessary for the proper functioning of the body.

### **Conclusion**

In the case of patients diagnosed with neoplastic diseases, malnutrition syndromes frequently occur. They negatively affect the prognosis of the disease through the appearance of related diseases, delayed treatment, prolonged hospitalization of patients. For this reason, adequate nutritional support is very important to provide the body with the necessary energy, the optimal amount of micro and macro-nutrients, so that curative or palliative treatment can be performed in optimal conditions.

The purpose of this article was to provide a practical nutritional approach to aspects of changing the diet of oncology patients. The paper contains preventive measures for CRM as well as non-pharmacological (nutritional support) and pharmacological (pharmaconutrient) measures. Vitamins and minerals are recommended in physiological doses, while the use of high-dose micronutrients is discouraged in the absence of specific deficiencies.