

Changes at the Dinner Table and Beyond



Nourishing Our Patients Throughout the Trajectory of Their Cancer Journey

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KEYWORDS

- Nutrition • Coping • Psychosocial • Patient-centered care • Decision-making
- Support system • Survivorship • End-of-life

KEY POINTS

- Viewing clinical roles as nourishing, as opposed to strictly focused on medical management, acknowledges patients' and families existing strengths that may assist themselves and the medical team in overcoming physiologic and psychosocial obstacles presented over the course of patient's illness.
- Patient-centered care practices involving all members of the HNC team assist in achieving the best possible outcomes given patients' health status.
- Concrete and psychosocial assessment and interventions should be considered when addressing patients' nutritional needs.
- There are significant psychosocial implications of diagnosis, treatment, and prognosis to be considered across the illness trajectory, including surveillance/survivorship and end-of-life.

INTRODUCTION

Patient-centered care involves accounting for what is meaningful and valuable to a patient to achieve the best possible outcome.¹ Medical oncology, especially, has led improvements in integrative care with the formation of multidisciplinary care teams, inclusion of ancillary assessments, and patient-centered interventions. It is now acknowledged that distress screening can help identify barriers to optimal care and recovery. Patients with head and neck cancer (HNC) may experience various

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functional impairments from diagnosis and treatment. Biopsychosocial functioning across the illness trajectory (ie, speaking, swallowing, breathing, taste, smell, and facial disfigurement) puts patients at higher risk of emotional distress, including symptoms of depression and anxiety, than other cancers, most likely associated with changes or loss of these functions.^{2,3}

Although distress screening may identify patients who require thorough biopsychosocial assessment and intervention, all new patients with HNC deserve to receive support from allied health professionals to cope with practical and psychosocial issues presented from diagnosis through survivorship, such as management of nutritional needs and discharge planning following surgery. As noted by Marion F. Winkler, surgical nutrition specialist at Rhode Island Hospital and assistant professor at Brown University in a well-known lecture: "We learn so much from our patients and their families when we listen to their concerns, when we put aside our own biases and beliefs, and when we expand our focus."⁴ Although referring to integrative nutritional practices, this concept is applicable to care provided by all members of a multidisciplinary HNC team and promotes nourishment of patients' whole selves.

OVERVIEW

Starting at diagnosis, it is of value to all members of the HNC team, including surgeons, radiation oncologists, medical oncologists, mental health professionals, swallowing/speech therapists, maxillofacial prosthodontics, and nurses, and chaplains, to encourage nourishment of patient and family medical, emotional, and spiritual needs. Thorough assessments enhance patient care, promoting optimal outcomes through increased understanding of the disease process and treatment options, healthy cognitive and emotional processing, informed decision-making, compliance to treatment plan, maintenance of nutritional and other basic needs, and perceived value in follow-up and surveillance. Viewing clinical roles as nourishing, as opposed to strictly focused on medical management, acknowledges patient and family strengths that may assist themselves and the medical team in overcoming obstacles presented over the course of a patient's illness.

NUTRITION

A vital piece of the HNC treatment plan is nourishment of patient nutritional needs because they are fundamental physiologic requirements and primary sources of motivation in any organism's lifespan. When unsatisfied, higher-level objectives, such as processing one's illness, decision-making, motivation, and maintenance of health needs, become more difficult to obtain. Nutrition is essential to life from birth. In addition, one's experience with nutrition, beginning in the womb, offers some of the first pleasurable experiences.

All patients present with existing schemas around food-related decision-making, such as what they like to eat, how much and when they like to eat, or a routine of what eating looks like in their everyday practices. Nutrition is an area where patients have previously practiced control. "Moreover, eating is a fundamentally rewarding behavior, and is thus intrinsically linked to mood and emotions."⁵ When one's control over decision-making or routine is altered because of health status, it often serves as another loss.

Nutrition is a primary concern of all patients with cancer because it affects strength, ability, and psychological and emotional health. Despite considerable improvements in treatments for HNC, demands of treatment and disease state impact one's ability to maintain caloric and essential nutrient baselines, necessitating nutrition

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