

Program for diætist / sygeplejerske session

Auditorium 1 kl 13.30 – 15.30

Chair: *Lene Holm og Lise Munk Plum*

Kl 13.30 – 13.55 Nutritional factors and bone metabolism in patients with alcohol dependency. *Anne Wilkens Knudsen, Hvidovre Hospital*

Kl 13.55 – 14.20 NutritionDay på Aalborg Universitetssygehus: Baggrund for awareness og koordinering af ernæringsteams. *Kirsten Færgeman, Aalborg Sygehus*

Kl 14.20 – 14.45 Dietary habits in patients with ulcerative colitis - cause of nutrient deficiency? *Helle Nørgaard Jensen og Ulla Bach, Stud scient Klinisk ernæring, LIFE*

Kl 14.45 – 15.10 Refeeding syndrom blandt hoved-halscancerpatienter. *Marianne Boll Kristensen, Metropol Ernærings- og sundhedsuddannelsen*

Kl 15.10 – 15.35 Follow-up home visits with nutrition: a randomized controlled trial. *Anne Marie Beck, Herlev Hospital*

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Nutritional factors and bone metabolism in patients with alcohol dependency

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Rationale

Individuals with an excessive intake of alcohol have increased fracture-risk. The relationship between variables related to nutritional status and bone mineral density (BMD) of the hip was studied as well as clinical and nutritional variables that predict risk of osteoporosis among people with alcohol dependency.

Methods

Outpatients with alcohol dependency were DXA-scanned. Handgrip strength (HGS), weight, height and circumference of the waist and hip were measured. The questionnaire EQ-5D and ASI as well as biochemical markers were obtained. Multiple linear regression analysis was used to determine the association between BMD and markers of nutritional status. General linear model was used to determine the relation between number of risk factors and Z-score for hip.

Results

Body Mass Index (BMI) and BMD were positively associated ($n=61$, $p<.0001$). A positive relation was seen between BMD and lean mass ($p=0.0022$), HGS ($p=0.0075$), EQ-5D ($p=0.027$), and s-25-OHD ($p=0.023$). An inverse relation was seen between BMD and fat mass ($p=0.0015$), WHR ($p=0.0020$), alcohol intake the last 30 days ($p=0.0049$) and total-cholesterol ($p=0.0018$). Z-score for hip decreased 0.22 (95% CI 0.041 – 0.40) for every accumulated risk factor ($p=0.016$).

Conclusions

The study verifies the importance of nutritional status in individuals with alcohol dependency. BMI was positively associated with BMD. For a given weight, fat mass negatively influenced BMD where as lean body mass positively influenced BMD. Greater strength of the muscle mass and higher quality of life positively influenced BMD. A higher number of risk factors are associated with risk of osteoporosis.

Indsendt til ESPEN 2012

Nutrition Day på Aalborg Universitetssygehus: Baggrund for awareness og koordinering af ernæringsteams.

Kirsten Færgeman, Henrik Højgaard Rasmussen, Mette Holst

Center for Ernæring og Tarmsygdomme, Medicinsk Gastroenterologisk Afdeling, Aalborg Sygehus, Århus Universitetssygehus, Sundhedsvidenskabelige Fakultet, Aalborg Universitet

Baggrund: NutritionDay (ND) er en årlig tværsnitsundersøgelse af ernæringstilstand og kostindtag hos patienter i store dele af verden. ND har tidligere været anvendt på Aalborg Sygehus til at skabe fokus på patienters kostindtag og ernæringstilstand. I forbindelse med ansættelse af udviklingskoordinator for ernæringsteams ved Aalborg Sygehus, ønskede vi med ND at introducere udviklingskoordinatorfunktionen for ernæringsteams i afdelingerne, og danne baggrund for opstart af dennes arbejde.

Metode: Samtlige kliniske afdelinger blev med kort varsel tilbudt at deltage. Alle patienter i deltagende afdelinger, som var indlagt hele dagen, og som gav informeret samtykke, kunne deltage. Fastlagt metode for ND på undersøgelsesdagen: Oplysninger om personale og organisering vedr. ernæring samt patientoplysninger om sygdom, metode til ernæringsterapi, antal medicinske præparater pr os. Disse data blev indhentet i journaler og standarder. Hos patienter indsamledes data om dagens kostindtag, højde og vægt, kostindtag gennem den seneste uge, årsag til evt. reduceret kostindtag, egen oplevelse af helbredstilstand, vægttab og gangfunktion. Follow-up efter 4 uger: Diagnoser, indlæggelsestid og død.

Resultater:

I alt deltog 8 afdelinger: Gastro-Kirurgisk, Infektionsmedicinsk, Hæmatologisk, Nyremedicinsk, Gastro-medicinsk, Øjen-Øre-Næse-Hals og Kæbe Kirurgisk, Neurologisk Afdeling og Ortopædkirurgisk Afdeling med 105 patienter. Svarprocent: 48 % (105/217). Der deltog lige mange mænd og kvinder i undersøgelsen. Aldersspredning: 14-92 år, g. snit: 58 år Indlæggelsestid 3-20 dage. Kostindtag: På kirurgiske afdelinger angav 37% af patienterne, og på medicinsk afdeling 35%, at have spist mindre end halvdelen af normalt i den seneste uge. Af kirurgiske patienter har 51% og 75% af medicinske haft ufrivilligt vægttab > 5% over de seneste 3 måneder. Trods høj incidens af ernæringsrisiko, og dermed standardordination af ”kost til småtspisende og energi- og proteinberigede drikke”, oplyste kun få at de fik disse drikke. Hovedparten af patienterne oplyste, at de drak vand, saftvand/juice eller te/kaffe. Sygeplejerskenormeringen på dagen var 0.25-0.5 pr patient, i dagtiden på dagen for undersøgelsen.

Konklusion:

Der er et stort behov for fokus på ernæringstilstand og kostindtag, særligt energi- og proteinrige drikke, hos patienter i hovedparten af afdelingerne. Der er med deltagelse i Nutrition Day skabt en god kontakt mellem de deltagende afdelinger og udviklingskoordinatoren i de respektive afdelinger, samt awareness omkring behovet for opstart af et samarbejde.

Begrænsninger: Nutrition Day er et øjebliksbillede af kostindtaget hos patienter i forbindelse med et enkelt måltid og drikkevarer mellem 2 måltider på en udvalgt dag, og tjener til awareness om tendenser og behov for udvikling i sygeplejen på ernæringsområdet i en afdeling.

Dietary habits in patients with ulcerative colitis - cause of nutrient deficiency?

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Rationale: Up to 60% of patients with ulcerative colitis are seen with nutrient deficiency, although no specific diet is recommended. *The aim* of this study was to investigate whether restriction or adding specific food items, might contribute to malnutrition in these patients.

Methods: A qualitative semi structured interview study including ambulatory patients with ulcerative colitis, regarding preference for or avoidance of specific food items related to abdominal symptoms. Patients with different extent and disease activity were included in the study until data saturation was reached.

Results: The study included 25 patients (12 M, 13 F), mean age 46.7 (SD 15.6). Duration of disease ranged 1-35 years, mean 15.0 (SD 13.0).

Generally patients seemed to have a good and healthy diet, and most patients seemed quite conscious about their choice of food. *Restriction* of food items were mainly due to discomfort to bowel symptoms, i.e. diarrhoea caused by sugar, dairies, alcohol, spices, red meat and bread. These food items were totally or partly omitted by many patients. These restrictions were based mainly on personal experience, rather than professional guidance or knowledge search.

Adding specific food items most often included vitamin supplements (about half of the patients), while only 20% took supplementary calcium, although many had restricted dairies from their diet. Only a few had experience with alternative treatment, and none had specific choices of food items as coping strategies.

Conclusion: Overall most patients seemed to have a good and healthy diet. However, many patients with ulcerative colitis restrict diary products from their diet. This may lead to calcium deficiency. No other restrictions in the diet which could explain specific nutritient deficiencies were identified.

Indsendt til ESPEN 2012

Titel: Refeeding syndrom blandt hoved-halscancerpatienter

Forfatteres navne: Marianne Boll Kristensen (3), Stine Ostenfeldt Petersen (3), Irene Wessel (1), Jens Rikardt Andersen (2,3)

Sted hvorfra arbejdet udgår: (1) Øre-næse-halskirurgisk Klinik 2071 – Rigshospitalet, (2) Ernæringsenheden 5711 – Rigshospitalet, (3) Institut for Human Ernæring – Københavns Universitet

Introduktion: Refeeding syndrom (RFS) er et symptomkompleks, der kan opstå ved næringstilførsel til patienter, som er blevet underernæret gennem længere tid. RFS er karakteriseret ved væske- og elektrolytforstyrrelser, og kan i værste fald være dødeligt. Det antages, at hoved-hals-cancerpatienter er i høj risiko for RFS.

Formål: At klarlægge incidensraten af refeeding fænomener (RFF) (definition: ethvert fald i p-fosfat) og RFS (definition: ethvert fald i p-fosfat og kliniske symptomer) blandt nyhenviste hoved-hals-cancerpatienter samt at klarlægge hvilke faktorer, der kan identificere hoved-hals-cancerpatienter i risiko.

Metode: 54 nyhenviste hoved-halscancerpatienter blev observeret i syv dage. 46 potentielle risikofaktorer blev registreret ved baseline.

Resultater: 11 (20%) udviklede RFS, 28 (52%) udviklede kun RFF. Case-gruppen havde ved baseline højere VAS-scorer for hoved-halssmerter, højere p-fosfatniveauer, lavere p-transferrinniveauer, lavere b-hæmoglobinniveauer (blandt mænd) og hyppigere tilstedeværelse af spisegener (eksempelvis dysfagi) sammenlignet med deltagere uden RFS/RFF. Deltagere med klinisk relevant fald i p-fosfat (fald på $\geq 0,22$ mmol/l i forhold til baseline), havde ved baseline højere dagligt alkoholindtag, højere p-fosfatniveauer, lavere p-transferrinniveauer, lavere p-natriumniveauer og andelen af deltagere med spisegener, lav håndgribestyrke eller anamnese med strålebehandling var større end blandt øvrige deltagere. Den prædiktive værdi af NRS-2002 A-score =1 udgjorde 62,5% for en positiv test og 76,1% for en negativ test.

Konklusion: Den samlede incidensrate af RFF og RFS udgjorde 723 tilfælde pr. 1000 patienter pr. år. De separate incidensrater af RFF og RFS udgjorde henholdsvis 519 og 204. Hoved-halssmerter, tilstedeværelse af spisegener, lav håndgribestyrke, højt alkoholindtag samt anamnese med strålebehandling udgjorde faktorer, der ved baseline kunne identificere patienter i risiko.

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Follow-up home visits with nutrition: a randomised controlled trial

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Background and aim: Geriatric patients are at high risk of re-admission after discharge. The purpose of this study is to assess the combined benefits of a 12-week intervention consisting of three discharge follow-up in geriatric patients' home by a general practitioner (GP) and a registered dietician (RD).

Methods: 124 patients (63 randomised to the intervention group) were assessed according to nutritional status (e.g. weight, intake of energy and protein, hand grip strength), chair stand, activities of daily living (DEMMI), disability and tiredness in daily activities, health-related quality of life (SF-36), and rehabilitation capacity, at baseline and after 12 weeks. Compliance with medication was assessed by the GP at follow-up visits. Prevalence of readmissions and death were assessed after 6 months.

Results: 97 % of the intervention group received three visits from a RD, 50 % of each group had contact with their GP. After 12 weeks, the intervention group had improved their weight ($p=0,035$), intake of energy ($p=0,000$), protein ($p=0,001$), and activities of daily living ($p=0,029$) compared with the control group (Mann-Whitney or CHI-test). Borderline positive effects were also observed in relation to part of SF-36 and disability. After 6 months odds ratio was 1.62 [95% CI: 0.85; 3.10] for re-admissions and 0.60 [95% CI: 0.17; 2.13] for death.

Conclusion: Follow-up home visits with nutrition had a positive effect on nutritional and functional status but not on risk of re-admission or mortality.

ClinicalTrials.gov 2010 NCT01249716

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