



# PREHRANSKA PODPORA PRI BOLNIKIH Z RAKOM *NUTRITION SUPPORT IN CANCER PATIENTS AT THE END OF LIFE*

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## **Povzetek**

S prehransko podporo onkoloških bolnikov preprečujemo podhranjenost bolnikov, ki močno pospeši procese kaheksije. Cilj prehranske podpore bolnika je, čim dlje ohranjati funkcionalno maso ter s tem bolnikovo zmogljivost in kvaliteto življenja, vendar pa se prioritete prehranske podpore spreminjajo glede na stanje bolezni.

Pri bolnikih v zgodnji fazi paliativne oskrbe, veljajo enaka priporočila kot pri ostalih kroničnih bolnikih. Prehranska podpora je individualno naravnana in osnovana na ugotovitvah procesa prehranske obravnave. Proces prehranske obravnave omogoča postavitev prehranske in/ali presnovne diagnoze. S prehransko podporo vzdržujemo oziroma izboljšamo prehranski status ter s tem tudi zvišamo možnost odziva na specifično onkološko zdravljenje.

V obdobju pozne paliativne oskrbe, ko je izčrpano sistemsko zdravljenje, za ohranjanje kakovosti življenja še naprej uporabljamo ostale ukrepe. V tem obdobju vnos hrane prilagodimo bolnikovemu počutju in presnovnim spremembam zaradi napredovale kaheksije. Prednost ima hrana, ki jo bolnik lahko prenaša in mu predstavlja minimalno breme.

Pri oskrbi umirajočega hranila niso koristna. Večina bolnikov ne potrebuje hrane in tekočine. Nudimo jo tistim, ki si je želijo. Pri vseh odločitvah, še posebno pri parenteralni prehranski podpori ter hidraciji, je, v izogib stiskam, nesoglasjem in dodatnim kliničnim zapletom, potrebna dobra, strokovno podprta in odkrita komunikacija med bolnikom, svojci in lečečimi zdravniki.

## **Abstract**

*With the nutritional support of oncology patients, we prevent malnutrition in patients, which greatly accelerates processes of cachexia. The goal of nutritional support for patients is to maintain functional weight as long as possible and with it the patient's capacity and quality of life, but the priorities of nutritional support change depending on the state of the disease.*

*For patients in the early phase of palliative care, the same recommendations apply as for other chronic patients. Nutritional support is individually oriented and based on the findings of the nutritional assessment. Nutritional assessment enables the establishment of a nutritional and/or metabolic diagnosis. With nutritional support we can maintain or improve nutritional status, thereby increasing the possibility of responding to specific oncological treatment.*

*In the period of late palliative care, when systemic treatment has been exhausted, we continue to use other measures to maintain the quality of life. During this period, we adjust food intake to the patient's well-being and metabolic changes due to advanced cachexia. Food that is easy for the patient to tolerate and represents a minimal burden is preferred.*

*When caring for a dying person nutrients are not beneficial. Most patients do not need food and liquids. We offer it to those who want it. In all decisions, especially parenteral nutritional support and hydration, good, professionally supported and open communication between the patient, relatives and treating doctors is necessary to avoid pressure, disagreement and additional clinical complications.*