

Nutrition therapy in palliative treatment and supportive care.

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Introduction

Palliative care is a crucial aspect of healthcare that aims to enhance the quality of life for patients facing life-threatening illnesses, providing relief from pain and suffering. Nutrition therapy plays a significant role in palliative treatment and supportive care by addressing the unique nutritional needs of patients with advanced diseases. In this article, we will explore the importance of nutrition therapy in palliative care, its goals, and strategies for implementing effective nutritional support [1].

Palliative care focuses on holistic patient care, addressing not only physical symptoms but also emotional, social, and spiritual aspects of well-being. Nutrition therapy is an integral part of this approach, as it addresses one of the fundamental aspects of physical well-being: nutrition. Here are some key reasons why nutrition therapy is essential in palliative care [2].

Symptom Management: Patients with advanced illnesses often experience symptoms such as nausea, vomiting, and loss of appetite, which can lead to malnutrition and weight loss. Nutrition therapy helps manage these symptoms, improving the patient's overall comfort.

Maintaining Quality of Life: Proper nutrition can help patients maintain their strength and energy levels, allowing them to engage in activities they value and spend meaningful time with loved ones.

Optimizing Treatment Tolerance: Nutrition therapy can enhance a patient's ability to tolerate treatments such as chemotherapy or radiation therapy, potentially improving the effectiveness of these treatments [3].

Preventing Complications: Malnutrition can lead to complications such as pressure ulcers, infections, and impaired wound healing. Adequate nutrition support can reduce the risk of these complications.

Emotional Well-being: Sharing meals and enjoying favorite foods can provide emotional comfort and a sense of normalcy for patients facing the challenges of advanced illnesses.

Nutrition therapy in palliative care focuses on achieving specific goals that align with the patient's overall well-being and comfort. These goals include:

Symptom Management: Alleviating symptoms like nausea, vomiting, and swallowing difficulties through dietary modifications and medication as needed [4].

Weight Maintenance: Preventing further weight loss and promoting stable body weight to enhance the patient's strength and energy levels.

Optimizing Nutrient Intake: Ensuring that patients receive essential nutrients, vitamins, and minerals necessary for overall health.

Addressing Specific Dietary Preferences: Respecting and accommodating individual dietary preferences and cultural beliefs while providing nourishing options.

Emotional Support: Recognizing the emotional aspect of eating and providing a comforting and supportive dining experience [5].

Individualized Care Plans: Every patient is unique, and their nutritional needs and preferences vary. Palliative care teams should develop individualized nutrition care plans based on a thorough assessment of the patient's nutritional status, medical condition, and personal preferences.

Oral Nutritional Supplements: In cases where patients cannot meet their nutritional needs through regular meals, oral nutritional supplements may be prescribed. These supplements are specially formulated to provide essential nutrients in a concentrated form.

Food Modification: Adapting food textures and temperatures to suit the patient's swallowing ability and preferences can make eating more comfortable and enjoyable.

Regular Monitoring: Ongoing assessment of the patient's nutritional status, weight, and symptoms is crucial to adjust the nutrition therapy plan as needed [6].

Communication and Education: Open and compassionate communication with patients and their families is vital to understand their wishes and provide guidance on nutrition choices.

Multidisciplinary Approach: Collaboration between healthcare professionals, including dietitians, nurses, and physicians, is essential to provide comprehensive palliative care that addresses all aspects of the patient's well-being.

Emotional Support: Creating a supportive and empathetic environment during mealtimes can enhance the patient's emotional well-being. This may involve involving loved ones, playing soothing music, or offering favorite foods.

Ethical Considerations: Respect the patient's autonomy and choices regarding their nutrition. Ethical dilemmas may

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arise, and it is essential to involve an ethics committee when necessary [7].

Nutrition therapy plays a crucial role in palliative treatment and supportive care by addressing the nutritional needs of patients with advanced illnesses. The goals of nutrition therapy in palliative care are to manage symptoms, maintain quality of life, and optimize treatment tolerance. Implementing effective nutrition therapy strategies, such as individualized care plans, oral nutritional supplements, and regular monitoring, can significantly benefit patients facing life-threatening diseases. Moreover, emotional support and compassionate communication are equally vital components of holistic palliative care. By integrating nutrition therapy into the palliative care approach, healthcare teams can enhance the well-being and comfort of their patients, ultimately providing the best possible quality of life during challenging times [8-10].

Reference

1. Hudson A, Lopez E, Almalki AJ, et al. A review of the toxicity of compounds found in herbal dietary supplements. *Planta medica*. 2018;84(09/10):613-26.
2. Sambu S, Hemaram U, Murugan R, et al. Toxicological and teratogenic effect of various food additives: An updated review. *Biomed Res Int*. 2022.
3. Chen A, Mao X, Sun Q, et al. *Alternaria* mycotoxins: An overview of toxicity, metabolism, and analysis in food. *J Agric Food Chem*. 2021;69(28):7817-30.
4. Carocho M, Morales P, Ferreira IC. Sweeteners as food additives in the XXI century: A review of what is known, and what is to come. *Food Chem Toxicol*. 2017;107:302-17.
5. De Araújo FF, de Paulo Farias D, Neri-Numa IA, et al. Polyphenols and their applications: An approach in food chemistry and innovation potential. *Food Chem*. 2021;338:127535.
6. Kamdem JP, Duarte AE, Lima KR, et al. Research trends in food chemistry: A bibliometric review of its 40 years anniversary (1976–2016). *Food chem*. 2019;294:448-57.
7. Etaware PM. The effects of the phytochemistry of cocoa on the food chemistry of chocolate (s) and how disease resistance in cocoa can be improved using CRISPR/Cas9 technology. *Food Chem: Mole Sci*. 2021;3:100043.
8. Yoshimura Y, Goto-Inoue N, Moriyama T, et al. Significant advancement of mass spectrometry imaging for food chemistry. *Food Chem*. 2016;210:200-11.
9. Boateng ID. Evaluating status quo of deep eutectic solvent in food chemistry. Potentials and limitations. *Food Chem*. 2022:135079.
10. Alikord M, Mohammadi A, Kamankesh M, et al. Food safety and quality assessment: Comprehensive review and recent trends in the applications of ion mobility spectrometry (IMS). *Crit Rev Food Sci Nutr*. 2022;62(18):4833-66.