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Commentary

Detect Malnutrition and Provide Nutritional Care for Cancer Patients

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ABOUT THE STUDY

Cancer patients often suffer from malnutrition, which is associated with higher morbidity and mortality. Therefore, early detection and implementation of intervention strategies should improve the progression of these patients. Our research goal is to design and implement a protocol for outpatient chemotherapy beginners who can recognize and treat malnutrition early. Prior to starting chemotherapy, cancer patients received a complete assessment of nutritional status using the screening tool Nutriscore. Intervention protocols were used when dietary risks were identified.

In recent years, survival has improved thanks to early diagnosis and more effective treatment. In this long-term survival scenario, medical care should not focus solely on illness, but on all aspects of the patient's condition. In other words, tumor treatment has evolved into an interdisciplinary model that covers a wide range of services and concerns. Early action is especially important because of the evolutionary nature of neoplastic malaise and its intractable and irreversible nature. In this regard, studies have shown that early nutritional intervention reduces cachexia catabolism, leading to clinical and survival improvements in cancer patients at high nutritional risk, including: increase. B. Patients with esophageal or gastric tumors.

Descriptive analysis was performed using central tendency, variance, and position measurements of quantitative variables and frequency distribution of qualitative variables. The difference between the two measurements was evaluated for an independent sample of quantitative variables using the Wilcoxon rank test or the Mann-Whitney U test. The mean difference between the two groups was assessed by the chi-square test. In all cases, statistical significance was assumed at $p<0.05$. The significant prevalence of malnutrition in cancer patients is well documented, as well as the fact that nutritional interventions improve the survival and quality of life of patients, but many malnutrition patients Remains unidentified and is therefore not properly treated.

Much research has been done on the prevalence of malnutrition in cancer patients, many recommending the use of nutrition screening at the time of diagnosis, but as far as we know, it is based on nutrition screening, personalized treatment, and monitoring. No evaluation has been made of the effectiveness of implementing the protocol. A characteristic element of our study was performed in outpatients, and the proposed model enables early nutritional care regardless of tumor localization and allows different interventions depending on the assessed nutritional risk. In contrast, most previous studies were performed in inpatients or took the form of behavioral protocols for specific tumor sites. It is important to note that early adoption of our protocol means that the patient is in optimal nutrition at the start of chemotherapy. It supports treatment tolerance and may promote weight recovery or maintenance during or after this process. It also shows that an early, systematic, individualized approach can prevent or reduce chemotherapy-related nutritional deterioration. In fact, the model described is integrated into our routine clinical practice and can provide a comprehensive approach to nutrition for all patients.

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