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Clinical nutrition to hasten patient recovery

KOTA KINABALU: There is a proverb in Ayurvedic practice that says, "when diet is wrong, medicine is of no use. When diet is correct, medicine is of no need".

This proverb is particularly true for patients suffering from chronic or acute illnesses.

Intake of nutritious food is crucial for patients who are recovering from the effects of medical or surgical procedures as patients who receive good nutrition may have shorter hospital stay, fewer post-operative complications and less need for drugs and other interventions.

Professor of Intensive Care Unit Medicine, Queens University, Canada, Prof Dr Daren Heyland said Clinical Nutrition is practised in all wards where patients are unable to eat sufficiently.

"It plays a critical role in improving patient healthcare. It is important especially for patients who are unable to feed themselves sufficiently," he told Bernama at the Frenesius Kabi Advanced Nutrition Course (FRANC) Asia here recently.

Some 300 speakers and delegates from three continents whose specialist fields include surgery, anaesthesiology, ICU, oncology and gastroenterology converged at the course to discuss

everything from hospital malnutrition to clinical nutrition for surgery and critical illnesses.

Clinical nutrition is the science of nutrients and its effect on health and disease. It is the study of the relationship between food and the well being of the body.

More specifically, it is the science of nutrients and how they are digested, absorbed, transported, metabolised, stored, and discharged by the body.

Besides studying how food works in the body, nutritionists are interested in how the environment affects the quality and safety of foods, and how these factors influence health and disease.

Patients who require clinical nutrition are those unable to tolerate sufficient oral food, suffer post-traumatic stress and severely malnourished, undergoing chemo or radiation therapy, suffer severe organ dysfunction of the liver and kidney, suffer from severe burn injuries or suffer from obstruction due to cancer.

"Under normal circumstances, diet alone is able to provide most or all of the necessary nutrients the human body needs. Patients who require Clinical Nutrition typically have an invalid digestive system as a result of an accident,

surgery or treatment therapy," Heyland said.

Heyland, who is also the director of the Clinical Evaluation Research Unit at Kingston General Hospital, Canada, said, as these patients are severely malnourished or unable to ingest food, clinical nutrition ensures that their cells and muscles receive the nutrients needed for repair, promoting a speedier recovery.

Malnutrition is a medical condition caused by insufficient nutrition intake resulting in depletion of body protein, fat, all essential vitamins and other important nutrients.

It is usually caused by impaired gut function (digestive difficulties, absorption problems), increased energy needs due to disease (increased need after surgery, changed metabolism due to cancer, HIV/AIDS) and imbalanced diet not matching special or highly increased nutrient needs such as protein, glutamine or vitamins.

Malnutrition is commonly associated with increased risk of infection, delayed wound healing, surgical complications, reducing efficacy of the overall treatment and longer hospital stay, resulting in overall higher treatment costs.

Whether in developed,

emerging or third world countries, the prevalence of patients at nutritional risk in hospital ranges from 30 to 50 percent, Heyland said.

Nutritional intervention is really critical for improving patient treatment outcomes. The earlier the intervention, the shorter hospital stays for the patient.

Studies have long shown that dietary habits play a major role in healthcare, significantly lowering the risk of getting a disease, and increasing recovery time.

This not only accelerates the effectiveness of the overall treatment for the patient but is also incredible cost effective for the hospitals.

There are two forms of clinical nutrition - Parenteral Nutrition (intravenous feeding, directly into the blood, bypassing the gut) and Enteral Nutrition (special diets provided as tube feeds or sip feeds for patients with or at risk of malnutrition, who cannot tolerate enough oral food).

In most cases, a doctor determines a patient's need for Parenteral Nutrition while a dietician determines a patient's need for Enteral Nutrition.

In some countries, home Enteral or Parenteral Nutrition is allowed. — Bernama