



DIETETICS

OSCAR
Care Group

Dignity & Nutrition during Palliative Care

By Katie Irwin, Dietitian

National Palliative Care Week: 24–30 May

Palliative Care Nutrition

The approach to take regarding a resident's nutritional needs in palliative care can often be a sensitive and challenging situation with many factors affecting the decision-making process. Just as in all aspects of health care the resident should be treated with dignity and respect and supported to make choices and decisions regarding their care.

Nutrition in palliative care should be tailored to align with resident, family and carers choices whilst maintaining the dignity of the resident. It should also focus on resident's quality of life (QoL) and ensuring a resident's comfort is considered.

Stages of Palliative Care

Often when we think about palliative care, we think about it in terms of the very end of life, however palliative care can be provided to residents after an initial diagnosis of terminal illness.

Initiating palliative care in the early stages can assist with maintaining quality of life and treating symptoms which may impact on a resident's QoL and comfort. The type of care and support given in the early stages of palliative care can vary from resident to resident and can be immensely different to that given in the end stages of life.



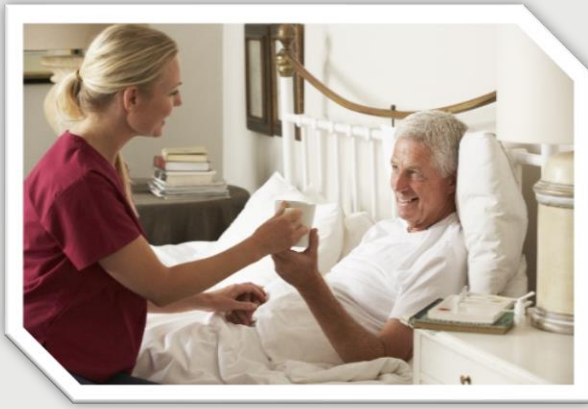
National Palliative Care Week

In 2020, National Palliative Care Week (NPCW) will be held from Sunday 24 May – Saturday 30 May, with the theme:

“Palliative Care... It's more than you think”.

Palliative care can help people with life-limiting illnesses to live as well as possible, for as long as possible – supporting their physical, emotional, spiritual and social needs.

During NPCW 2020 Palliative Care Australia hopes to spark important conversations in the community about the benefits of quality palliative care and celebrate the amazing dedication of all those working and volunteering in palliative care across Australia. There's more than you think!



Nutrition throughout the stages

In the early stages of palliative care, goals of nutritional treatment commonly involve managing usual intake or treating symptoms which can assist with improving intake.

Common symptoms of illness and treatment which can affect intake include:

- Decreased appetite and/or early satiety (feeling full quickly)
- Taste changes
- Fatigue
- Dry or sore mouth, difficulty chewing or swallowing
- Gastrointestinal symptoms – diarrhoea, constipation, nausea and/or vomiting
- Low mood, depression, anxiety

These symptoms of illness and side-effects from treatment can appear and affect intake at different times during the progression of illness. Knowing how to manage these symptoms with nutrition strategies can assist with maintaining or improving intake.

Quality of Life

It is important to remember to focus on Quality of Life particularly towards the end of life. A resident may just not be interested in food and drinks at this stage therefore the focus may need to shift to enjoyment of food and drinks where possible and reducing food related discomforts.

Weight Loss

Loss of weight is a common occurrence throughout the stages of palliative care with advice and attempts to regain the lost weight placing unnecessary pressure on the resident.

Again, it is important to focus on Quality of Life, the enjoyment of food and symptom management rather than placing added pressure on a resident.





Nutrition related strategies for managing symptoms

Decreased appetite (anorexia) and/or early satiety	<ul style="list-style-type: none"> • Smaller and more frequent meals • Eat when hungry, forget about conventional meal-times and foods, eat what you feel like when you feel like it including favourite foods • High energy, high protein foods can boost nutritional intake without increasing volume • Oral nutrition supplements may assist when food is not tolerated
Taste changes	<ul style="list-style-type: none"> • Add a splash of juice or cordial to water for added flavour • Use herbs/spices/sauces and pickles for added flavour • Sip on water during a meal to promote saliva production which helps with taste • Encourage good mouth care between meals • Continue to attempt different foods, taste changes may alter over time
Dry or sore mouth and throat	<ul style="list-style-type: none"> • Treat oral candida and/or infections • Stay hydrated with small sips of fluid throughout the day • Suck on ice chips regularly • Chewing gum may help stimulate saliva production • Consider artificial saliva sprays and/or mouthwash • Extreme temperatures (hot or cold) can irritate symptoms, try foods at room temperature where safe • Avoid spicy, salty, bitter or acidic foods
Nausea and/or vomiting	<ul style="list-style-type: none"> • Consider anti-emetic medication and take prior to mealtimes • Avoid drinking fluids with meals • Avoid smells and foods that stimulate nausea and/or vomiting, try eating away from food preparation area or outside for fresh air • Avoid fatty and fried foods • Encourage dry foods such as crackers, or toast
Gastrointestinal symptoms - Diarrhoea/Constipation	<ul style="list-style-type: none"> • Encourage fluid intake • Consider medication for symptoms where appropriate • Avoid excess fibre in foods such as fruits, vegetables and wholegrains for diarrhoea or increase these foods for constipation • Prunes and prune juice can be helpful for constipation

Tips for promoting the enjoyment of food

- Plan meals so they can be shared amongst resident, family and friends
- Previous dietary restrictions such as those for diabetes may no longer be needed; consult with the Dietitian or Medical team
- A glass of wine with food (with medical teams' permission) can help stimulate appetite & make the meal more enjoyable
- Where possible try different environments for eating, for example eating outside may evoke positive memories of picnics or BBQ's taking the focus away from food



Supplements

Oral nutrition supplements may be beneficial for some residents. These supplements can assist with meeting the nutritional requirements when intake from diet alone is not enough. They can also be useful as nourishing fluids when food can not be tolerated due to the common symptoms listed above. Speak with a Dietitian to find out if supplements would be appropriate for you, your loved one or your resident.

References

Day, T, 2017, 'Managing the nutritional needs of palliative care residents', *British Journal of Nursing*, vol 26, no.21, pp 1151-1159.

Palliative Care Australia, [Understanding Palliative Care](#), viewed 14.10.2019

Palliative Care Victoria 2008, [Nutrition in Palliative Care](#), viewed 14.10.2019

Queensland Health 2018, [Nutrition in Palliative Care](#), viewed 14.10.2019

Summary

Nutrition requirements and symptoms affecting intake can vary immensely between residents and as illness progresses. There is no one size fits all approach to nutrition in palliative care however steps can be taken to ensure consideration is taken for quality of life and resident comfort.

It is important to consult with relevant members of the palliative care team to ensure resident needs and wishes are met throughout the progression of illness.



Need help with nutrition choices for palliative care support?

This article was written by Dietitian, Katie Irwin.

Please call or email OSCAR Care Group Dietitians via our contact details below.

