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Study on nutritional status of cancer patients of Gorakhpur district

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Abstract

Cancer patients frequently experience malnutrition. Cancer and cancer therapy effects nutritional status through alterations in the metabolic system and reduction in food intake. In the present study, 100 male cancer patients of Chaturvedi Cancer hospital and Poddar Cancer hospital, Gorakhpur were selected as subjects. Evaluation of nutritional status of cancer patients was carried out by anthropometric measurement, clinical assessment and collection of dietary information. The finding of the study showed that 82% patients were malnourished and 12% were normal and only 6% were obese, Chemotherapy affected the body weight of cancer patients.

Keywords: Nutritional status, cancer patients, cancer therapy

Introduction

Up to 85% of all patients with cancer develop clinical malnutrition, which negatively affects patient's response to therapy, increases the incidence of treatment related side effects and can decrease survival.

Cancer patients frequently experience malnutrition. Cancer and cancer therapy affects nutritional status through alterations in the metabolic system and reduction in food intake. Nutrition plays an important role in maintaining better quality of life among cancer patients. Quality of life is patient's perspectives on their ability of live useful, meaningful, fulfilling lives even while burdened with disease. So, to assess the nutritional status of cancer patients was the objective of the study.

Methods and Material: Nutritional assessment was conducted through Anthropometric measurement, clinical assessment and calculations of dietary intake of nutrients (three-day weighed food records).

All type 100 male cancer patients of Chaturvedi Cancer Hospital and Poddar Cancer Hospital of Gorakhpur city were subjects for the study.

Result

Table 1: Distribution of Cancer patients on the basis of their B.M.I.

| S. No. | BMI Class | Presumptive Diagnosis | No. | % |
|--------|-----------|---|-----|-----|
| 1 | <16.0 | Chronic Energy Deficiency Grade III Severe | 8 | 8 |
| 2 | 16.0-17.0 | Chronic Energy Deficiency Grade II Moderate | 26 | 26 |
| 3 | 17.0-18.5 | Chronic Energy Deficiency Grade I Mild | 38 | 38 |
| 4 | 18.5-20.0 | Low wt. Normal | 10 | 10 |
| 5 | 20.0-25.0 | Normal | 12 | 12 |
| 6 | 25.0-30.0 | Obese Grade I | 6 | 6 |
| 7 | >30.0 | Obese Grade II | -- | -- |
| Total | | | 100 | 100 |

Maximum respondents were suffering from malnutrition and only 12% respondents were found of normal body weight. Among malnourished patients 38% subjects were mild malnourished and 26% were moderately malnourished.

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Table 2: Comparison of mean nutrient intake with RDA

| Nutrients | RDA | Mean nutrient Intake |
|------------------------------------|------|----------------------|
| Calories (Kcal) | 2320 | 2280 |
| Fat (gm) | 25 | 24.20 |
| Protein (gm) | 60 | 55.25 |
| Calcium (mg) | 600 | 513.93 |
| Iron (mg) | 17 | 17.83 |
| Vitamin A (β Carotene) (mg) | 4800 | 3560 |
| Vitamin C (mg) | 40 | 38.03 |

The results revealed that mean nutrient intake of cancer patients was found lower than RDA. In few nutrients, daily dietary intake was found lower like Protein, Calcium and Vitamin A. While Calories, Fat and Vitamin C intake was on border line. As the lower dietary intake was found the reason behind the low body weight and malnutrition among the cancer patients.

Table 3: Effect of Chemotherapy on body weight of patients.

| S No. | Effect of Chemotherapy on body weight | No. | % |
|-------|---------------------------------------|-----|-----|
| 1 | Increased | 6 | 6 |
| 2 | No Effect | 18 | 18 |
| 3 | Decreased | 76 | 76 |
| Total | | 100 | 100 |

According to data 76% patients lost their body weight after chemotherapy. Studies also indicated that due to loss of appetite after chemotherapy, patient's dietary intake decreases and they lose their body weight.

Conclusion- After assessment of nutritional status of cancer patients the result showed that maximum (82%) patients were suffering from different grades of malnutrition because mean daily intake of maximum nutrients was found less than RDA. Chemotherapy also affected their body weight. Nutritional counselling and intervention programs should be planned especially for cancer patients to improve their quality of life.

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