

Dietetic support following treatment for Head and Neck cancer

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Discussion points:

- Reported concerns
- Issues in achieving an adequate nutritional status in follow up
- Role of dietitian and timing of input
- Health and Wellbeing events



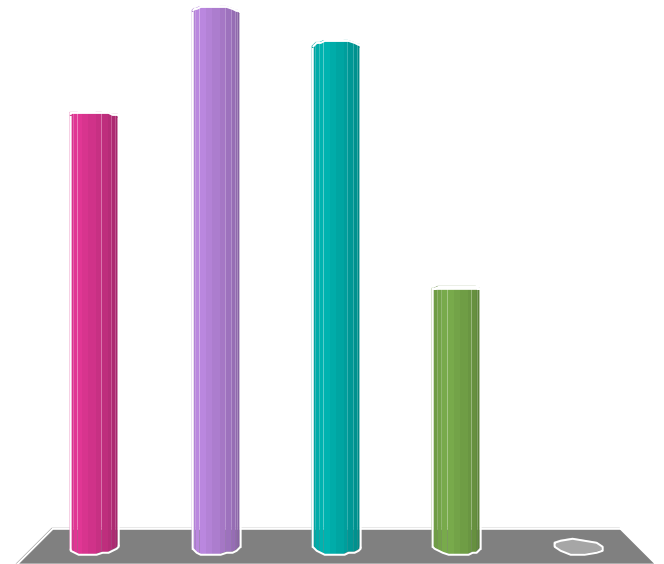
Reported Concerns

1

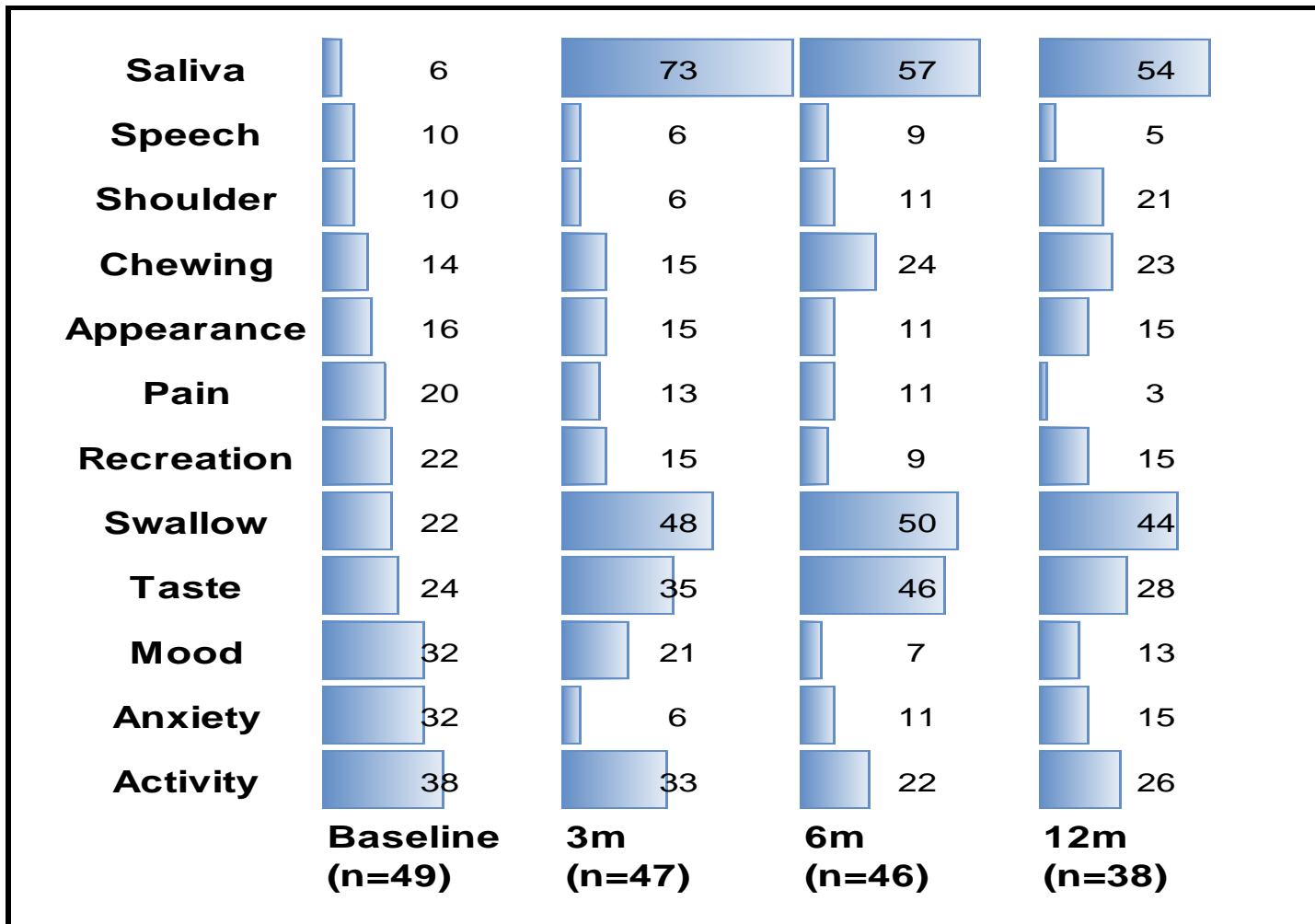


What is the highest reported concern from survivors following treatment for head and neck cancer?

- A. Taste
- B. Saliva production
- C. Swallowing difficulties
- D. Anxiety
- E. Activity



What is important to patients?



Role and timing of the dietitian

2



Completion of
treatment

Joint follow
up post
completion

Discharge and
supporting
self
management



Weaning off enteral feeding
Encouraging taste returns
Reducing reliance on nutritional supplements
Providing practical advice and emotional support
Long term survivorship health and wellbeing



What do we need GP's to be reporting and looking out for?

1. Unintentional weight loss
2. Trismus
3. Oral changes- ORN, xerostomia, fungal infections



Trismus

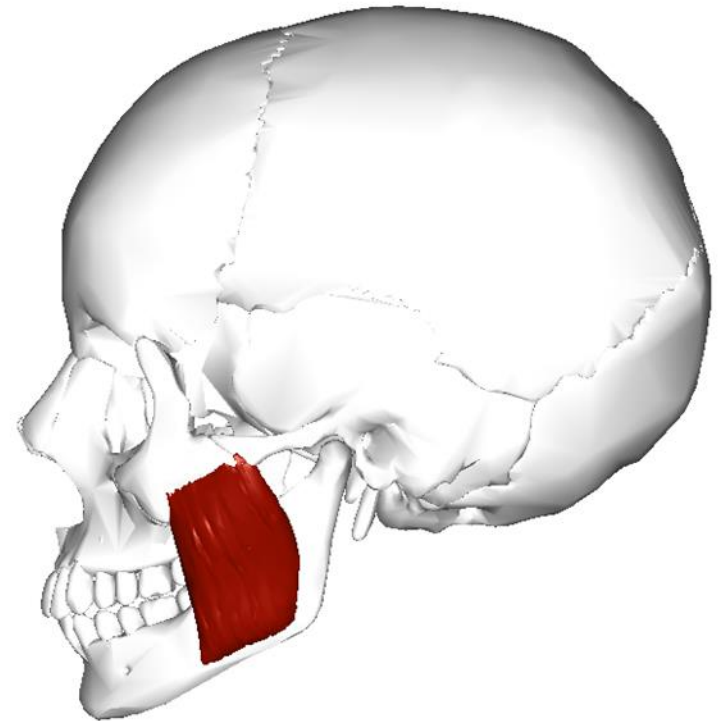
Maximum Interincisor Opening $\leq 35\text{mm}$

- Can affect surgical and medically treated patients
- Related to fibrosis in and damage to the muscles of mastication
- 6% to 86% occurrence if RT field includes temporomandibular joint and/or masseter/pterygoid muscles
- 30% of chemoradiation patients



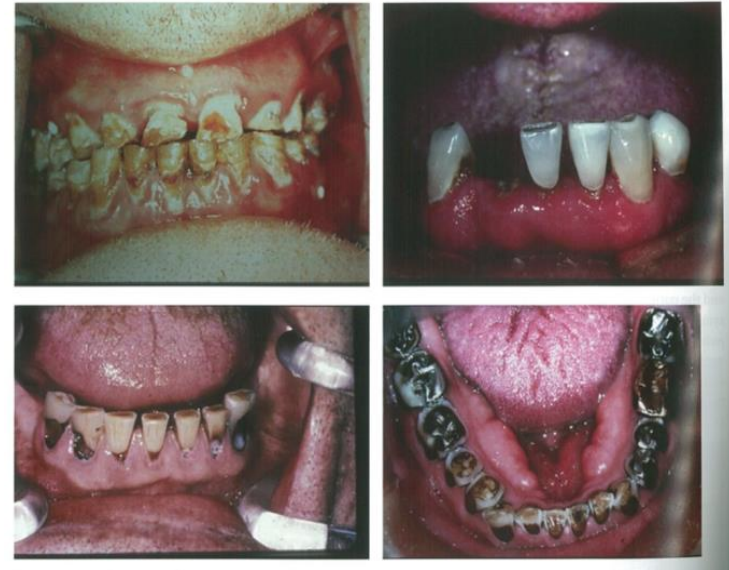
Impact of Trismus

- Difficulty chewing
- Difficulty getting food and cutlery into the mouth
- Difficulty performing oral hygiene
- Difficulty speaking



Xerostomia

- Incidence – 60-90%
- Mechanism underlying radiation induced xerostomia is not fully known
- Deterioration of flow rate and amylase production possibly due to damage to ducts, blood vessels and nerves.



Impact of Xerostomia

- Increased difficulty swallowing
- Difficulty speaking
- Reduced taste sensation
- Increased risk of dental decay
- Increased risk of ORN

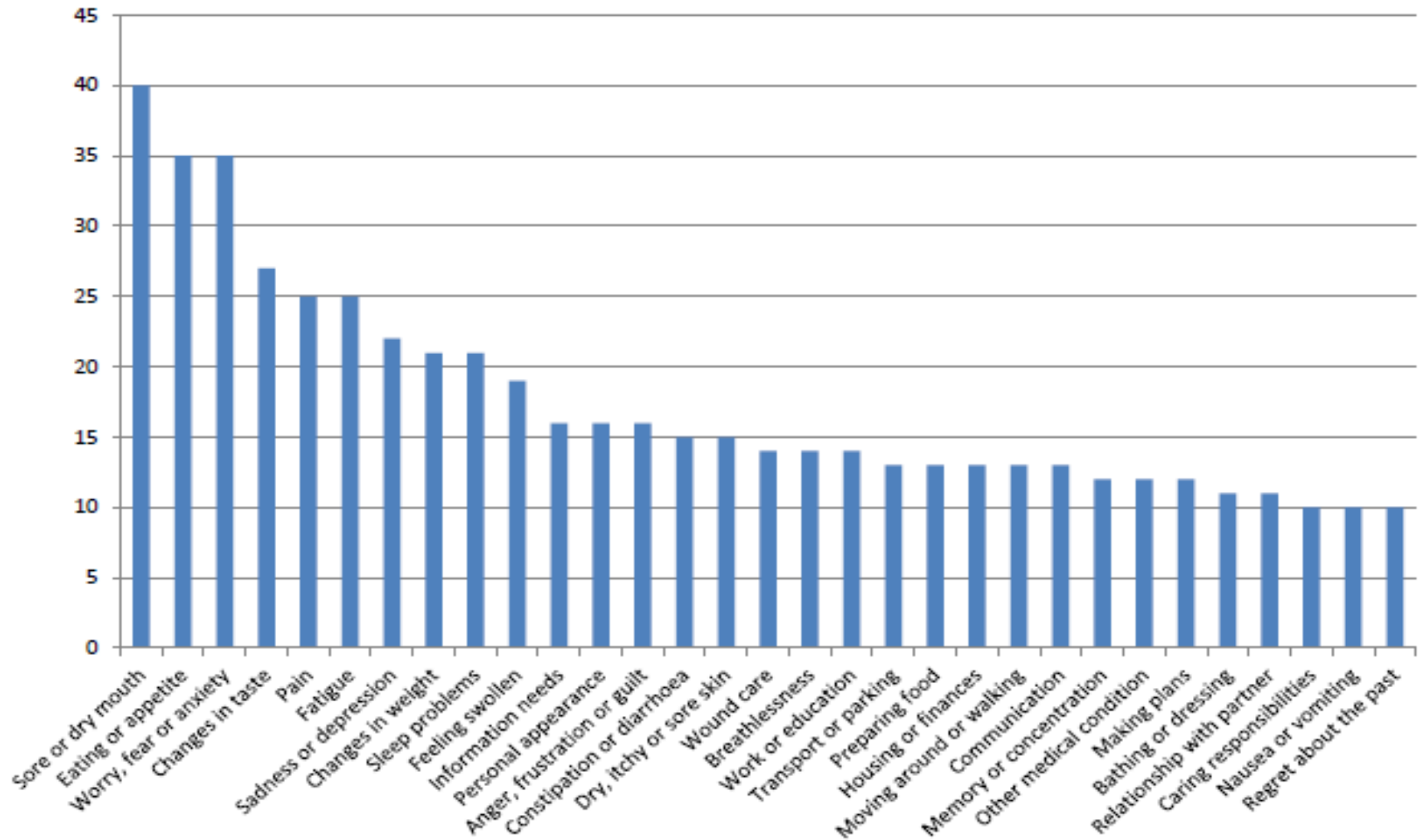
Ultimately these factors lead to a reduced nutritional intake, reduced QOL, decline in general state of health and increased weight loss (Bhide et. al 2009)

Health and Wellbeing Events

3



Top 30 Most Commonly Reported Concerns (n=67)



Imperial College Healthcare

NHS Trust

St George's Healthcare



NHS Trust



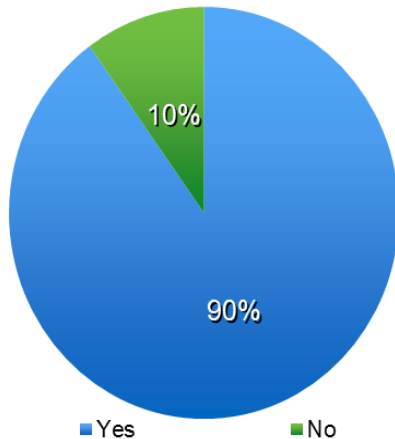
Key Speakers

Appetite and taste changes	Dietitian
Worries, fear anxieties	Psych support
Feeling swollen	Lymphoedema
Communication, sore and dry mouth	Speech Therapy
Smoking cessation, alcohol liaison, finance, pain, activity, information needs, sleeping problems,	Market place

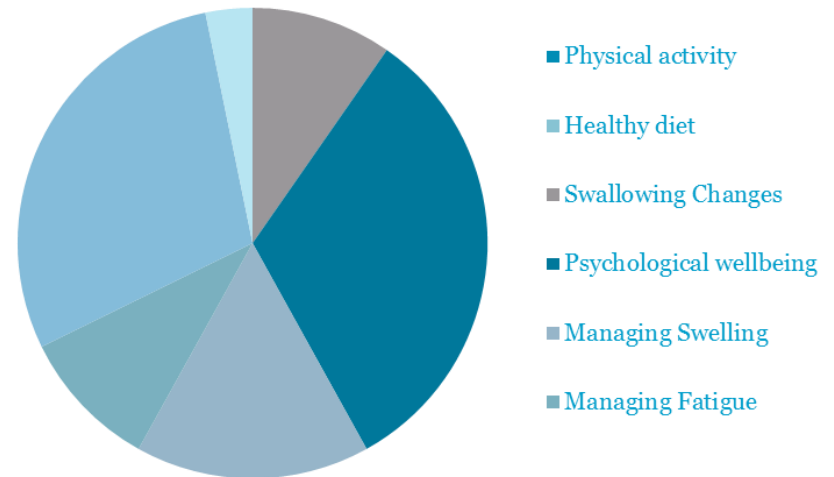


Results

Do you feel more confident in managing your health and wellbeing?



What did you learn about that was the most useful?



‘They should continue. I think they are very helpful for anyone. Provides additional reassurance and suggestions, information all of which helps to structure and position individual plans - strategic and worries’

‘These are great to bring both patients and personnel together’

‘I am walking more. The tiredness has been the issue (one year on) but with time I hope to increase my activity’



Conclusion

- GPs have a crucial role in supporting long-term care of patients
- Late effects can have a significant effect on nutritional status
- Health and wellbeing events may play a role in bridging the gap between treatment completion and long-term self management.



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