

# Nutritional Counseling During Radiation Therapy

BY CAROL L. KORNMEHL, MD

*An ounce of prevention is worth a pound of cure.*

An ounce of prevention is worth a pound of cure. This maxim applies to people who receive radiation therapy for cancers of the gastrointestinal tract as well as the head and neck area.

Unlike chemotherapy that is distributed throughout the entire body, radiation therapy is a local treatment, meaning it affects only the area of the body receiving radiation. In people receiving treatment to the head and neck area, side effects include mouth sores and a sore throat. In those who undergo radiation therapy to the gastrointestinal tract, side effects can include nausea, diarrhea, and inflammation of the esophagus, the tube that connects the mouth to the stomach. These side effects may persist for weeks following the completion of radiation. Consequently, these people can incur difficulties in swallowing food or fluids and/or holding them down, leading to weight loss, dehydration, and malnutrition.

It is easier to minimize a decline in nutritional status than it is to reverse malnutrition. In fact, a recent study looked at the effects of nutritional intervention in 54 patients who received radiation therapy for the aforementioned diagnoses. A registered dietitian assessed their dietary intake of protein, calories, and fiber at the onset of treatment and at four, eight, and 12 weeks. The nutritional intervention group, which was counseled to follow the American Dietetic Association's medical nutrition protocol, was compared with patients receiving standard care without a special diet.

As it turned out, the nutritional intervention group consumed significantly more calories and protein than those of the standard group. Also, more people in the intervention group were well nourished and fewer were found to be malnourished than in the standard group. In addition, the nutritional intervention group experienced a substantially smaller decrease in (and faster recovery of) quality of life and physical function.

Despite the small number of study participants, patients should take away the importance of a registered dietitian for radiation therapy patients with gastrointestinal and head and neck cancers, as well as other cancers. The dietitian will evaluate the person's baseline nutritional status and implement dietary intervention prior to the person's radiation therapy. This way, patients who already are malnourished or at high risk for becoming so will receive

individualized support from the dietitian from the beginning.

Nutritional care should continue throughout radiation therapy and for at least one year after the completion of treatment. The good news is that by being proactive with diet, radiation therapy patients can favorably influence their quality of life.

Dr. Kornmehl is a board certified radiation oncologist and author of The Best News About Radiation Therapy ([www.RTSupportDoc.com](http://www.RTSupportDoc.com)).