CASE STUDY: 90-YEAR-OLD MAN WITH GASTRIC CANCER

Jill Witvliet-van Nierop, Msc RD send in this case study to the Dutch dietetic journal.

DIETETIC DIAGNOSIS

90-year-old vital and optimistic man with a malignant gastic neoplasm. He has mild dysfagia and en passage problems, not resulting in decreased nutritional intake. Good nutritional status (no sarcopenia) based on a stable body weight (82 kg), BMI 28, VVMI 19.4 (= P75 for man of >75 jaar) and handgrip strength (>P90). Current nutritional intake is adequate, meeting the energy and protein requirements (1,1 g eiwit/kg VVM). No vitamin D supplementation. Physically active (2 hours of biking / day and resistance training) . Visited the outpatient clinic with son-in-law. Lives alone. Asked for information about the consequences of a gastic resection on eating and drinking to be able to make the decision whether or not to undergo the gastrectomy.

TREATMENT GOALS

- Maintaining the current nutritional status (FFMI 19.4, Grip strength >37 kg, body weight 82 kg)
- Providing information on the possible nutritional complications after a total gastrectomy
- Prevention of sarcopenia, improving the protein intake to 1.9 g/kg FFM
- Improving the vitamin D intake (DPG page 83,84)
- Maintaining the current leven of physical activity

(DIET)ADVICES

- Protein intake of a minimum of 108 grams a day (=1.9 g/kg FFM) using protein rich in-between meals and products like nuts and dairy products
- Maintaining the current activity level
- Daily oral dose of 20 micrograms (800IE) vitamin D supplementation

EVALUATION

After two weeks, he visits the surgeon at the outpatient clinic. Multisciplinary consultation (surgeon, oncologist, gastroenterologist, pathologist, radiation therapist and specialised oncology nurse) resulted in treatment advice: laparoscopical gastric resection without perioperative chemotherapy. The alternative is radiation therapy. Given his age and quality of life he chose not to receive any curative treatment.

He expresses the wish to remain fit and functional capable as long as possible. He would like to eat as sufficient as possible. Therefore the protein goal of 1,9 g/kg VVM is maintained.

CONCLUSION

Nutritional assessment measurements (FFM, measured with BIA and strength with handgrip strength) can be of additional value in older persons to diagnose or exclude sarcopenia. FFM can also be used to calclulate the protein needs more adequately. In this patient, the extra information on strength and muscle mass was very stimulating. His son wrote to us: his condition and ability to function well was a trending topic during his last months and he was very happy with the dietetic counseling.

LEARNING POINT

In older persons, it is good to consider sarcopenia, realising that not all older persons are sarcopenic. Optimal nutritional care can be very relevant, even when the treatment is not currative.

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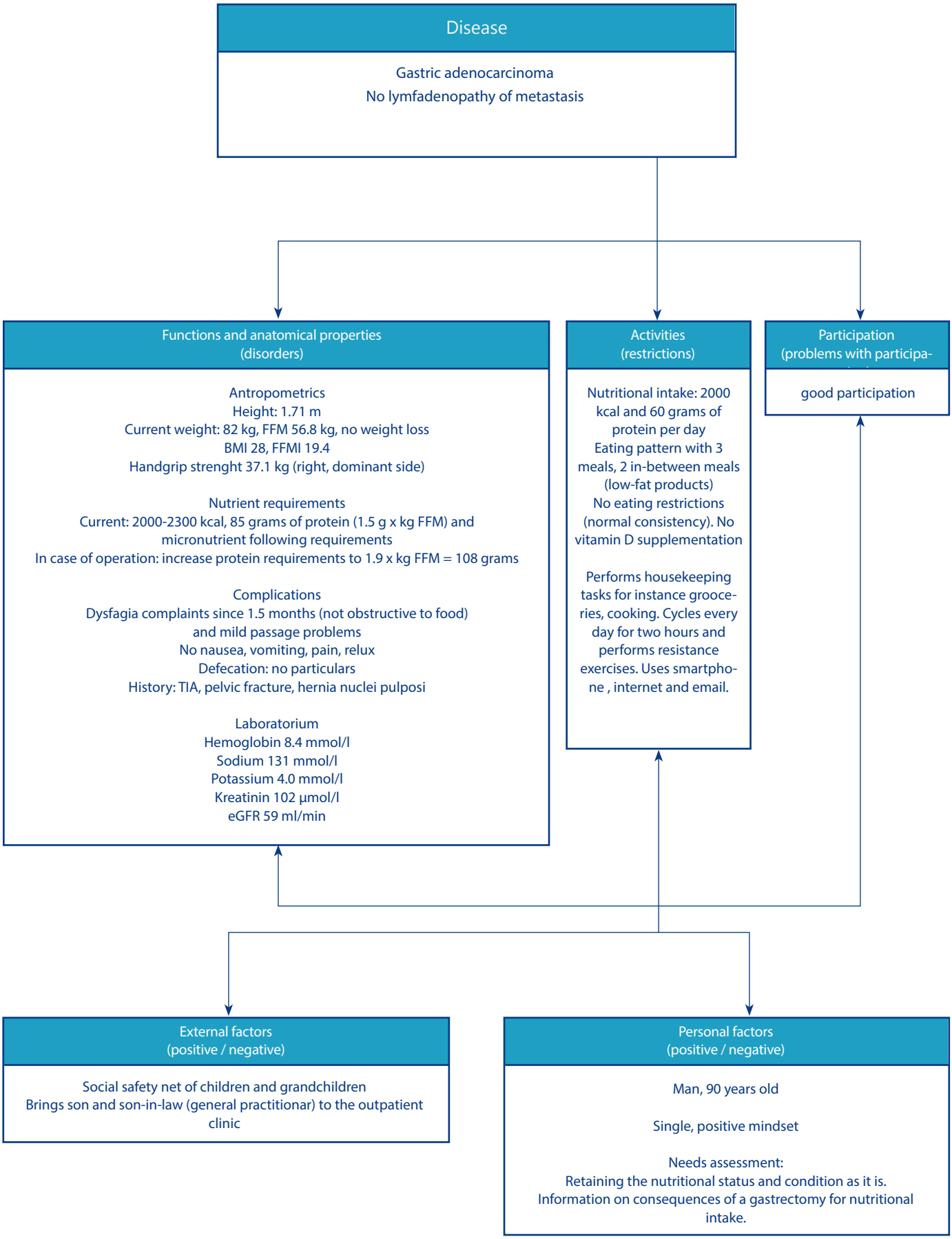
The procedure and interpretation of the measurements of BIA and handgrip strenght are described in the Standard Operating Procedures of the Nutritional Assessment Platform (NAP): www.dieteticpocketguide.com/NAP.



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