Terapi medik gizi klinik pada kanker kepala dan leher dengan kaheksia dalam terapi radiasi = Medical therapy in clinical nutrition for head and neck cancer with cachexia on radiotherapy

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Abstrak

Latar belakang: Risiko kaheksia pada pasien kanker kepala dan leher KKL meningkat akibat tumor itu sendiri, letak tumor, dan pemberian terapi medis. Penurunan berat badan akibat efek samping radioterapi atau kemoradioterapi dapat menurunkan angka kesintasan dan kualitas hidup, serta meningkatkan angka morbiditas dan mortalitas. Terapi medik gizi klinik bertujuan mencegah malnutrisi bertambah berat, memperbaiki kualitas hidup, dan mendukung outcome terapi yang baik. Terapi medik gizi klinik berupa konsultasi individu, meliputi pemberian nutrisi adekuat sesuai kebutuhan energi, makronutrien, mikronutrien, dan nutrien spesifik, serta terapi medikamentosa dan edukasi.
Metode: Pasien pada serial kasus ini berjumlah empat orang, berusia 32 ndash;53 tahun. Satu orang pasien dengan diagnosis karsinoma lidah dan 3 orang dengan kanker nasofaring. Dua dari 4 pasien menjalani kemoradioterapi. Semua terdiagnosis kaheksia pada awal pemeriksaan. Kebutuhan energi total dihitung menggunakan persamaan Harris-Benedict untuk kebutuhan basal dikalikan faktor stres 1,5. Pemantauan meliputi keluhan subjektif dan pemeriksaan objektif tanda vital, kondisi klinis, antropometrik, massa otot, massa lemak, kekuatan genggam tangan, Karnofsky Performance Status, analisis asupan, dan laboratorium . Pemantauan dilakukan secara berkala setiap minggu untuk menilai pencapaian target pemberian nutrisi.
Hasil: Terapi medik gizi klinik pada keempat pasien meningkatkan asupan energi, protein, dan nutrien spesifik asam amino rantai cabang dan eicosapentaenoic acid . Penurunan BB, massa otot, dan kapasitas fungsional yang terjadi pada pasien hanya minimal.
Kesimpulan: Terapi medik gizi klinik pada pasien KKL dengan kaheksia dalam radioterapi atau kemoradioterapi dapat meningkatkan asupan nutrisi dan meminimalkan penurunan status gizi pasien lebih lanjut.
<hr /><i>Introduction: The risk of cachexia of head and neck cancer HNC is increased because of the tumor itself, site of the tumor, and side effects of cancer treatment. Weight loss during radiotherapy or chemoradiotherapy will decrease the survival rates and quality of life, and increase morbidity and mortality rates. The purpose of medical therapy in clinical nutrition is to prevent further malnutrition during therapy, improve quality of life, and support the good outcome of cancer treatment. Individual medical therapy in clinical nutrition include adequate energy, macro and micronutrient, and specific nutrients requirements, pharmacotherapy and education.
Methods: Four HNC patients in this case series aged between 32 and 53. One patient diagnosed squamous cell carcinoma of the tongue and 3 patients with nasopharyngeal cancer. Two of four patients received chemoradiotherapy. Total energy requirement was calculated using Harris Benedict equation for basal energy need multipled by stress factor of 1,5. Monitoring include subjective complaints and objective examination vital sign, physical examination, anthropometric, muscle mass, fat mass, handgrip strength, Karnofsky Performance Status, dietary analysis, and laboratory. Monitoring was performed routinely every week to assess achievement of the nutrition therapy target.

Results: Medical therapy in clinical nutrition to four patients can increase the intake of energy, protein, and specific nutrients branched chain amino acid and eicosapentaenoic acid. The decreased of weight, muscle mass, and functional capacity during radiotherapy or chemoradiotherapy were only minimal.
Conclusion: Medical therapy in clinical nutrition for HNC patients with cachexia on radiotherapy or chemoradiotherapy can increase nutrition intake and minimalized further malnutrition.</i>