Bölüm
18

ONKOLOJİK HASTALARDA DİYET

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GİRİŞ

Kanserli hastalar, hem kanserlerine, hem de kanser tedavilerine bağlı olarak beslenme bozukluğu açısından yüksek risk taşırlar. Kanserli hastaların %10-20'sinin, kanserlerinden ziyade beslenme bozukluğu nedeni ile öldükleri tahmin edilmektedir (1-3). Fransa da yapılan bir çalışmada; kanserli hastalarda beslenme bozukluğunun %30,9 hastada görüldüğü, şiddetli beslenme bozukluğunun %12,2 hastada olduğu ve beslenme bozukluğunun en sık baş boyun kanserleri ile sindirim sitemi kanserlerinde gözlendiği rapor edilmiştir (1). Almanya kaynaklı bir başka çalışmada baş boyun kanserli hastaların ölüm nedenleri incelendiğinde %10 hastanın beslenme bozukluğuna bağlı olarak öldüğü gözlenmiştir (3). Avrupa kaynaklı güncel çalışmalarda; kanser hastalarının %30-60'ı beslenme desteği aldığını göstermektedir (4,5). Çok merkezli bir başka çalışmada; kanserli hastaların %40'ında beslenme bozukluğunun yetersiz değerlendirildiği ve sonuçta da yetersiz beslenme desteği olduğu gösterilmiştir (6). Kansere bağlı beslenme bozukluğu bazen de hem hasta hem de yakınları tarafından önemsenmemektedir (7,8).

KANSERLİ HASTALARDA BESLENME BOZUKLUĞU İÇİN TANIMLAMALAR

Hastalığa bağlı yetersiz beslenme:

Kanser gibi alt da yatan bir hastalığa bağlı olarak yaygın iltihabi durum sonucu yetersiz beslenme oluşur (9). Oluşan iltihabi yanıt iştahsızlık ve dokularda bozulmaya neden olur ki buda kilo kaybına, vücut bileşenlerinin değişimine, fiziksel fonksiyonların azalmasına neden olur (9).

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dır (86). Erken ağızdan beslenme, tercih edilen beslenme şekli olsa da, ameliyat sonrası dönemde yetersiz beslenme riskinden kaçınma, ek beslenme tedavileri ile olur. Ameliyat öncesi beslenme tedavisi metabolik riski olan hastalarda daha önemlidir. Beslenme yetersizliği olmayan hastalarda bile daha iyi beslenme durumunun korunduğunda ameliyat sonrası problemlerin sayı ve şiddetini düştüğü gösterilmiştir. Ameliyat öncesi kanser tedavisi uygulanan, beslenme riski altındaki hastalarda, özellikle ameliyat öncesi sürede, fiziksel destek tedavisi ve beslenme tedavisi kullanılmalıdır (88).

Yaşamlarının sonuna yaklaşan hastalarda özel palyatif bakım uygundur (89). Yaşamlarının sonuna yaklaşan hastalardaki beslenme hastanın ihtiyaçlarına ve öncelikle de yaşam kalitesi ve konforunu desteklemek amacı ile yapılır. Son dönem hastalarda daha önceki bakım hedefleri artık geçerli olmamakla birlikte (örneğin; enerji alımı, fiziksel aktiviteyi sürdürmek gibi) genede açlık ve susuzluk gibi hasta hisleri karşılanmalıdır (90). Bu dönemin en uygun yönetimi, hasta ve ailesinin eğitimi ve danışmanlıktır. Bu amaçla; hasta, hasta yakını, hasta bakıcı ve sağlık ekibi ortak çalışarak hastanın özel ihtiyaçlarının karşılanması ve yaşam kalitesinin artırılması sağlanmalıdır. Beslenme ve sıvı ihtiyacı ile ilgili birçok etik kural vardı. Bu nedenle kültürel, kişisel ve dini uygulamalar bağlamında, beslenme kararı, hasta ve hasta yakınları ile birlikte alınmalıdır (90).

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