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DIETITIAN

00:00:05

Hi. My name is Elise Alexander and I'm a dietician. I'm going to speak about some of the common nutritional issues we face in children who have been through cancer treatment.

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Nutrition Issues

Due to the intense nature of cancer treatment, nutrition and growth during the period of treatment is often significantly affected, and many patients may require nutrition support, such as, nasogastric feeds and parental nutrition. Nausea, poor appetite and other gastrointestinal side-effects of chemotherapy, together with extended hospital stays, can have a significant negative impact on a patient's intake and nutrition status. Nutrition and growth recovery, following treatment, can be slow and it can often take years to return to normal. For some children, they never recover their pre-diagnosis nutritional status and growth.

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Nutrition Issues

There are a variety of nutrition-related issues associated with the late effects of cancer treatment. The common nutrition issues seen include:

- overweight and obesity;
- fussy eating;
- low bone mineral density;
- anaemia;
- body image issues; and
- inactivity.

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Fussy eating is very common post cancer treatment.

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Fussy eating

Often, treatment lasts for several years and can result in habitual fussy eating habits, which can be very difficult to break, even after treatment has been completed. Fussy eating can be severe in these patients and they may continue only to eat a few foods or have phobias of certain foods or textures. This can be distressing for parents, particularly when it impacts on maintaining normal growth and a healthy diet. Fussy eating can also lead to nutritional deficiencies, especially when a whole food group is avoided. Behavioural modification is important in overcoming fussy eating and families often require significant support from a dietician to achieve this.

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Fussy eating

Behavioural modification is important in overcoming fussy eating and families often require significant support from a dietician to achieve this. This dietetic support can be accessed through tertiary centres, as well as through community services.

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Being overweight/obesity

	Obesity is a significant late effect of cancer treatment, particularly in patients treated for leukaemia and those who have undergone cranial irradiation. Excessive weight gain post treatment may be due to the late effects of the treatment on the brain, or poor eating habits and behaviours developed during treatment. Often parents will allow their child to eat whatever they like during treatment as they're concerned about their poor appetite and weight loss. Over a period of several years, this can become the child's normal eating behaviour which then continues through treatment. These habits can be very difficult to break over time.
00:02:49	Interventions to reduce or manage weight gain in this high risk population are essential.
00:02:53	Low bone mineral density
	Another nutritional late effect from cancer treatment that we often see is low bone mineral density. The use of corticosteroids during cancer treatment can adversely affect bone mineral density, particularly if steroid treatment is prolonged. This can lead to problems such as osteoporosis later in life. It is therefore important to ensure that patients maintain adequate calcium intake during and after cancer treatment, particularly while they are still growing.
00:03:23	Other issues
	In the teenage age group, we also see body image issues and disordered eating. These are normal adolescent issues that are faced by the general population, but in addition to this, we have the concerns with their longer-term late effects of treatment and chronic disease. In this age group, any unexplained weight loss or extreme dieting, are a great concern. A referral to an adolescent medical unit is definitely recommended where an eating disorder is suspected.
00:03:54	Inactivity
	Inactivity is commonly seen in children after cancer treatment, and this is often due to inactivity on treatment, and concerns around exercise tolerance once they finish treatment. Inactivity can contribute to obesity, fatigue, poor sleeping habits and low mood, which is seen by many children in the Late Effects program. We recommend a minimum of 4 x 30 minute sessions of physical activity over the week, for every child.
00:04:25	The role of the Dietician in LTF Clinic
	The dietician in the Long Term Follow-up clinic has a number of roles, and these include: <ul style="list-style-type: none"> • assessment of growth and dietary intake; • identifying nutritional issues; and • education to patients and their families around these issues. Educating medical nursing and Allied Health staff is also important to give them a greater understanding of the nutrition issues in patients who have undergone treatment for a variety of cancers.
00:04:52	Thank you for listening.
END OF TRANSCRIPT	

Disclaimer: The information in this video is considered to be true and correct at the date of publication, however, changes in circumstances after the time of publication may impact on the accuracy of this information. The video is not intended to replace clinical judgement.

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The video is available at <https://pics.org.au/health-professionals/professional-development/elearning/late-complications/>

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