Specialist dietetic input prevents further weight loss for patients requiring regular paracentesis

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Background
80-100% of patients with decompensated cirrhosis are malnourished(1).
This is exacerbated by early satiety caused by large volume ascites(2).
Weight loss can be overlooked in ascitic patients due to fluid overload(3).

Aim
To evaluate whether specialist face to face dietitian assessment at time of paracentesis results in improvements to nutritional status.

Methods
• Anthropometric data and daily caloric intake were gathered from 7 patients who had received therapeutic paracentesis as an outpatient at initial dietetic assessment and at 3 months.
• Qualitative feedback was gathered from 8 patients to determine preferences for dietetic input.

Results
Table 1: Mean results and range (min-max) for anthropometric measurements and nutritional parameters (n=7)

<table>
<thead>
<tr>
<th></th>
<th>Initial assessment</th>
<th>3 month assessment</th>
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<tbody>
<tr>
<td>Actual weight (kg)</td>
<td>71.9</td>
<td>68.2</td>
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<tr>
<td>(44 to 98.9)</td>
<td>(48 to 95)</td>
<td></td>
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<tr>
<td>Estimated dry weight (kg)</td>
<td>59.4</td>
<td>60.1</td>
</tr>
<tr>
<td>(37 to 84)</td>
<td>(45 to 80)</td>
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<tr>
<td>BMI (kg/m2)</td>
<td>21.3</td>
<td>21.5</td>
</tr>
<tr>
<td>(13.1 to 29.4)</td>
<td>(15.9 to 25.4)</td>
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<tr>
<td>Change in weight over approximately 3 months (%)</td>
<td>-18</td>
<td>+3</td>
</tr>
<tr>
<td>(30 to -7)</td>
<td>(-13 to +21)</td>
<td></td>
</tr>
<tr>
<td>Mid arm circumference (MAC) (cm)</td>
<td>24.9</td>
<td>25</td>
</tr>
<tr>
<td>(15.5 to 29.8)</td>
<td>(18 to 29.2)</td>
<td></td>
</tr>
<tr>
<td>MAC 5&lt;sup&gt;th&lt;/sup&gt; centile (%)</td>
<td>57</td>
<td>57</td>
</tr>
<tr>
<td>Patients meeting ≥100% of nutritional requirements (%)</td>
<td>0</td>
<td>57</td>
</tr>
<tr>
<td>Calories prescribed (kcal/day)</td>
<td>1174</td>
<td>1340</td>
</tr>
</tbody>
</table>

Figure 1: Estimated caloric intake (kcal/day) (n=7)

• Mean anthropometric measurements were similar at baseline assessment and 3 months. (Table 1)
• Nasogastric feeding was commenced for 1 patient at assessment and declined by 2 patients during the 3-month period.
• Mean estimated dry weight stabilised by 3 months. (Table 1)
• Daily caloric intake increased almost threefold after 3 months of dietetic input. (Figure 1)

Qualitative Feedback
Qualitative feedback indicated that face to face dietetic input was valued by patients. (Figure 2-5)

Figure 2: How helpful is it seeing a dietitian? (n=8)

Figure 3: Preferred mode of contact? (n=8)

Figure 4: How important is it you see the same dietitian? (n=8)

Figure 5: Patient feedback

“Handy being seen while already there, saves a separate appointment”
“Regular appts with someone for support make it easier to keep up to date/right”
“Get choice of supplements & questions answered”

Conclusion
• In-person specialist dietetic input was well received by patients, with the majority valuing continuity of care.
• Nutritional status stabilised and caloric intake improved indicating the benefit of dietetic input.
• Face-to-face specialist dietetic assessment should be provided to all patients requiring paracentesis at the earliest opportunity to prevent further weight loss.
• This should be done at the time of paracentesis to reduce appointment burden.

References: