

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

Lia Garden, Dietetics Service, Royal Infirmary of Edinburgh, Edinburgh, UK.

## 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

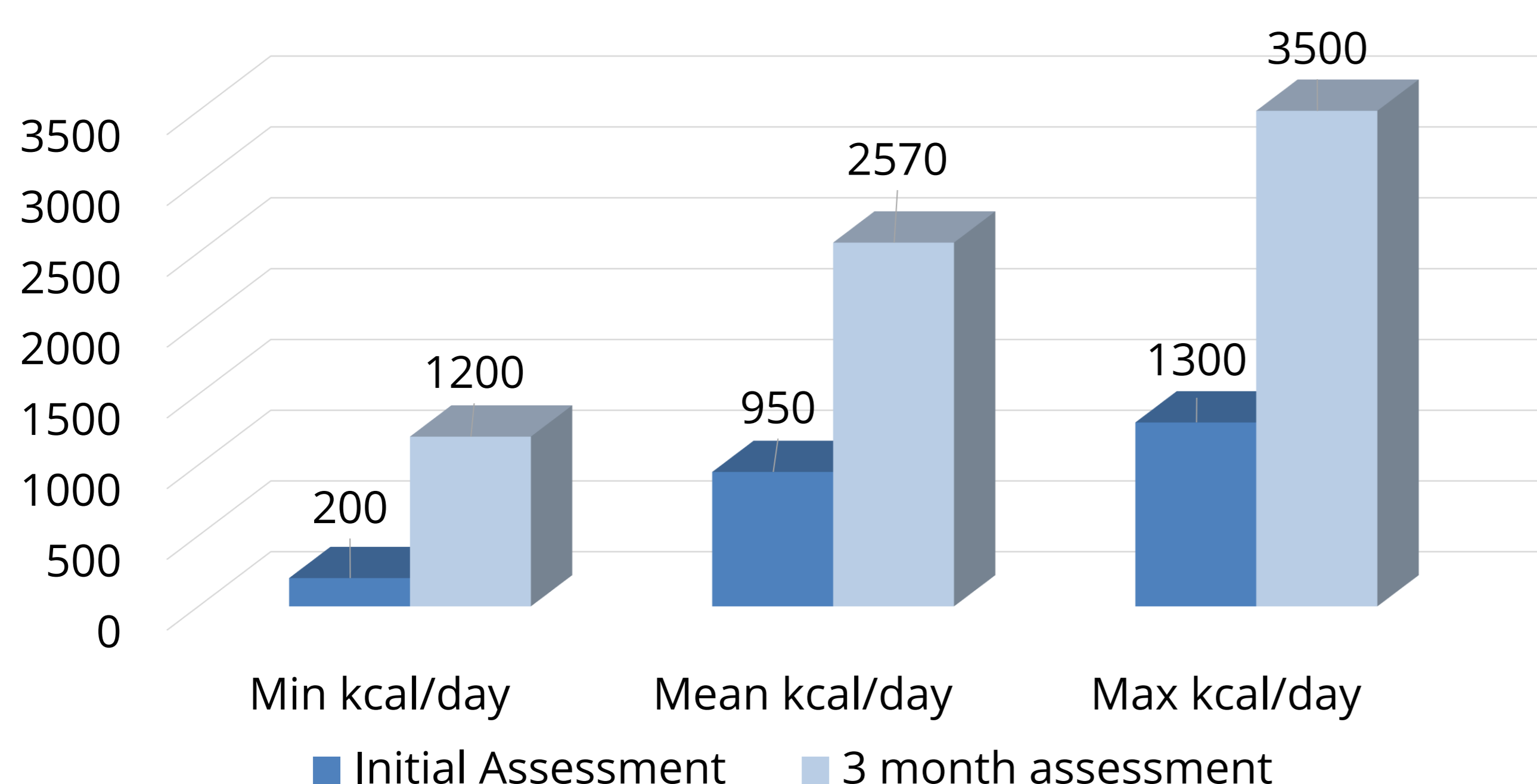
- Anthropometric data and daily caloric intake were gathered from 7 patients who had received therapeutic paracentesis as an outpatient at initial dietetic assessment and at 3 months.
- Qualitative feedback was gathered from 8 patients to determine preferences for dietetic input.

## Results

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

	Initial assessment	3 month assessment
Actual weight (kg)	71.9 (44 to 98.9)	68.2 (48 to 95)
Estimated dry weight (kg)	59.4 (37 to 84)	60.1 (45 to 80)
BMI (kg/m <sup>2</sup> )	21.3 (13.1 to 29.4)	21.5 (15.9 to 25.4)
Change in weight over approximately 3 months (%)	-18 (-30 to -7)	+3 (-13 to +21)
Mid arm circumference (MAC) (cm)	24.9 (15.5 to 29.8)	25 (18 to 29.2)
MAC <5 <sup>th</sup> centile (%)	57	57
Patients meeting ≥100% of nutritional requirements (%)	0	57
Calories prescribed (kcal/day)	1174	1340

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



## Results

- 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)

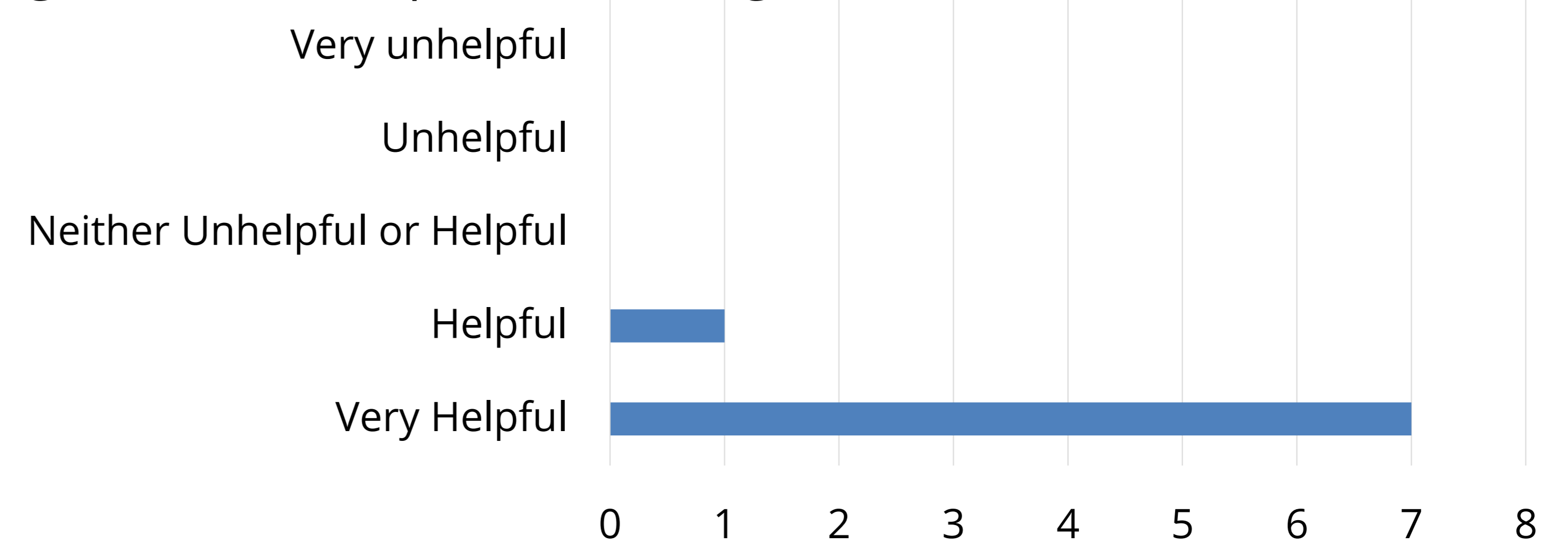


Figure 3: Preferred mode of contact? (n=8)

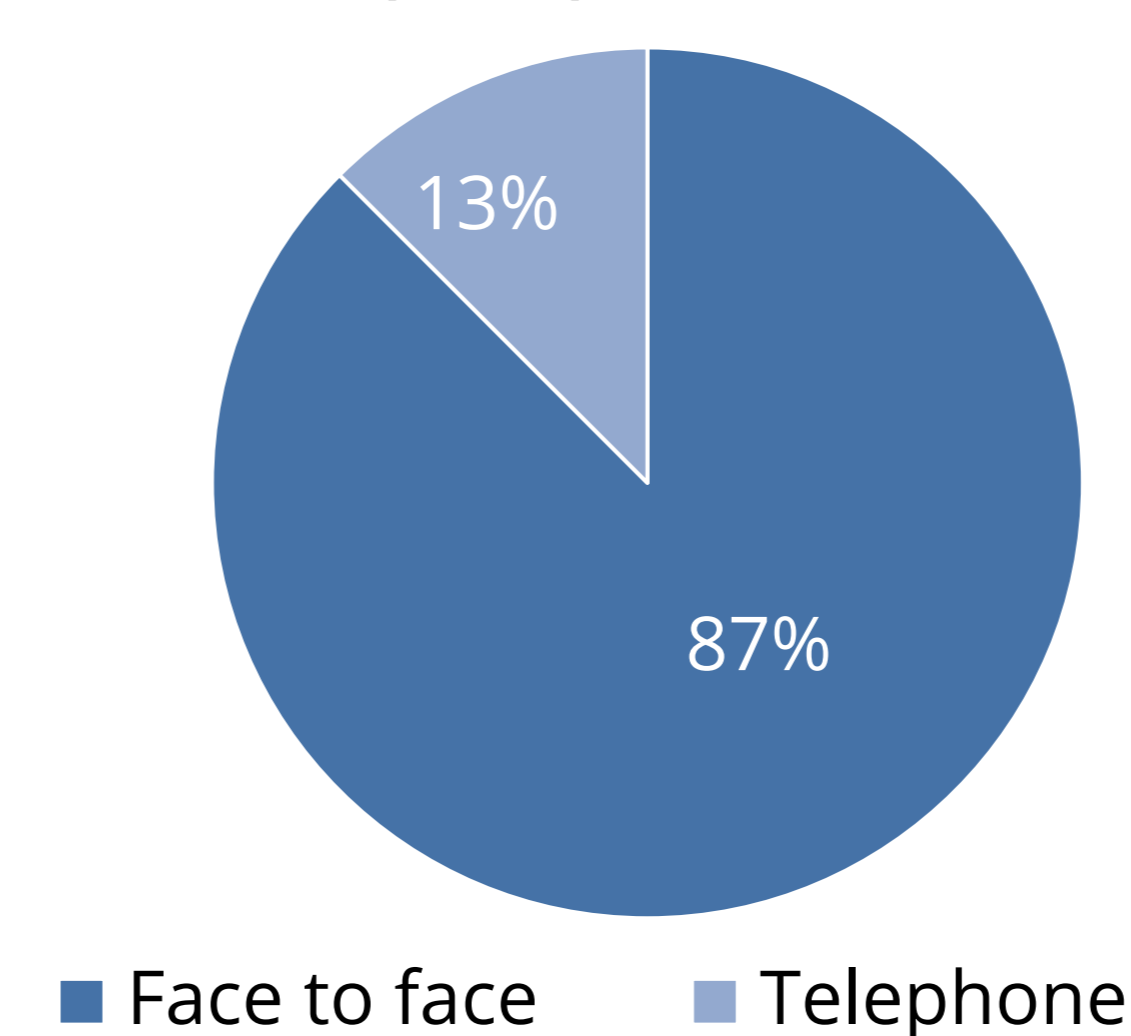


Figure 4: How important is it you see the same dietitian? (n=8)

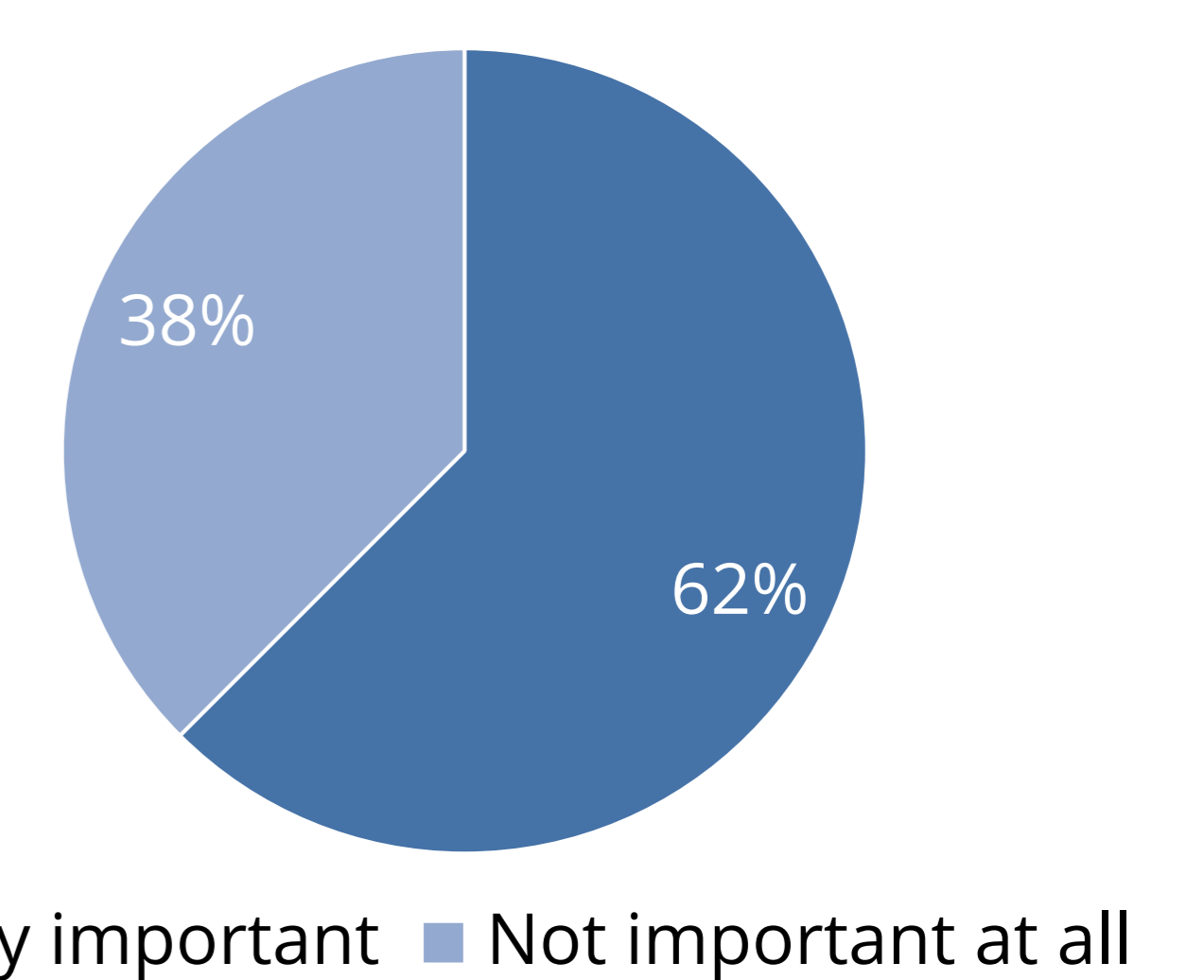


Figure 5: Patient feedback



## 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:

1. Kearney O, Wild D. Liver disease and nutrition support in adults. In: Todorovic V E, Mafri B, Eds. A Pocket Guide to Clinical Nutrition, 5th edn. United Kingdom: British Dietetic Association, 2018: 15.1 - 15.14.
2. Chapman B, Sinclair M, Gow P et al. Malnutrition in cirrhosis: More food for thought. World J Hepatol 2020; 12(11): 883-896
3. Moctezuma-Velazquez C, Garcia-Juarez I, Soto-Solis R et al. Nutritional assessment and treatment of patients with liver cirrhosis. Nutrition, 2013; 29(11-2): 1279-1285