

Preventing Weight Loss in HD Patients

Maintaining weight in HD patients has been shown to reduce some symptoms and avert Malnutrition. Identifying the need for more calories is critical to the patient's overall well being. Weight loss can occur for four reasons: dysfunction in cell metabolism (how the cell burns energy), increased use of calories due to involuntary movements, abnormal food-related behaviors which result from the cognitive and psychological changes that occur as the disease progresses, and social factors, such as inadequate access to high-quality foods or lack of understanding of appropriate nutrition. Weight loss can be addressed by determining the underlying causes (physical and /or psychological) and then developing a plan that is consistent with the patient's food preferences and functional ability.

Weight loss is caused by both physical and psychological dysfunctions. At the cellular level, HD causes cellular dysfunction that results in the inability to use calories efficiently. To make this inefficiency worse, a large number of calories are burned through the involuntary movements of chorea. An altered psychological condition, reduced chewing and swallowing ability (dysphagia), gagging, coughing and drooling also interfere with the normal intake of food. Combined, these symptoms can first lead to loss of fat and then to loss of lean muscle mass, which the body is usually unable to replace. A diagnosis of HD dictates achieving adequate body weight as soon as is feasible. In HD, adequate weight is a protective 10-20 pounds above ideal weight.

Food problems may be a result of psychological manifestations, emotional changes depression, obsessive or a shortened attention span that renders that themselves cause loss of appetite, dysphagia or constipation and should be reviewed regularly with the doctor.

What To Do

Any consistent loss of weight should be met with an increase in calories. An increase in random movements (rate, frequency or duration) also indicates a need for more calories. In person with HD, weight can drop so quickly that additional increments of 500 to 1,000 calories a day may be required. Declining weight or food intake is a red flag for a change in menu, texture or independence in eating. Weight can be increased by adding calories to well tolerated foods and by accommodating food preferences.

Summary

Detecting the need for more calories or more liquids involves three steps:

1. Looking at the patient
2. Listening to the patient
3. Watching what and how the patient eats

Look At The Patient

Weight loss is visible and measurable
Dehydration has telltale signs. To avoid these problems:

- Weigh patients weekly on the same scale in the same clothes.
- Note changes in the way clothing fits.
- Check for dry and scaly skin (dehydration).
- Watch for dark or limited urine and constipation (dehydration).

Listen To The Patient

Watch for complaints/expressions of hunger and thirst, including:

- Indications of emptiness, discomfort or hunger despite adequate food intake.
- Diarrhea
- Scraping an empty plate or opening mouth to be fed.
- Increased agitation

Watch What/How The Patient Eats

Behavioral changes that limit food intake are among the most common reasons for weight loss.

- Refusing to eat/Skipping Meals
- Refusing particular foods or textures
- Irrational food cravings/Aversions
- Preferences for one or two foods only
- Demand for regular texture food despite risk of choking
- Self-isolation/Sleeping through meals
- Staring at food/Playing with food

- Respect food requests and serve historically favorite foods
- Observe plate waste and order of consumption to identify favorite foods
- Watch facial expressions to identify preferences
- Serve favorite flavors, such as a sauce or seasoning, on multiple foods
- Serve food so that it is comfortably warmer or cooler than the inside of the mouth
- Alter texture of preferred foods to reduce coughing or gagging
- Serve foods that hold its shape in the mouth
- Form altered textured food into shapes such as croquettes, patties or pancakes.

About The Author

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