Optimal Frequency of Individualised Nutrition Counselling in patients with Head and Neck Cancer receiving treatment

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Patients undergoing Head and Neck Cancer (HNC) treatment had better clinical outcomes with more frequent Individualised nutrition counselling:

The optimal frequency of individualised nutrition counselling (INC) was weekly throughout treatment and fortnightly post-treatment for up to 6 weeks, or as clinically indicated. Improvements were seen in nutritional status (PG-SGA score), quality of life, treatment interruptions, unplanned hospital admissions and morbidity compared to control groups who received less frequent counselling.

A systematic review was conducted in April 2020:

The aim was to investigate the optimal frequency of INC pre-, peri- and post-treatment for patients with HNC. The authors hypothesized that more frequent counselling in line with current guidelines would produce the most beneficial clinical outcomes for patients.

Four Randomised Controlled Trials (RTCs) (n=500), published in five manuscripts were included:

Three RTC’s delivered INC weekly and one RCT delivered INC fortnightly throughout treatment. Two RCT’s delivered fortnightly INC post-treatment, two RCT’s did not offer post-treatment INC, and nil offered INC pre-treatment.

Compared to control groups, patients receiving weekly INC during treatment (three RTC’s) and fortnightly post-treatment (two RTC’s) demonstrated positive consistent findings for nutritional status, quality of life, treatment interruptions, unplanned hospital admissions and morbidity.

A more frequent individualised nutrition counselling demonstrated greater clinical outcomes:

This systematic review produced beneficial clinical outcomes with similar frequencies outlined in current guidelines:

- Weekly individualised nutrition counselling throughout treatment cycle
- Fortnightly individualised nutrition counselling post-treatment for 6-weeks and up to 6-months where clinically indicated
- Pre-treatment individualised nutrition counselling should be a focus of future research to develop new models of care

References:

1. GRADEpro GDT: GRADEpro Guideline Development Tool [computer program]. McMaster University; 2015.