

Nutrition in Children with Cancer

Many **pediatric cancer patients** have no **STRONG** nutritional problems during **cancer treatment**: they are able to eat enough to have the strength and energy to enjoy their normal level of activity. However, some patients lose weight, grow more slowly than their healthy friends, often feel tired or irritable, and get infections easily. All of these symptoms are at least partially due to **poor nutrition**. Patients' inability to get enough **nourishment** can be due to the **cancer**, its type or location, as well as to the mode, frequency, and duration of its treatment. Some patients actually gain weight during therapy.

The **goals of nutrition care for pediatric cancer patients** are to help achieve normal growth and weight gain, continue normal activities, and prevent problems. Meeting **nutrition goals for children with cancer** can be difficult - there are many different types of and reasons for **nutrition-associated problems**.

- Children who have **tumors of the digestive tract**, mouth, stomach, intestines are especially at risk of not getting enough nutrients.
- Treatments like **chemotherapy**, **radiation**, or **surgery** can cause nausea, vomiting, diarrhea or constipation, and poor appetite.
- Other side effects of **chemotherapy** include chewing and swallowing problems when the mouth, throat, or esophagus become too dry or sore.
- In addition, the child's sense of taste may change so that he/she no longer likes favorite foods.
- **Radiation** to the digestive tract can make it sore or keep it from working as well as it should.
- Sometimes after patients are not allowed to eat for several days (as may be needed before or after surgery), they lose their interest in food.
- Patients who are tired, in discomfort or pain, stressed (for example, because of family troubles), or depressed about their condition may have poor appetites.

So how can you help make sure that **children with cancer** get **proper nutrition**?

- Being flexible is the key, because of the many types and causes of **nutrition-related problems**.
- Also, the "nutrition picture" can change often and rapidly. For example, **cancer patients** tend to eat poorly during treatment cycles but well between cycles. Encourage these children to eat extra when they feel well.

Sometimes the patient is simply too sick to eat or drink much.

- At these times, regularly offering favorite or easily tolerated food and drink can be helpful.
- Remind patients when it's time to eat, but don't push them.
- Try to get the foods they ask for. One rule of thumb, though: if you can't get the requested food within about an hour, don't spend time trying. Usually after this period,

the child doesn't want it any longer. It will soon be time for the next meal or snack, so you'll have another chance to see if they'll eat.

- It is best not to force eating - especially in young children, who tend to do the opposite of what you want anyway!
- The reasons behind the need for **good nutrition** can be explained to older children and teenagers. They are then better able to take part in the steps that are required to keep their nutritional level as high as possible.

Here are some basic guidelines for encouraging the patient with a **poor appetite** to eat adequately:

- Eat six times a day: three meals and three snacks.
- Try to finish what you start eating.
- "Power pack" the food so that each bite counts by adding extra margarine, cheese, gravy, or sauce to foods. Offer the high fat version of a food like fried chicken instead of baked.
- Follow the guidelines of [Dietary Guidelines for Americans](#) by choosing a variety of foods from all food groups.

Often **nutritional supplements** can be helpful when food is refused.

- These are usually beverages, and they come in a variety of flavors. Supplements are "nutrient-dense": they provide a lot of **nutrients** in a small amount. Because of this, they can be used as a meal replacement. Try substituting supplements for sodas and Kool-Aid if a patient needs to take in more nutrients. Supplements are available over the counter in grocery and drug stores.

But be sure to let the child's physician, nurse, or dietitian know when **poor eating** continues for more than two or three days so that alternate plans can be made before malnutrition sets in.

Some children gain too much weight during **cancer treatment**.

- Increased inactivity is one factor, perhaps because there's less opportunity for exercise or because the patient doesn't feel up to it.
- Some medications used during cancer treatment (for example, steroids) can lead to weight gain. Steroids increase the appetite and cause the body to make fat instead of muscle and to retain water.
- Some patients just eat too many high-calorie, high-fat foods.

Finally, remember that eating is about more than just **nutrition**. It is a bonding interaction that is important to the family. Continue the family meal habits that were present prior to the illness. For example, continue to have "Sunday dinner" if that has been a family tradition. Set a place at the table and have the child sit with the family for meals, even though he/she may eat something different or decide not to eat at that time.