

# The Role Of The Dietitian In NEN Management



TARA WHYAND MSC, BSC, DIETITIAN

# RAISING AWARENESS

- What is a Dietitian?
- What can a Dietitian help with when someone is diagnosed with a NEN?

# WHAT IS A DIETITIAN?

- Dietitians undergo several years of intense university study and practical assessments, to assess, diagnose and treat diet and nutrition problems
- Uniquely, dietitians use the most up-to-date public health and scientific research on food, health and disease, which they translate into practical guidance to enable people to make appropriate lifestyle and food choices

# DIETITIANS IN NEN MANAGEMENT

- Dietitians have a role in helping every person with a NEN diagnosis
- Every patient requires access to dietary expertise



WHAT CAN A DIETITIAN HELP WITH?

# WEIGHT MANAGEMENT

- Aiming for a healthy weight range for height
- Living with a NEN as a chronic disease-co-morbidities
- Healthy body mass index (BMI- vary by country)
- If losing weight important to help stabilise it
- Muscle mass important
- Becoming underweight may effect immunity, mobility and tolerance of treatment
- Effects of being overweight or obese in NENs?

# LOOSE STOOLS

- Multiple causes and therefore multiple types
- Can co-exist

# PANCREATIC EXOCRINE INSUFFICIENCY (PEI)

- Pancreas effected by surgery and some treatments
- Use of pancreatic enzyme replacement therapy (PERT)
- Management of barriers to using PERT



# BILE ACID MALABSORPTION (BAM)

- **Type I:** this is when there is a problem in the part of the small intestine (ileum) where re-absorption takes place. Causes include inflammation or removal of the ileum, due to Crohn's disease or cancer
- **Type II:** this is when no definitive cause can be found and is known as primary bile acid malabsorption
- **Type III:** this can result from other diseases or conditions within the abdomen such as gallbladder removal, coeliac disease, chronic pancreatitis, radiotherapy or small intestinal bacteria overgrowth (SIBO)

# BILE ACID MALABSORPTION (BAM)

- Treatment with bile acid sequestrants
- Low fat diet also a possibility in some patients
- Monitoring of fat soluble vitamins
- Treat some of the causes

# SMALL INTESTINAL BACTERIAL OVERGROWTH (SIBO)

- Methane exhalers and constipation
- Hydrogen exhalers and diarrhoea
- No proven dietary interventions yet
- Probiotics, low FODMAP diets and meal gaps
- Fecal transplants unlikely to work long term
- Monitoring of vitamins and minerals

# SYNDROMIC DIARRHOEA

- Food triggers and carcinoid syndrome
- Use of food and symptom diaries
- Ensuring dietary adequacy and only excluding known triggers
- Fluid and electrolyte replacement

# CONSTIPATION

- Common side effect of some treatments
- Assessment of fibre, fluid and exercise levels
- SIBO possible ?
- Dietary manipulation and supplements

# VITAMIN AND MINERAL MONITORING

- Deficiencies due to treatment eg those causing PEI, intestinal surgery
- Deficiencies caused by the tumour itself eg Niacin
- Assessing who requires vitamin and mineral blood tests

# OTHER NUTRITIONAL PROBLEMS

- Stoma management
- Intestinal obstructions
- Short bowel
- Acid reflux
- Pre and post surgical diets
- Chyle leaks
- Diabetes and blood sugar control
- Refeeding syndrome
- Neutropenic diets
- Food intolerances and co-existing diseases/conditions

THANK YOU FOR LISTENING

**AND ON A MORE SERIOUS NOTE:**

**ALWAYS REMEMBER TO WEAR YOUR MASK CORRECTLY!**

