



Nutrition and Diet During Oropharyngeal Cancer Treatment: Maintaining Wellness

Jonathan Wang*

School of Medicine, The University of Queensland, St Lucia, Brisbane, QLD 4029, Australia

Introduction

During oropharyngeal cancer treatment, maintaining proper nutrition and a well-balanced diet is crucial to support the body's ability to heal and cope with the effects of therapy. However, the treatments themselves, such as surgery, radiation, and chemotherapy, can significantly impact a patient's ability to eat and maintain adequate nutrition [1].

Swallowing Difficulties: One of the primary challenges during treatment is dysphagia, which makes it hard to swallow. This can lead to weight loss, malnutrition, and dehydration due to reduced food and fluid intake [2].

Alterations in Taste: Changes in taste perception, often caused by radiation therapy, can lead to aversions to certain foods, affecting a patient's dietary preferences and intake. **Nutritional Requirements:** Despite these challenges, maintaining adequate nutrition is essential to support the body's healing process and overall wellness. Increased protein and calorie intake may be necessary to combat weight loss and support the immune system [3].

Texture-Modified Diets: To accommodate swallowing difficulties, healthcare professionals often recommend texture-modified diets, which involve altering the consistency of foods to make them easier to swallow [4].

Nutritional Supplements: In cases where it's challenging to meet nutritional needs through regular food intake, supplements like high-calorie drinks or tube feeding might be recommended to ensure adequate nutrition [5].

Hydration: Maintaining hydration is crucial. Patients are encouraged to drink fluids, and strategies like frequent small sips or using a straw may help those with swallowing difficulties. **Foods to Emphasize:** Soft, moist, and easy-to-swallow foods like yogurt, pureed fruits, soups, and smoothies can be beneficial. Additionally, focusing on nutrient-dense foods like lean proteins, fruits, vegetables, and healthy fats is important [6].

Avoiding Irritants: During treatment, avoiding spicy, acidic, or rough-textured foods that may irritate the throat can help alleviate discomfort. **Regular Monitoring:** Close monitoring of weight and nutritional status by healthcare professionals is essential to intervene promptly if malnutrition or dehydration becomes a concern [7].

Individualized Nutrition Plans: Dietitians and nutritionists play a vital role in creating personalized nutrition plans tailored to the specific needs and challenges of each patient undergoing oropharyngeal cancer treatment [8].

Patient Education: Educating patients and caregivers about the importance of nutrition, providing guidance on meal planning, and offering support to navigate dietary challenges are crucial aspects of comprehensive care [9, 10].

Conclusion

Maintaining adequate nutrition and a balanced diet during oropharyngeal cancer treatment is pivotal for supporting the body's ability to heal and cope with the side effects of therapy. Collaborative efforts between healthcare professionals, including

*Corresponding author: Wang J, School of Medicine. E-mail: wangonathan@bigpond.net.au

Received: 29-Dec-2023, Manuscript No. jorl-23- 123766; Editor assigned: 01-Jan-2024, Pre QC No. jorl-23- 123766 (PQ); Reviewed: 15-Jan-2024, QC No. jorl-23- 123766; Revised: 20-Jan-2024, Manuscript No. jorl-23- 123766 (R); Published: 27-Jan-2024, DOI: 10.35841/2250-0359.14.1.370

dietitians, and patient education are essential in devising individualized nutrition plans that address the unique challenges faced during treatment. Prioritizing nutritional wellness can significantly impact a patient's overall health and quality of life during their cancer journey.

References

1. Johnson IT. Understanding the association between diet and nutrition in upper gastrointestinal cancer. *Expert Review of Gastroenterology & Hepatology*. 2015;9(11):1347-9.
2. Lee S, Jang J, Abe SK, et al. Association between body mass index and oesophageal cancer mortality: a pooled analysis of prospective cohort studies with > 800 000 individuals in the Asia Cohort Consortium. *International Journal of Epidemiology*. 2022; 51(4):1190-203.
3. Mazurek M, Mlak R, Kot A, et al. Does Human Papillomavirus Infection Influence the Frequency and Severity of Nutritional Disorders in Head and Neck Cancer?. *Nutrients*. 2022;14(21):4528.
4. Petkar I, Rooney K, Roe JW, et al. DARS: a phase III randomised multicentre study of dysphagia-optimised intensity-modulated radiotherapy (Do-IMRT) versus standard intensity-modulated radiotherapy (S-IMRT) in head and neck cancer. *BMC cancer*. 2016;16:1-0.
5. Yang H, Zhang S, Yan H, et al. Fresh fruit consumption may decrease the long-term risk of esophageal cancer mortality: A 30-year follow-up study in the Linxian Dysplasia Nutrition Intervention trial (NIT). *Thoracic cancer*. 2020;11(7):1918-26.
6. Ferndale L, Aldous C, Hift R, et al. Gender differences in oesophageal squamous cell carcinoma in a South African Tertiary Hospital. *International Journal of Environmental Research and Public Health*. 2020;17(19):7086.
7. Brown T, Banks M, Hughes BG, et al. Tube feeding during treatment for head and neck cancer—Adherence and patient reported barriers. *Oral oncology*. 2017;72:140-9.
8. Taniguchi H, Matsuo K, Nakagawa K, et al. Decline in tongue pressure during perioperative period in cancer patients without oral feeding. *Clinical nutrition ESPEN*. 2019;29:183-8.
9. De Virgilio A, Costantino A, Rizzo D, et al. Do we have enough evidence to specifically recommend transoral robotic surgery in HPV-Driven oropharyngeal cancer? A systematic review. *Pathogens*. 2023;12(2):160.
10. Shaw SM, Flowers H, O'Sullivan B, et al. The effect of prophylactic percutaneous endoscopic gastrostomy (PEG) tube placement on swallowing and swallow-related outcomes in patients undergoing radiotherapy for head and neck cancer: a systematic review. *Dysphagia*. 2015;30:152-75.