Eating As Treatment:

Eating as treatment (EAT): Improving treatment outcomes for head and neck cancer patients undergoing radiotherapy

BACKGROUND

- Common, relatively high mortality rate

- Malnutrition occurs in up to 80%

- Risk Factors – smoking, alcohol, HPV.

- Demographics – male, over 50
STUDY ORIGINS

Heads Up

Radiotherapy Nutrition Project

Motivational Interviewing + CBT
**METHOD: STUDY DESIGN**

Stepped Wedge

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<th>Initiation</th>
<th>Step 1</th>
<th>Step 2</th>
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METHOD

Evidence-based practice guidelines for the nutritional management of adult patients with head and neck cancer
METHOD: TRAINING

- **Initial Learning:**
  - Workshop

- **Integration into Practice**
  - Shadowing

- **Ongoing Implementation**
  - Supervision and coaching
  - Booster
  - Practice Change Strategies
METHOD: PRACTICE CHANGE

Executive support
Tools & resources
Systems & prompts
Performance audit & feedback
Training
Academic detailing
PROMPTS

PRINCIPLES OF BEHAVIOUR CHANGE
People are more likely to carry out a particular behaviour if:
1. they argue for the behaviour themselves
2. it is part of a concrete plan they devise themselves
3. it is recorded externally
4. they feel it is important, achievable and is being monitored

EAT TO LIVE
LIVING
Why are you having radiotherapy?

INVITE
I wonder if I can tell you something about malnutrition during treatment?

VARIANCE
I’m puzzled by the difference between what you want and what you are currently doing with your nutrition

ELICIT
What’s the next step?

Nutrition Plan by:

For the week beginning [date]

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Name: ____________________

Signed: ____________________

Dieter’s Name: ____________________

Signed: ____________________

[Logo and text of institutions]
MEASURES

Primary outcome:
• Nutrition - PG-SGA

Secondary outcomes:
• Intervention fidelity - Study specific checklist, BECCI.
• Best practice guideline adherence - % delivered
RESULTS

307 patients (July 2013 to Jan 2016)

Age 58, (18-81)

21% women

13% (40) smoked
34% (94) CO confirmed

31% hazardous drinking
RESULTS

- Oropharynx: 171
- Oral Cavity: 66
- Larynx: 29
- Hypopharynx: 11
- Unknown Primary: 7
- Nasopharynx: 23

- Stage I: 4%
- Stage II: 13%
- Stage III: 18%
- Stage IV: 65%

Radiotherapy Nutrition Project
RESULTS: Primary Outcome

PG-SGA

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<th>Last Week</th>
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RESULTS: EAT to Live

Increased application of EAT to Live Conversation
RESULTS: Nutrition Planner

Increased use and review of written nutrition planner
RESULTS: BECCI

Increased application of BCC
From between ‘minimally’ and ‘to some extent’ to between ‘some extent’ and a ‘good deal’
RESULTS: Guideline Adherence

Guideline recommendations

- Dietitian contact weekly (during RT)
- Dietitian contact fortnightly (post RT)
- Monitor weight, intake & nutritional status
RESULTS: Guideline Adherence

Guideline recommendations

- Nutritional assessment (PGSGA)
- Distress screening (PHQ-2)
- Distress referral (as necessary)
CONCLUSIONS

✓ Improved nutrition

✓ Sustained behaviour change in routine clinical consultations

✓ Improved adherence to best practice guidelines

Ben.Britton@hnehealth.nsw.gov.au  Kristen.McCarter@newcastle.edu.au

@MccarterKristen
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• Princess Alexandra Hospital