

Understanding the roles of a dietitian delivering a nutrition intervention delivered using telehealth in upper gastrointestinal cancer

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INTRODUCTION

- Patients with upper gastrointestinal (UGI) cancer are at increased risk of malnutrition [1].
- Almost half of patients with cancer who are referred to see a dietitian should have been referred sooner [2].
- Limitations to funding and resources to provide nutrition care to this population earlier and more frequently presents the need for novel solutions [1,3].
- The Telephone and Electronic Nutrition care Delivery (TEND) study [4] was a randomised controlled trial that explored the delivery of an 18-week nutrition intervention, delivered using telehealth to patients with UGI cancer, close to cancer diagnosis.
- Use of telehealth in the provision of dietetic care to this population is novel and it is important to understand how this impacts on the role of the dietitian to inform delivery of best practice care [5].
- The present study [5] aimed to investigate the patient-dietitian experience during the TEND study intervention, illuminating (1) roles of the dietitian, and (2) unmet needs of patients, in this context.

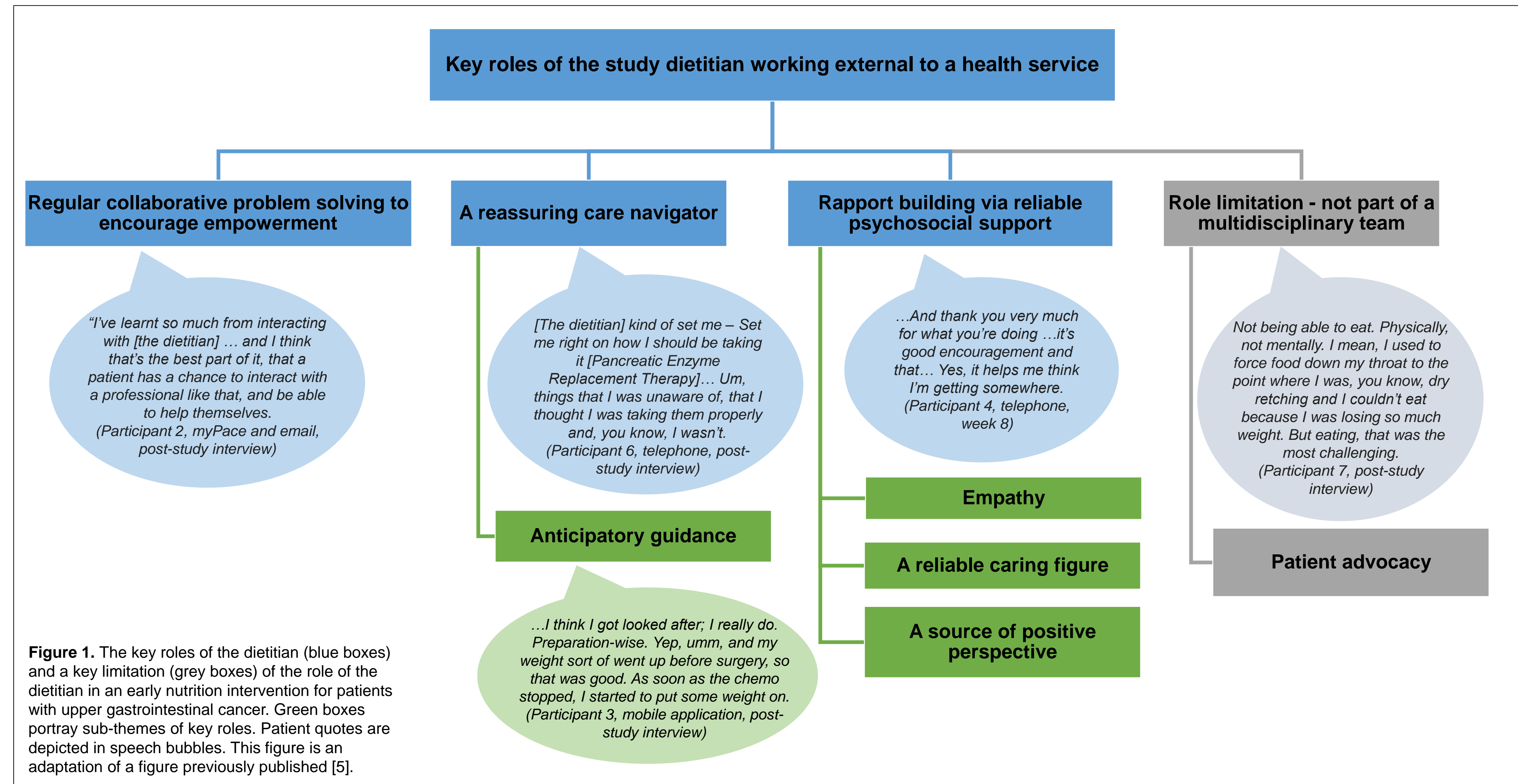
METHODS

- The TEND study has previously been described [4]:
 - Patients had recently diagnosed cancer of the pancreas, oesophagus or stomach.
 - Patients consulted with an experienced oncology dietitian via messages on a mobile application OR using the telephone across an 18-week period.
- This study used qualitative case study methodology to explore in-depth six patient's experiences of the TEND study intervention.
- Written and verbal dialogue between the patient and dietitian was coded, and codes were developed into themes.
- A coding framework was established during the coding process. 20 participants' post-intervention interviews were analysed using this framework to explore unmet needs of patients.

RESULTS

- 51 telephone conversations, 244 written messages, and four post-study interviews were analysed.
- Of the six patients, 50% were female. Gastric, pancreatic and oesophageal cancer were represented evenly.
- Four themes were established, describing three key roles of the dietitian, and one key limitation (Fig 1).

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CONCLUSION

- Regular collaborative problem solving, reassurance, anticipatory guidance and rapport building are key roles of a dietitian in the delivery of an 18-week telehealth intervention to patients with UGI cancer.
- Nutrition impact symptoms during UGI cancer and its treatment are debilitating and require both medical and nutritional strategies to manage effectively, proposing an Advanced Care Role for dietitians to be explored.

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