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Malnutrition and Pain: early management to improve QOL using Bioimpedance and Simultaneous care in Cancer Patients

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## **Conflict of Disclosure**

• None declared

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## Learning Objectives

- Malnutrition and pain are related in cancer patients.
- Anthropometric parameters must be recorded at the time of diagnosis.
- Bioimpedance measurement is a simple and unambiguous test to standardize parameters, especially phase angle, and monitor them over time.
- The early use of nutritional supports and some painkillers slows malnutrition and improves quality of life.

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### Malnutrition and Pain: early management to improve QOL using Bioimpedance and Simultaneous care in Cancer Patients

Malnutrition and pain worsen the quality of life of many cancer patients hospitalized and at home. In our clinical practice we measure malnutrition and sarcopenia at diagnosis.

We use food supplements and if there is dysphagia, thickened foods. In severe cases we use

enteral or parenteral nutrition to slow cachexia. These patients receive measurement of malnutrition, sarcopenia and pain at defined times, in hospital and at home.

Bioimpedance measurement and pain measurement provide therapeutic precision. In fact we have the phase angle cut off at 6 degrees and early pain management if NRS is less than 5.

At discharge, they turn to home care through the ROC system (Campania Oncology Network) for the

continuity of care. Hospital-territory networks are useful for integrated patient management.

Patients receiving simultaneous care between hospital and home care, improve PS and QOL and can face antineoplastic therapies with greater benefits and fewer adverse events.

This leads to a better outlook on survival but especially on QOL.

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# Bioimpedance measurement is a simple and reproducible test





Hospital and home care are involved to improve patient supportive care

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