

## Peran terapi medik gizi pada pasien tumor otak sekunder = The Role of medical nutritional therapy in secondary brain tumor patients

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### Abstrak

Tumor otak sekunder dapat menyebabkan masalah nutrisi. Manifestasi klinis penurunan selera makan, gangguan menelan, mual, muntah, hemiparesis, kejang, gangguan fungsional dan kognitif dapat menurunkan asupan makanan dan berat badan sehingga berisiko malnutrisi. Perubahan metabolisme makronutrien dan mikronutrien yang terjadi juga memengaruhi terjadinya malnutrisi. Tatalaksana terapi medik gizi yang diberikan bertujuan mempertahankan atau memperbaiki status gizi sehingga meningkatkan kualitas hidup dan memperlama harapan hidupnya. Terapi medik gizi yang sesuai rekomendasi European Society of Clinical Nutrition and Metabolism (ESPEN) adalah diet seimbang yang meliputi makronutrien, mikronutrien, nutrisi spesifik, dan edukasi. Pasien serial kasus ini adalah perempuan, berusia antara 48 sampai 59 tahun dengan diagnosis tumor otak sekunder. Tiga pasien memiliki tumor primer kanker payudara, sedangkan satu pasien dengan kanker endometrium. Skrining menggunakan malnutrition screening tool (MST) dilanjutkan asesmen gizi. Terapi medik gizi diberikan sesuai rekomendasi ESPEN dan toleransi pasien. Pemantauan gizi meliputi pemeriksaan fisik, antropometri, komposisi tubuh, kapasitas fungsional dan analisis asupan. Hasil menunjukkan semua pasien mencapai asupan makan sesuai target pemberian makronutrien, mikronutrien, dan nutrisi spesifik. Status gizi berhasil dipertahankan dengan tiga pasien mengalami peningkatan BB. Kapasitas fungsional keempat pasien menunjukkan perbaikan dengan menggunakan Karnofski dan Eastern Cooperative Oncology Group (ECOG). Pemeriksaan handgrip hanya dapat dilakukan pada 3 pasien menunjukkan perbaikan.

.....A secondary brain tumor may cause nutritional problems. Clinical manifestations such as decreased appetite, swallowing disorders, nausea, vomiting, hemiparesis, seizures, functional and cognitive disorders may reduce food intake and increase malnutrition. Also changes in metabolism can affect the malnutrition. The aim of the medical nutrition therapy to maintain nutritional status to improve the quality of life and life expectancy. Balance diet were recommended by European Society of Clinical Nutrition and Metabolism (ESPEN) includes macronutrients, micronutrients, specific nutrients with continuing nutrition education. Patients are females, aged 48 to 59 years, with secondary brain tumor. The primary tumor of three patients were breast cancer and one patient was endometrial cancer. Screening was done using the malnutrition screening tool (MST) and followed with nutritional assessment. Medical nutrition therapy were given based on ESPEN recommendations and patient tolerance. Nutrition monitoring includes physical examination, anthropometry, body composition, functional capacity and intake analysis. Patient's monitoring showed that all patients achieved their intake targets. The body weight of three patient increased showed that the nutrition status was maintained well enough. Patient's functional capacity were improved according to Karnofsky and Eastern Cooperative Oncology Group (ECOG). Handgrip examination were also improve when it was assesed on three patients.