

All or nothing: Return to regular diet is key to quality of life in head and neck cancer patients

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Background

Swallowing difficulty is a common side effect of head and neck cancer (HNC) treatment and can impact on quality of life (QOL).

Feeding tube dependence has previously been found to be related to reduced QOL and its removal is often a milestone in swallow rehab.

We investigated the association between feeding status and swallowing-related QOL of HNC patients

	n (%)
Gender	
Male	90 (63.4)
Female	52 (36.6)
Age	25 – 89 (median: 63.0)
Site of Disease	
Oral	62 (43.7)
Nasopharynx	52 (36.6)
Oropharynx	10 (7.0)
Larynx	17 (12.0)
Unknown primary	1 (0.7)
Treatment Received	
Surgery	28 (19.8)
(Chemo)radiotherapy	57 (40.1)
Both	57 (40.1)
T-stage	
T1	46 (32.4)
T2	37 (26.1)
T3	25 (17.6)
T4	26 (18.3)
Unknown	8 (5.6)
Years since last treatment	
< 1 year	23 (16.2)
1–5 years	75 (52.8)
5–10 years	19 (13.4)
> 10 years	25 (17.6)

Table 1:
Participant
Demographics

Methods

143 patients who finished HNC treatment completed the MD Anderson Dysphagia Inventory.

Functional feeding status was scored on the Functional Oral Intake Scale (FOIS).

Relationships between these measures and patient and disease factors were analysed.

QOL and treatment factors

Tumour site was associated with QOL ($F(3,137)=4.9$, $p=0.003$).

Patients who had nasopharyngeal cancer ($M=66.0\pm14.7$) had lower QOL than those who had oral ($M=74.3\pm15.4$, $p=0.02$) or laryngeal cancers ($M=80.1\pm13.1$, $p=0.007$).

Other patient and disease factors showed weak or no association with QOL.

QOL and swallowing function

Swallowing-related QOL was associated with diet types after controlling for tumour size and treatment type ($F(7,126)=12.50$, $p<0.01$).

Patients on feeding tubes (FOIS 1-3) had poorer swallowing-related QOL than those on a regular diet (FOIS 6-7).

Patients on modified oral diets (FOIS 4-5) did not present with significantly better swallowing-related QOL than those on tube feeding (FOIS 1-3).

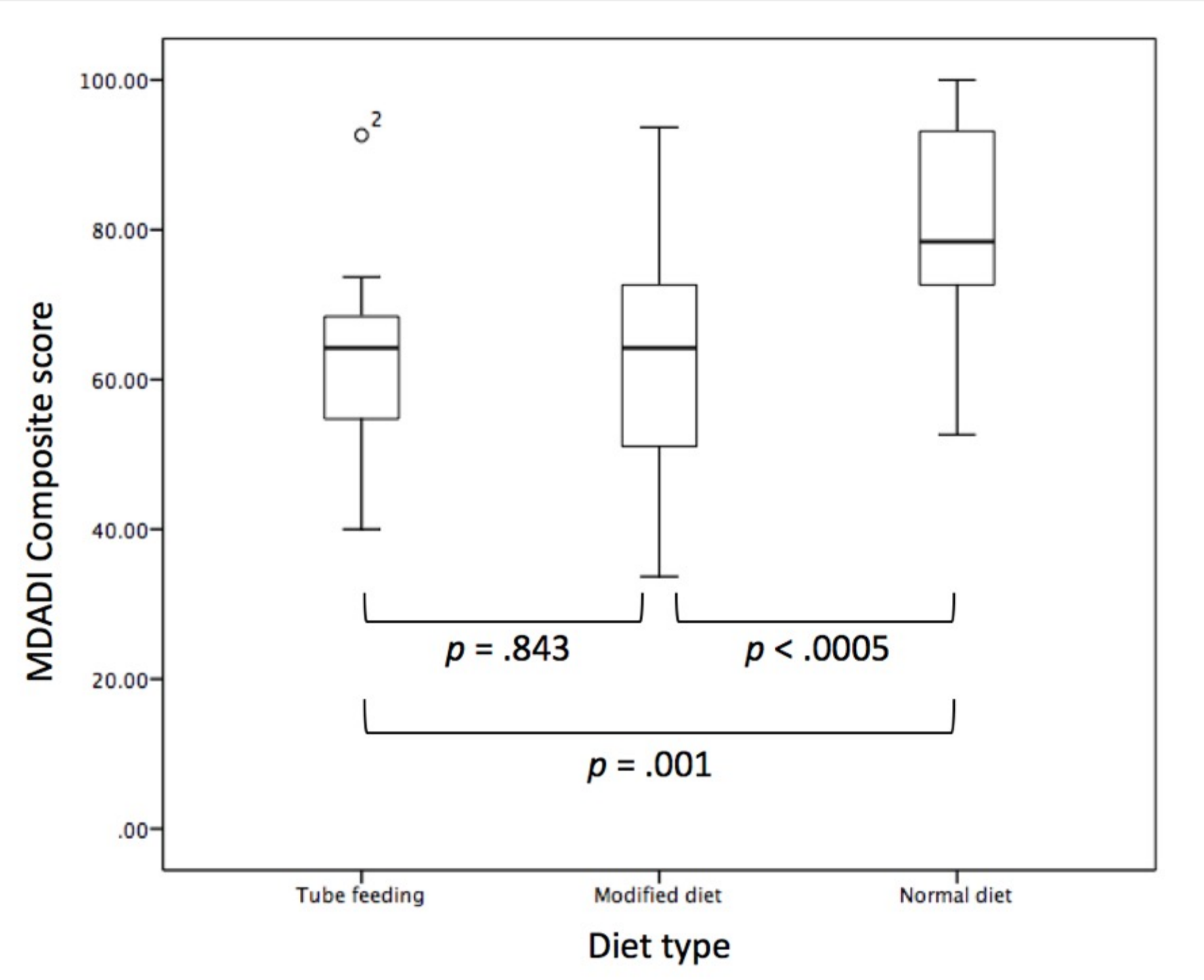


Figure 1: Distribution of MDADI scores (after controlling for tumour size and treatment type)

Conclusions

QOL was not different in tube-fed patients and those on modified textures, while patients on regular diet had much higher QOL.

We should aim to maximise swallow function beyond weaning off of feeding tubes, to manage regular textures.

Need to consider the psychosocial support for patients who cannot be rehabilitated back to regular diet textures.

There were differences in QOL in patients with tumours in different sites, approach to swallow rehab and support should be differentiated for HNC patients.