

# Parenteral ernæring

Sarkopeni hos cancerpatienter



# Kakeksi og sarkopeni ved cancer kendetegnes ved muskeltab<sup>1,2</sup>



Cancer er en **katabol lidelse**, der kan resultere i kakeksi. Det mest relevante kliniske kendetegn ved kakeksi er **muskeltab**<sup>2,3</sup>



**Kakeksi** ses hos **mere end 60%** af cancerpatienter **ved første onkologiske besøg**<sup>4</sup>



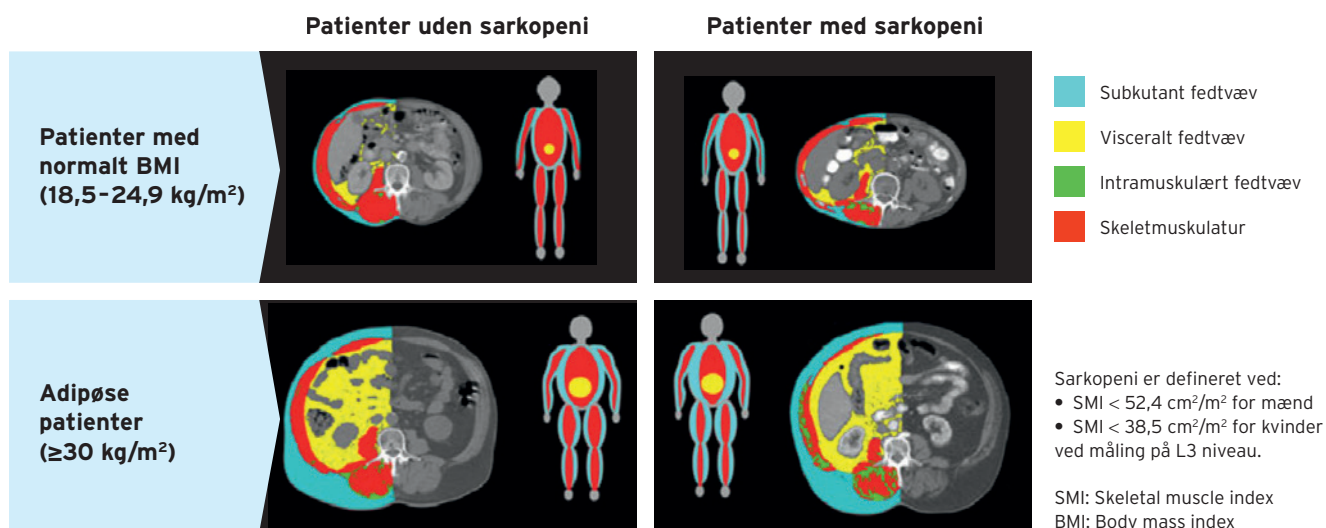
**Sarkopeni** karakteriseres ved **muskeltab og nedsat muskelstyrke** og ses hos **20-70%** af cancerpatienter<sup>3-10</sup>

## Kakeksi

- Defineres som multifactorielt syndrom med tab af muskelmasse (med eller uden tab af fedtmasse)<sup>11</sup>
- Diagnosticeres ved<sup>11</sup>
  - ufrivilligt væggtab på > 5% inden for 6 måneder *eller*
  - BMI < 20 og væggtab > 2% *eller*
  - Sarkopeni og væggtab > 2%

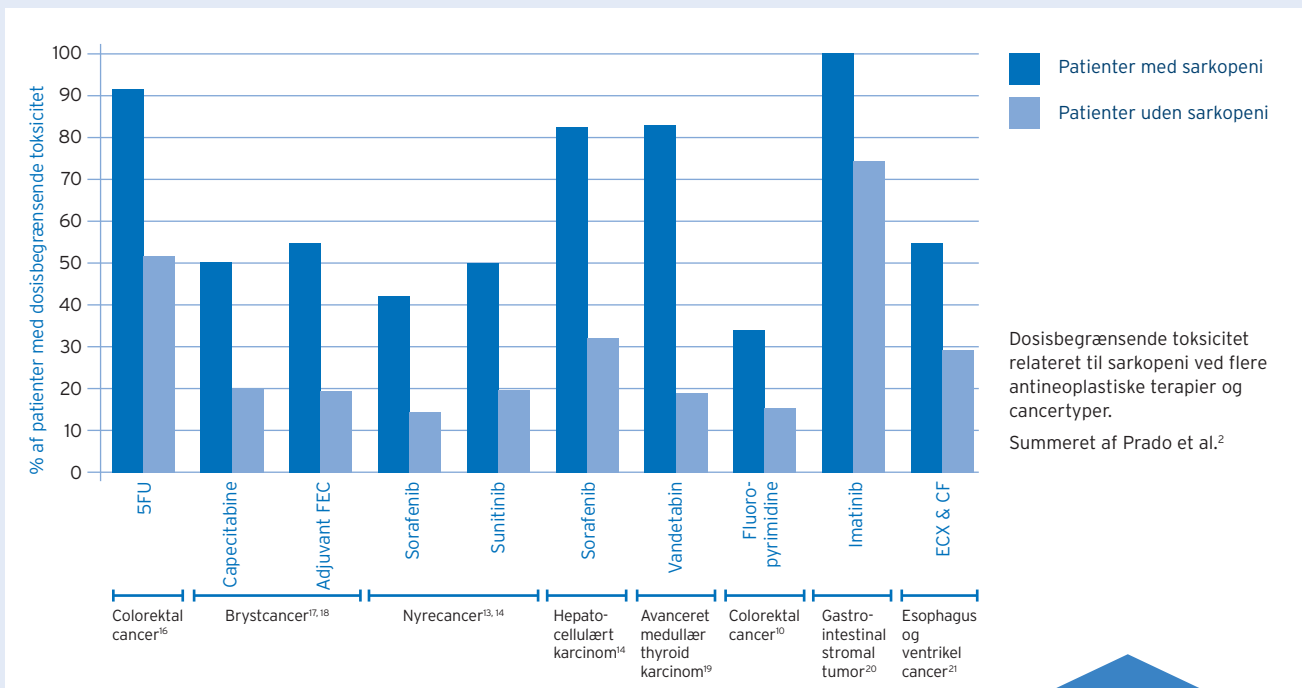
## Sarkopeni

- Karakteriseres ved tab af muskelmasse og muskelstyrke<sup>12,13</sup>
- Kendetegnes ved væggtab, men også adipøse patienter kan have sarkopeni med lav muskelmasse og høj fedtmasse - også kaldet sarkopeni overvægt<sup>2</sup>
- Diagnosticeres ved computertomografi (CT-scanning)<sup>2</sup>



# Kemoterapeutisk toksicitet

## Sarkopeni kan medføre højere forekomst af toksicitet ved kemoterapi<sup>2,14-23</sup>



Sarkopeni er en uafhængig indikator for toksicitet, som påvirker cancerbehandlings effekt<sup>2</sup>

## Sarkopeni kan forværre det kliniske forløb hos cancerpatienter



- Kemoterapeutisk toksicitet<sup>2,5,14-23</sup>
- Hurtigere tumorprogression<sup>2,18</sup>
- Længere hospitalsindlæggelse<sup>2</sup>
- Postoperative komplikationer<sup>2</sup>
- Kortere overlevelse<sup>5,6,24-29</sup>
- Dårligere livskvalitet<sup>2,3</sup>

**Meta-analyse af 38 studier<sup>6</sup>**  
n = 7843 cancerpatienter med forskellige cancerdiagnoser og stadier

**Sarkopeni er associeret med dårligere overlevelse**

## Supplerende parenteral ernæring

kan forbedre eller stabilisere ernæringsstatus hos patienter med pancreascancer<sup>30</sup>

# Referencer

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