CASE STORY - Dietitian

The following case story demonstrates how an Accredited Practising Dietitian (APD) contributes to management of Motor Neurone Disease (MND). This case by Suzie Ferrie was drawn from a compilation of several different clients to ensure confidentiality.

Introduction
Angelo is a 64-year-old widower with four adult children. He has been living in a nursing home for the past year after developing difficulty with self-care and walking, dysphagia and dysarthria due to progression of his MND. Angelo is amongst the approximately 20% of people with MND who experience bulbar-onset motor neurone disease, [1] that is, where speech and/or swallowing problems are their first signs of MND. Angelo’s family initially noticed his slurred speech and thought he might have had a stroke, leading to his MND diagnosis.

Current situation
Lately, Angelo began experiencing increasing difficulty with swallowing. He became embarrassed by drooling, as his ability to manage saliva has decreased. He was referred to a speech pathologist and an APD.

The speech pathologist assessed Angelo’s swallowing and recommended food and drink textures that were safe and comfortable for Angelo to swallow without choking. He started on a puree diet with fluids thickened to a specific consistency. The APD investigated ways to ensure that Angelo’s nutrition and fluid requirements are met within the limitations of his new diet texture and slow eating rate. This was challenging as pureeing and thickening foods can result in bulky and nutritionally dilute meals. The APD provided advice on increasing nutrient density and frequency of meals, as well as overcoming the bland and unpalatable look of the food. Regular re-assessment by the APD and speech pathologist ensured that his diet and feeding continue to meet his nutritional needs safely.

Disease Progression
As Angelo’s MND progressed, he had increasing difficulty managing even small amounts of food despite mealtime assistance. Eventually he was assessed as unable to meet his nutritional needs fully, the decision was made to insert a gastrostomy tube for feeding to supplement his oral intake. A PEG (Percutaneous Endoscopic Gastrostomy) tube was inserted during a brief admission to hospital. This allowed fluids, nutrition and medications to be given...
safely. The APD calculated Angelo’s feeding requirements and designed a tube-feed regimen with a commercial formula that met his needs for energy, protein, micronutrients and fluid. The APD closely monitored Angelo as he relies on tube feeding to help meet his nutritional needs, to ensure he continues to receive the correct amount.

Refeeding Syndrome

Thankfully Angelo had not experienced a significant period of inadequate intake before commencing tube feeding. This meant he was not at risk of Refeeding Syndrome, where the sudden increase in nutrition causes abrupt changes in electrolyte levels that cause potentially life-threatening symptoms. If he had been at risk, the APD would have assessed his condition and advised an altered feeding regimen, including electrolyte and thiamine supplementation if needed, until he was stable. If he had Severe Refeeding Syndrome he may have required re-admission to hospital for more frequent electrolyte monitoring and/or intravenous electrolyte replacement and thiamine.

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References