



Nutrition and GVHD

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Memorial Sloan Kettering
Cancer Center™

Addressing GVHD through Nutrition

GVHD requires a team approach and individualized management

Decreasing Risk of GVHD

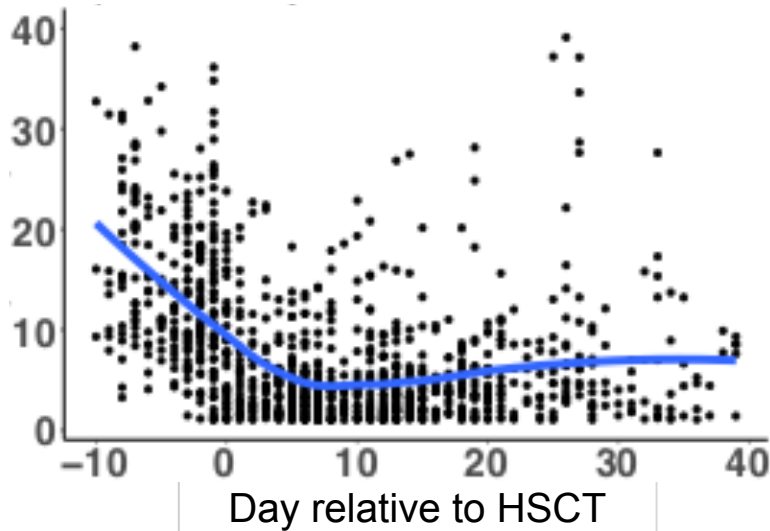
- Poor oral intake leads to increased risk of acute and chronic GVHD
- Maintaining adequate oral intake and weight are important ways to decrease GVHD risk
- **However**, many patients' intake is limited by:
 - Loss of appetite or lack of hunger
 - Nausea and vomiting
 - Diarrhea
 - Mouth dryness
 - Taste changes
- **Thus**, it is important to work with a dietitian to help maintain your oral intake
- Golden rule: small, frequent meals and snacks every 3-4 hours
 - Focus on higher protein, higher calorie options
- **No true way to prevent GVHD, only to decrease the risk of GVHD**



Connecting GVHD Risk to Microbiotal Decline

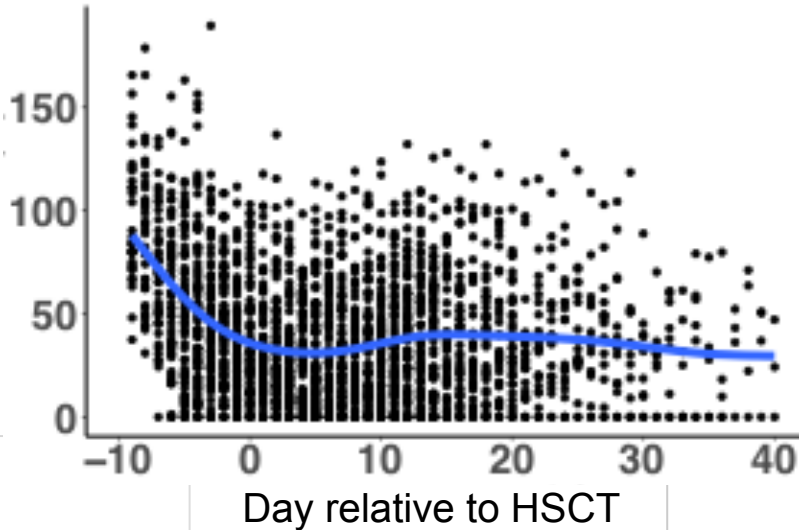
Alpha diversity over time, $N=93$

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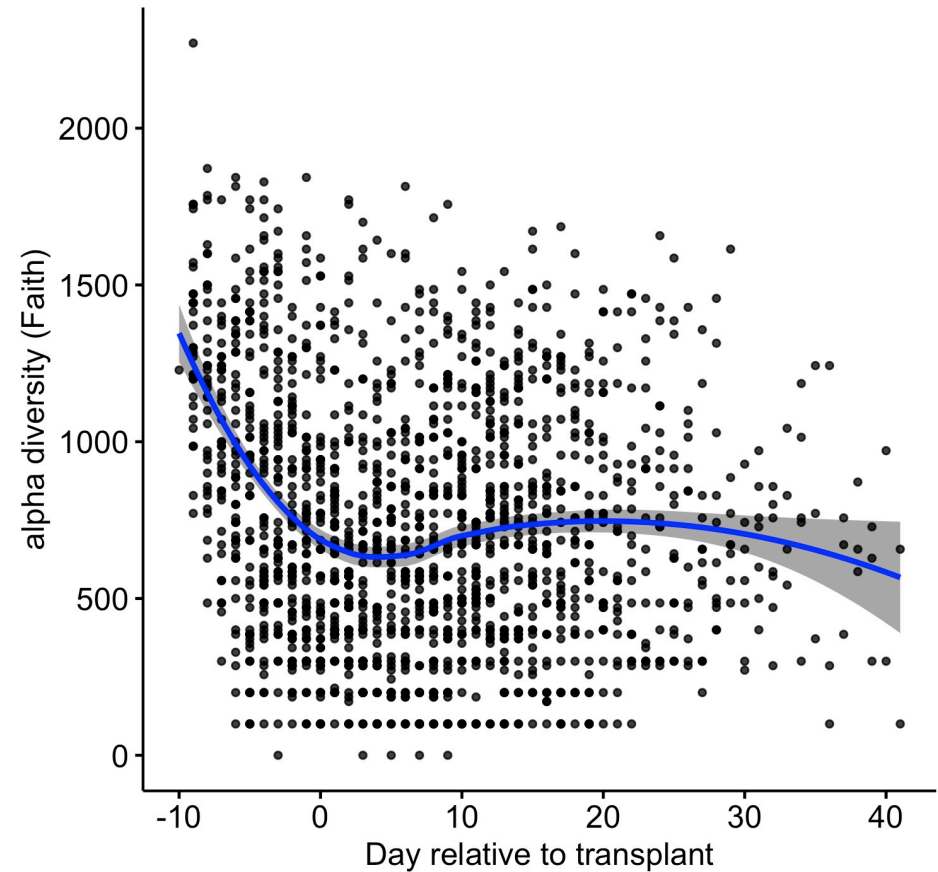


Calorie needs met over time, $N=80$

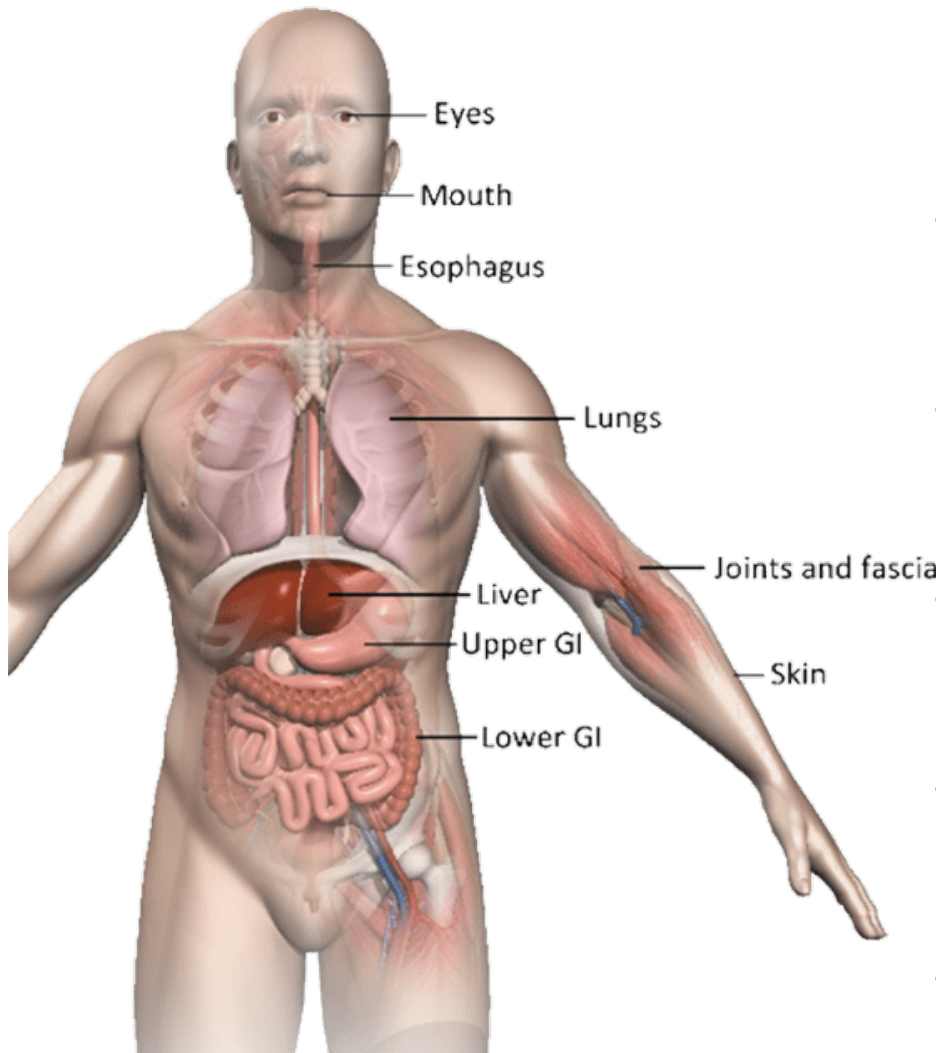
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Foods diversity in whole population



Organs Affected by GVHD



Organs with Impact on Nutritional Status

Mouth

- Mouth sores and taste changes

Esophagus

- Trouble swallowing (+/- pain)

Upper GI (stomach, pancreas)

- Nausea, vomiting, reflux

Lower GI (small and large intestine)

- Diarrhea and abdominal pain

Lungs

- Increased nutritional needs to support breathing

Treatment of Acute GVHD (aGVHD)

- Acute GVHD occurs between engraftment (~ day 14 post-transplant) and day 100.

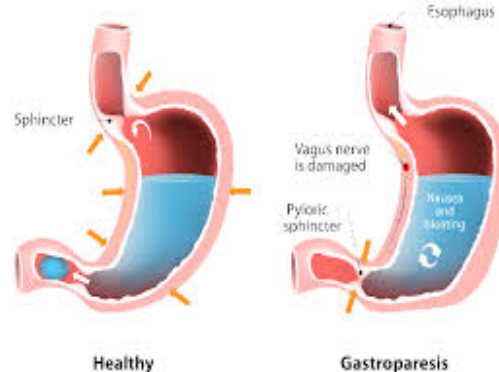
Stomach

Gastroesophageal reflux disease



Loss of Appetite, Nausea & Reflux

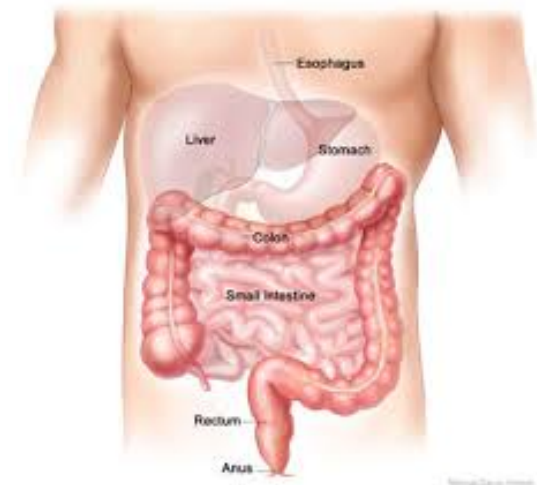
- Avoid trigger foods
- Do not lay down for at least 30 min
- Small portions
- Bland food with less odor



Gastroparesis

- Small portions
- Lower fat foods
- High-calorie, high-protein liquids
- Monitor for bloating

Intestines & Colon



Diarrhea

- **Severe:** bowel rest
- **When improving:**
- Low fat, low fiber, low lactose
- “BRAT” Diet

Treatment of Chronic GVHD (aGVHD)

- Chronic GVHD occurs anytime after day 100.

Mouth



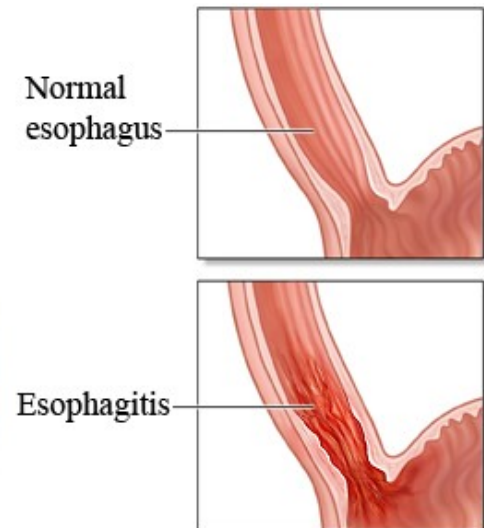
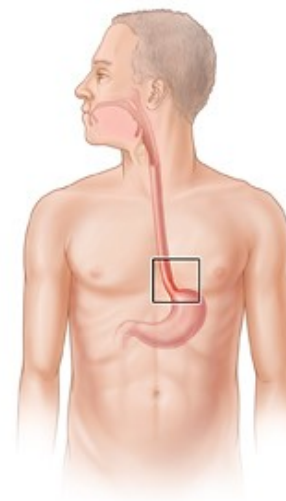
Mouth Sores

- Pain control
- Avoid spicy, acidic, and hot foods
- Softer, cooler foods and liquids
- Oral nutrition supplements

Dry Mouth & Taste Changes

- Mouth rinses
- Remain hydrated
- Sauces, fluids, gravies
- Increased salt and herbs

Esophagus



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- Softer foods, sometimes pureed
- Pain control
- Cooler foods/fluids (or room temp)
- Small portions
- Avoid laying down after eating

Treatment of Chronic GVHD (cGVHD)

- Chronic GVHD may also be complicated by acute flares of GVHD
- Usually have worse symptoms during acute flares
- ***Same symptom management techniques as acute GVHD***

Nutrition Therapy for Chronic GVHD

- **Pancreas Function**
- Blood sugar control and digestive enzymes may be needed

- **Chewing, Swallowing, and Oral Intake**
- Work with doctor and speech language pathologist if trouble swallowing
- If losing weight and unable to maintain intake, might need long-term tube feeding

- **Bone Health**
- Due to chronic steroid use
- Ask doctor about regular bone scans (DEXA) to check bone health
- Supplement with calcium and vitamin D as needed (work with dietitian)
- Participate in regular physical activity, especially resistance exercises