# **Nutritional Rehabilitation**

by Estee Hong

## **Malnutrition is common**

There are many different things that can cause stroke survivors to reduce their food intake and cause a decline in their overall nutritional status. Many stroke survivors will physically struggle to eat due to difficulty swallowing or fatigue following stroke. Others may not be satisfied with the available food options, but have speech difficulties that make communication about their dietary preferences difficult. Even the physical stress from recovery or intensive physical therapy regimes can increase the risk of becoming malnourished. Whatever the reason, malnutrition is common and can occur immediately or weeks after stroke (1).

#### What does it mean to be malnourished?

Many believe malnourishment to mean "eating very little". However, malnourishment can mean many different things. Are you eating enough calories for your specific height and weight? Are you consuming enough vitamins and minerals? Other facets of nutrition might include differences in food intake before and after stroke, weight management, and food variety (2). Simply eating a sufficient quantity of food may not always be the answer to prevent malnutrition and support recovery. For instance, if you are experiencing small but consistent deficits in the amount of calories you need each day, you will likely also experience weight loss. Studies have found that rapid weight loss is often accompanied by poor rehabilitation outcomes and decreased quality of life (1).

## Supplement recovery with nutritional counseling

Please keep in mind that malnutrition can affect adults of all ages and health status. Nutritional counseling is not just for those who are malnourished. People who are at risk of poor nutritional status should consider ways to supplement their recovery process.

If you feel that you may be malnourished, consult with you doctor or dietician about how to supplement or evaluate your dietary needs. Everyone has unique dietary requirements based on his or her age, height, gender, and health profile. A registered dietician may recommend

consuming more calories and can provide further guidance on how to increase caloric intake. Different forms of supplementation include protein, caloric, and/or other essential vitamin and mineral supplementation. If you feel you may have become malnourished due to lack of proper assistance from caregivers or transitioning into greater independence, consider receiving additional assistance until you have recovered or feel ready to be more independent.

## Better nutrition, better recovery

One study coined the term, "nutritional rehabilitation," as a combination of physical therapy and nutritional therapy (2). Evidence has shown a strong association between better nutritional status and rehabilitation outcomes (3). Given the benefits of nutritional counseling, consulting a doctor or nutritionist in addition to physical therapy may be worthwhile. Ultimately, better post-stroke nutrition can reduce length of hospital stay, allow greater independence, and improve quality of life (4,5). Remember that making changes to daily dietary patterns can be difficult, so do your best to stay patient and stick to the changes you have made!

#### **Sources**

- 1. Nishioka S, Wakabayashi H, Nishioka E, Yoshida T, Mori N, Watanabe R. <u>Nutritional</u> <u>Improvement Correlates with Recovery of Activities of Daily Living among Malnourished Elderly Stroke Patients in the Convalescent Stage: A Cross-Sectional Study. *J. Acad. Nutr. Diet.* 2016;116:837–843.</u>
- 2. Kokura Y, Maeda K, Wakabayashi H, Nishioka S, Higashi S. <u>High Nutritional-Related Risk on Admission Predicts Less Improvement of Functional Independence Measure in Geriatric Stroke Patients: A Retrospective Cohort Study</u>. *J. Stroke Cerebrovasc. Dis.* 2016;25:1335–1341.
- 3. Gomes F, Emery PW, Weekes CE. Risk of Malnutrition Is an Independent Predictor of Mortality, Length of Hospital Stay, and Hospitalization Costs in Stroke Patients. *J. Stroke Cerebrovasc. Dis.* 2016;25:799–806.
- 4. Rüfenacht U, Rühlin M, Wegmann M, Imoberdorf R, Ballmer PE. <u>Nutritional counseling improves quality of life and nutrient intake in hospitalized undernourished patients</u>. *Nutrition*. 2010;26:53–60.

5. Finestone HM, Greene-Finestone LS, Wilson ES, Teasell RW. Prolonged length of stay and reduced functional improvement rate in malnourished stroke rehabilitation patients. *Arch. Phys. Med. Rehabil.* 1996;77:340–345.