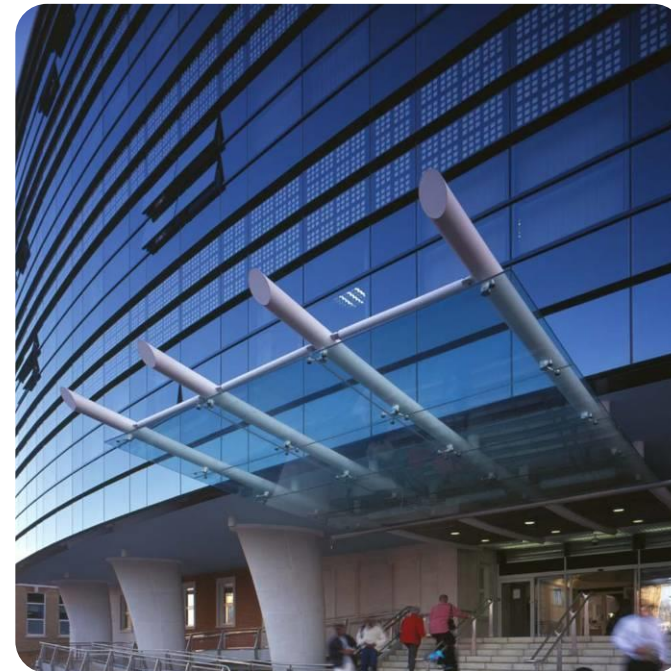


Nutrition Journey: When $1+1 \neq 2$!

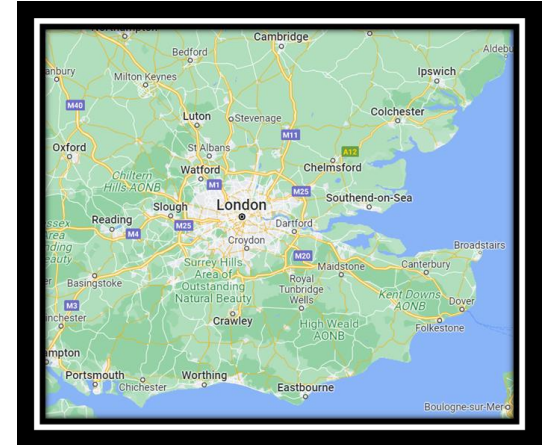
Kerry-Lee Watson

Clinical Lead CF Specialist Dietitian
King's College Hospital NHS Foundation Trust, London, England.
Co-Chair BDA Cystic Fibrosis Specialist Group



Who and Where: -

- Clinical Lead CF Specialist Dietitian - Adults
- Adult CF Centre @ King's College Hospital NHS Foundation Trust – London, England
- ~ 19 years (17 @ KCH)
- Adult Cohort – 275 patients (median age: 30 years)
- London & SE Coast
- Inpatients, Outpatient clinics and Home visits (MDT)



Sally

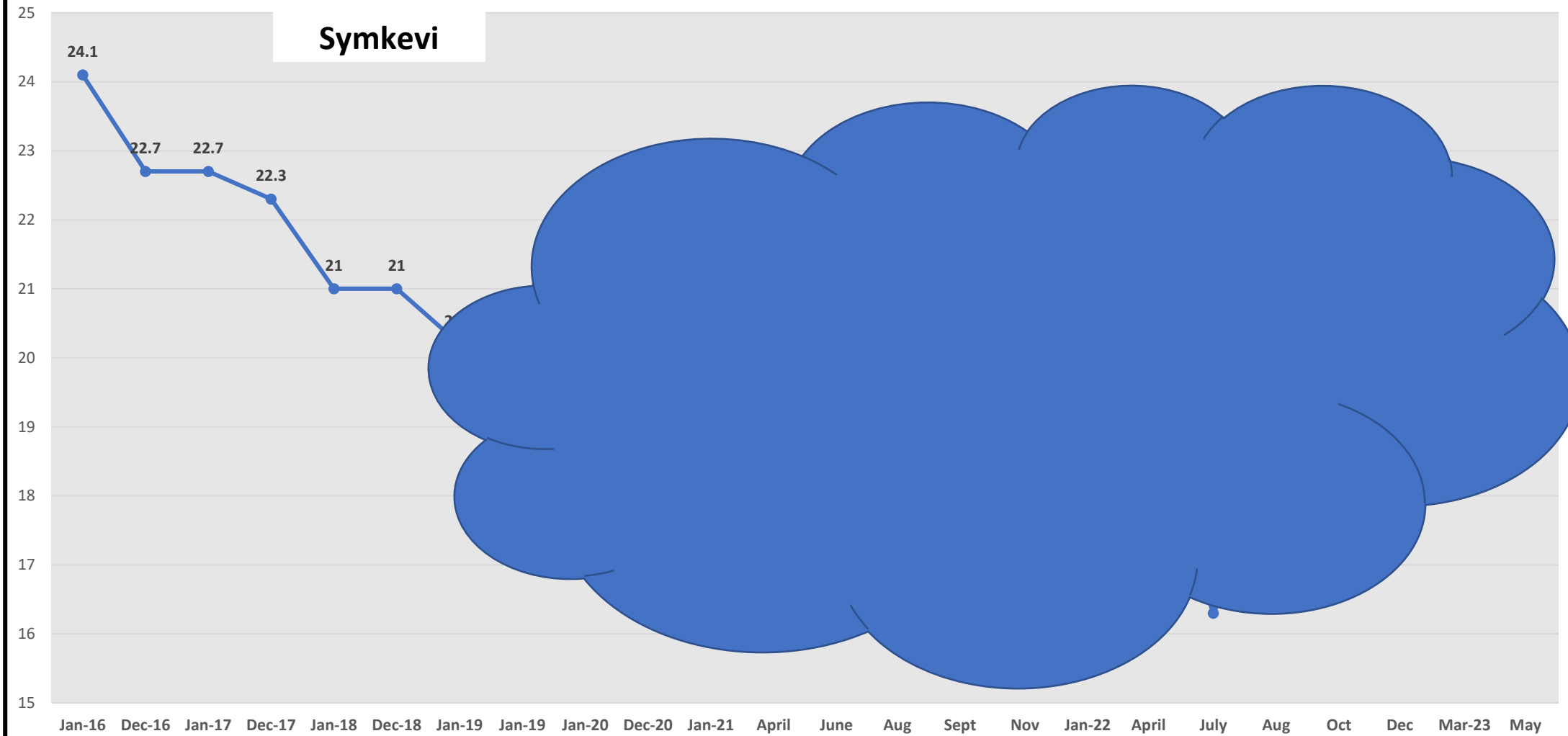
- 28-year-old Female
- Brighton, England
- Oldest of 3 girls (1 CF sibling)
- Parents separated
- University Degree – Arts and History
- Unemployed
- Delta F508 homozygous
- **PI**
- **CF Diabetes**
- **GI complications** – 5 x DIOS episodes (1 - surgery @ 12) Bloating, & Abdo pain)
- Fatty Liver
- **Nutritional status** –
 - **Low vitamin levels**
- Normal Bone health
- Anxiety and low mood
- Chronic Pseudomonas Aeruginosa

Nutrition Journey – The Beginning

- Optimal nutrition: 63kg BMI
24kg/m₂ (FEV1 80+%)
 - Good appetite
 - GI Issues – Abdo pain (over scar), bloating, Faecal loading.
 - Occasional Malabsorption
 - Chronically Low Vitamins
 - Adherence
 - CFD – Well controlled
 - Exercise
- Creon 25000 (12-15)
 - Movicol/ Laxido x 3 sachets
 - Domperidone 20mg TDS
 - Omeprazole 40mg OD
 - Levemir 2-3units am
 - Vitamins (BPC x 3, Vita E 400iu, Vit K 10mg, Cholecalciferol 20000/ week)

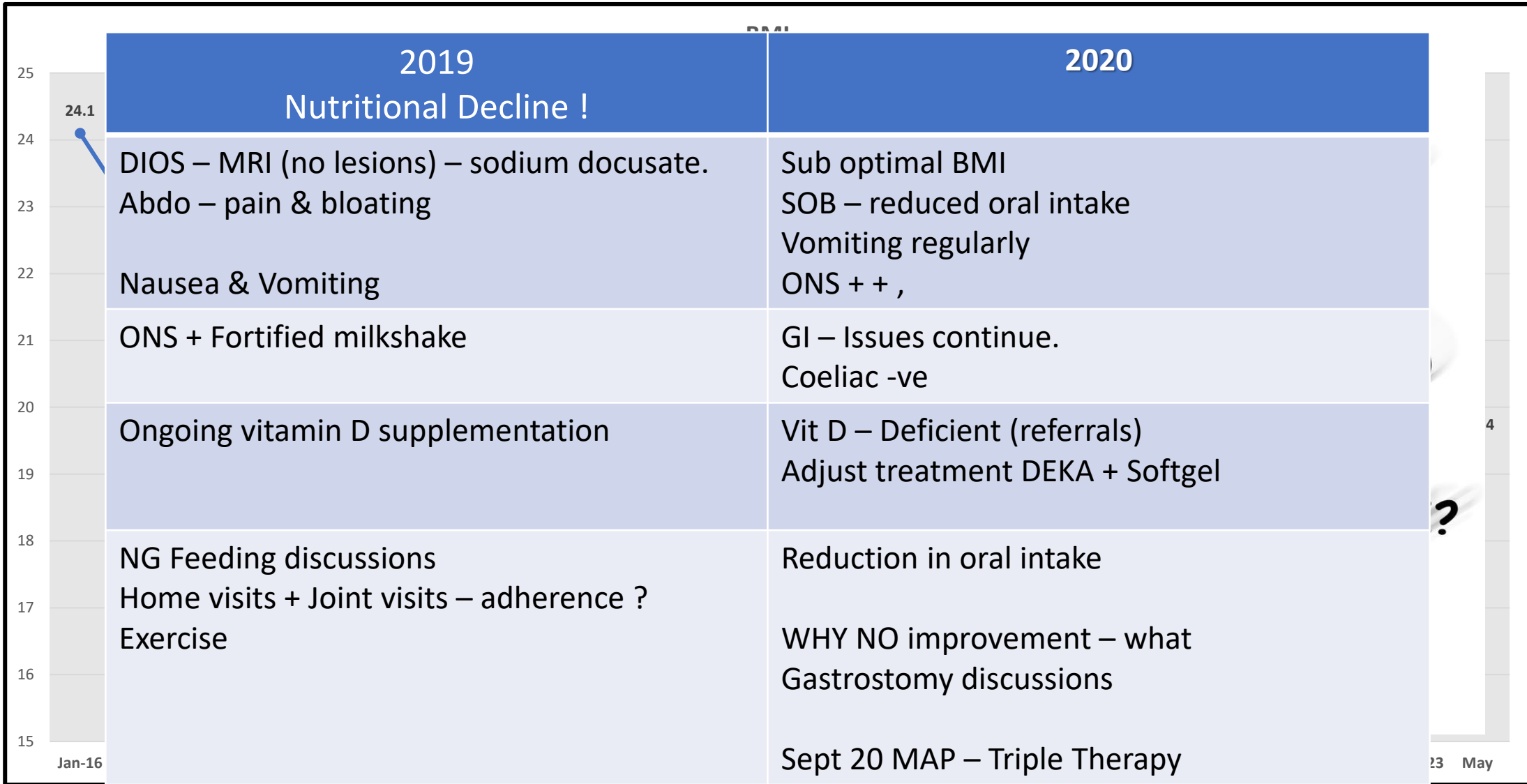
Final BMI (2016-2019)

BMI

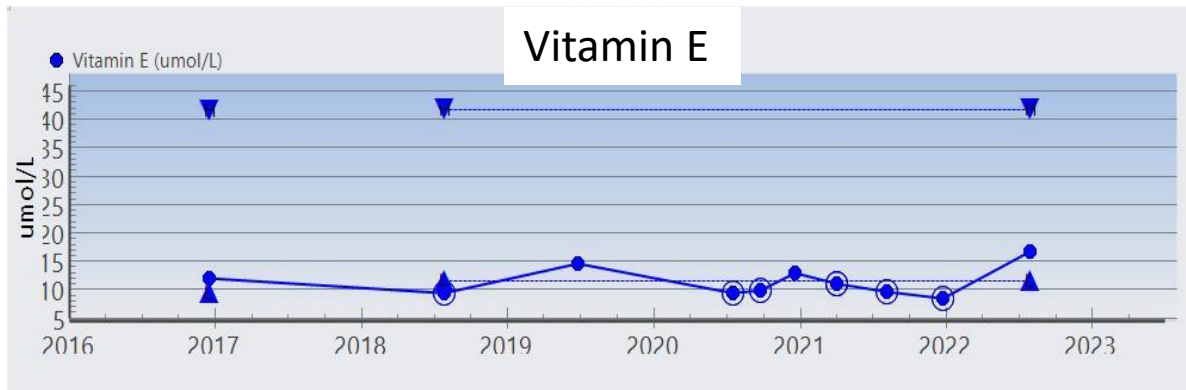
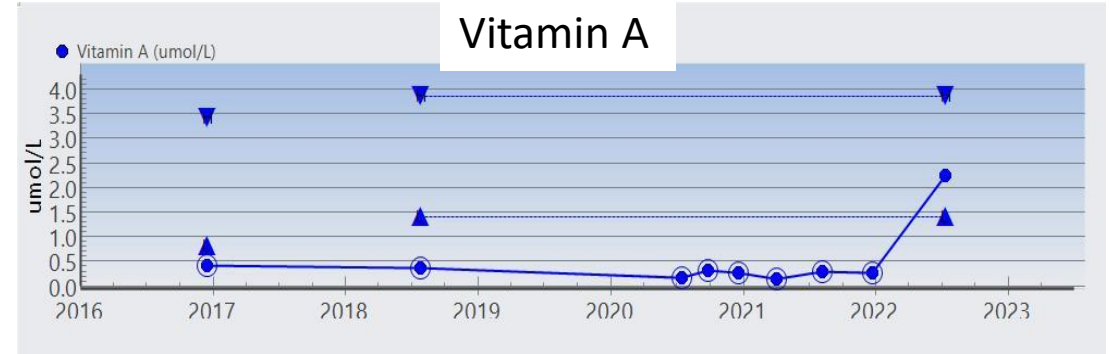
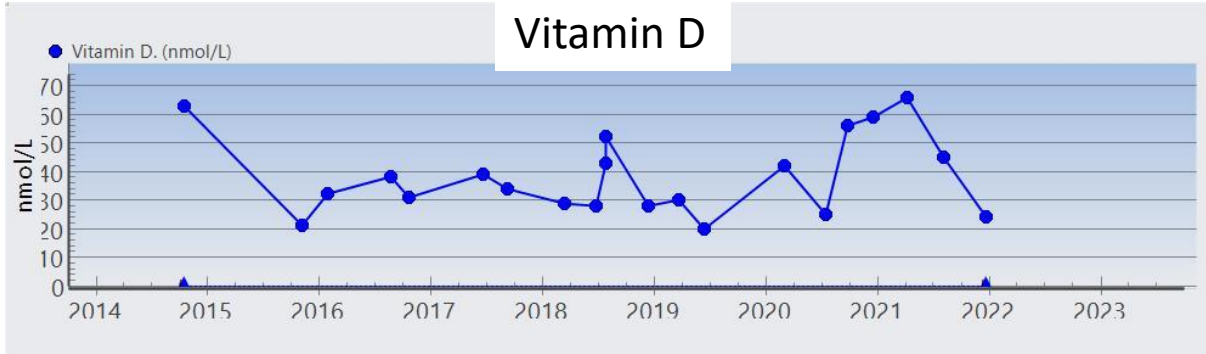


• Mirtazapine Mood

BMI



Vitamins – Chronically Low ?



Treatments and Changes:

Multivitamins BPC x 3 changed A&D x 2

Vita E 200iu

Adcal D3 caplets/ Calcichew D3 caplets

Cholecalciferol 3200 – 7100iu

Loading dose Chole 20000 OD for 7 days

Ergocalciferol injection 300000 x 2 occasions.

DEKA Plus Softgel x 2

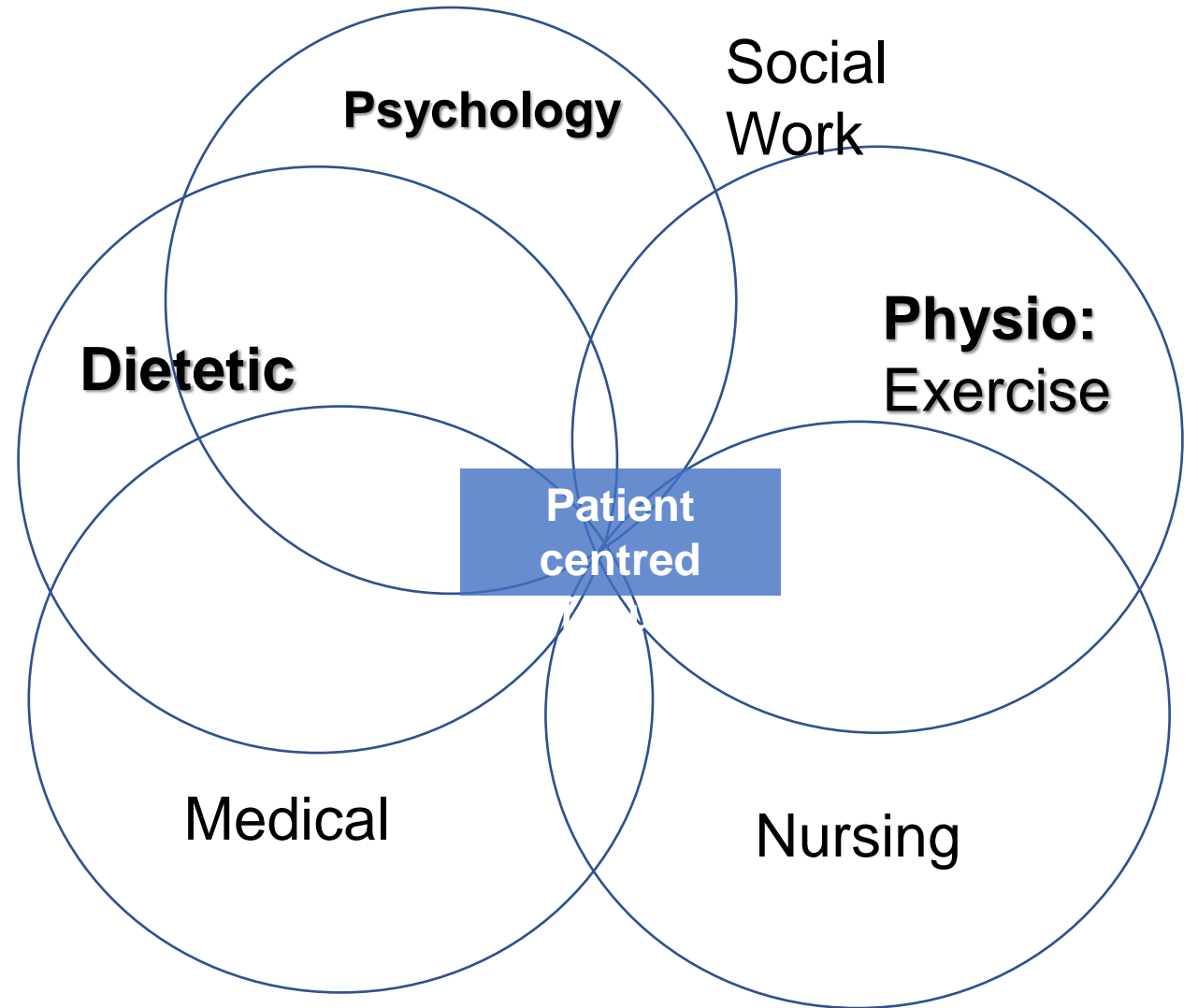
	2021	2022
25		
24	Gastrostomy Placed July 21	Nutrition Improvements
23	ITU admission	Clinically poor - – Transplant Referral - listed
22	Lowest BMI - weak	CF Diabetes stable?
21	GI Issues – “Admission” = No oral intake Joint Session – Traffic light perseverance	Severe ITU – Type 2 Resp. Failure (Delisted) Fluid retention – abdominally Nil oral intake Nil Enteral feed Refeeding Risk
19	Tranplant Referral	
18	Fear (Health Beliefs) – Impact	TPN – 1000kcal 9g Bag
17	“Perfect patient”	Enteral & TPN
16	Kaftrio – Sweat Test = absorption – 40g Fat	Adjust Focus – Body Image concerns? Strength and Rehab – Goals set by Transplant team
15	Resistance and Anxiety	Adherence – open and honest discussions

Questions ?

Perfect response but not results – do we create or encourage this and how do we break the cycle?

Did we create the body image concerns?

How else to consider treating the Vit D



Thank you for listening

