



7. Prise en charge nutritionnelle en situation de soins de support exclusif

7.1. Alimentation

A visée orexigène, une corticothérapie peut être prescrite en cure courte de 2 semaines à la dose de 0,5 à 1 mg d'équivalent prednisone/kg/jour, avec ré-évaluation et pour une durée maximale de 4 semaines.

De manière générale, la phase terminale d'une maladie grave s'accompagne le plus souvent d'une anorexie ou d'une satiété précoce. A l'inverse, les apports d'hydrates de carbone (sucres) interrompant le jeûne entraînent une sévère sensation de faim (116,117).

Dans cette situation, la nutrition artificielle doit être l'exception.

7.2. Hydratation

La sensation de soif est souvent liée à une sécheresse buccale et à une absence de déglutition. Les soins de bouche réguliers la soulagent (118).

Il n'existe aucun consensus quant au maintien ou non d'une hydratation dans ce contexte de fin de vie. En 2013, un essai randomisé a même montré qu'une hydratation parentérale au-delà de 500 cc / j, n'apportait aucun bénéfice pour le patient (119).

Recommandations

Dans les situations de fin de vie, le recours systématique à une hydratation parentérale (> 500 ml/j) n'est pas recommandé et la prescription doit être évaluée au cas par cas.

En situation de soins de support exclusifs, la nutrition artificielle doit être l'exception.

8. Les moyens de prise en charge

8.1. Conseils hygiéno-diététiques

A proposer dans toutes les situations, particulièrement en cours de chimiothérapie :

- Fractionner l'alimentation : de petites portions plus souvent.
- Manger ce qui fait plaisir, soigner l'environnement du repas.
- Supprimer les régimes restrictifs.
- Bannir les produits « light » ou « allégés ».
- Réévaluer l'intérêt de l'ensemble des médicaments prescrits au patient.
- Enrichir l'alimentation :
 - En protéines : ajout de lait en poudre, œufs ou fromage dans les préparations.
 - En calories : laitages à 30 et 40%, beurre, crème (peu satiétogènes), aliments cuisinés en gratins, soufflés... collations énergétiques prêtes à l'emploi, boissons caloriques.
 - Possibilité de rajouter 2 g par jour d'acides gras oméga-3.

8.2. Compléments nutritionnels oraux

- Lorsque l'alimentation orale seule est insuffisante pour couvrir les apports nécessaires, proposer des produits hypercaloriques ou hyperprotidiques.
- Aspect légal (Arrêté du 02/12/2009) : remboursement sur prescription médicale pour tous les patients dénutris.

8.3. Nutrition entérale

- Indication privilégiée : tant que le tube digestif est fonctionnel.
- Quand la débiter ? (120)
 - En cas de dénutrition avérée (cf. définition).
 - De façon anticipée si l'on s'attend :



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DECLARATION DES LIENS D'INTERETS

Les personnes ci-dessous ont déclaré des liens d'intérêt en oncologie thoracique pour des participations à des congrès, séminaires ou formations ; des bourses ou autre financement ; des rémunérations personnelles ; des intéressements ; ou tout autre lien pertinent dans les 3 dernières années :

ARPIN D : Takeda, Roche
 AUDIGIER-VALETTE C : Roche, Abbvie, BMS, MSD, Takeda, Boehringer, AstraZeneca, Pfizer, Novartis, Fabre, Amgen, Lilly
 AVRILLON V : BMS, Abbvie.
 BARANZELLI A. : Roche, Takeda, BMS, MSD
 BAUD M. : Boehringer
 BAYCE BLEUEZ S. : Roche, BMS, AMGEN
 BERARD H : Roche, Pfizer, Boehringer
 BERNARDI M. : BMS, Sandoz, Roche
 BOMBARON P : Roche, AstraZeneca, BMS, Boehringer.
 COURAUD S. : AstraZeneca, Boehringer Ingelheim, Lilly, Merck, MSD, Novartis, Pfizer, Roche, Sysmex Innostics, Chugai, Laidet.
 DELCLAUX B : BMS, Boehringer, AstraZeneca, Novartis, Roche.
 DEMIR S : Pfizer, BMS
 FALCHERO L. : Roche, Boehringer, AstraZeneca, BMS, Pfizer, Amgen.
 FOUCHER P : AstraZeneca, Roche, BMS, MSD, Chugai, Vifor, IFCT, PFIZER
 FOURNEL P. : Lilly, Amgen, BMS, MSD, Roche, Pfizer, Astellas, Boehringer, AstraZeneca, Takeda, Novartis, PFO
 GERINIERE L : Lilly
 GIAJ LEVRA M. : MSD, BMS, Roche, AstraZeneca, Novartis, Pfizer, Boehringer
 GONZALEZ G. : Roche, Novartis, Pharmadom
 GOUNANT V : Takeda, Lilly, Roche, AstraZeneca, BMS, Boehringer, Pfizer, Novartis.
 GROUET A. : Boehringer, Novartis
 HAMMOU Y : Chiesi, ISIS, Elia
 JACOULET P : Boehringer
 JANICOT H. Boehringer
 LARIVE S. : TEVA Santé, Pfizer, Boehringer, BMS, MSD, AstraZeneca.
 LE TREUT J. : AstraZeneca, Boehringer, Roche, BMS, MSD
 LOCATELLI SANCHEZ M. : Boehringer, BMS, AstraZeneca, LFB
 LUCIANI S : Pfizer
 MARTIN E. : Astra Zeneca
 MASTROIANNI B : Amgen
 MERLE P : MSD, AstraZeneca, BMS, Pfizer
 MORO-SIBLOT D : Roche, Pfizer, Lilly, Boehringer, MSD, BMS, Takeda, AstraZeneca, Novartis, Amgen, Abbvie
 NAKAD A : BMS
 ODIER L. : Lilly, Amgen, Pfizer
 PAULUS V : MSD, Roche
 PEROL M. : Roche, AstraZeneca, Boehringer, Lilly, Takeda, BMS, MSD, Pfizer, Novartis, Chugai
 PERROT E. : AstraZeneca
 PINSOLLE J. : Takeda, MSD, Roche, Pfizer, Agiradom.
 RANCHON F : CELGENE, JAZZPHORNA
 SAKHRI L : Pfizer, BMS.
 SOUQUET P.-J. : Amgen, AstraZeneca, BI, CHUGAI, P FABRE, LILLY, MSD, BMS, Pfizer, Novartis, Sandoz, Roche, Takeda, Bayer, Merrimack, Merck, Astellas,
 TAVIOT B : Chiesi
 TISSOT C : Amgen, Sandoz, BMS
 WATKIN E. : MSD, AstraZeneca, Boehringer, Pfizer, Roche, BMS
 ZALCMAN G. : Roche, AstraZeneca, BMS, Pfizer, Novartis, Abbvie, MSD, Boehringer, GSK, Inventiva

Les autres participants et membres des groupes de travail n'ont déclaré aucun lien d'intérêt en oncologie thoracique.
 Aucun participant ou membre d'un groupe de travail n'a rapporté de lien d'intérêt avec l'industrie du tabac.



MENTIONS LEGALES

La réunion de mise à jour des référentiels (édition 2019) a été organisée par l'Association de Recherche d'Information Scientifique et Thérapeutique en Oncologie Thoracique (ARISTOT).

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