Providing nutritional information to people with lung disease

that will contain a selection of useful information.

Funding of the leaflet This issue remains under discussion. The quantity of leaflets required is liable to be very high as they will be available both on the wards and at outpatient clinics. It is likely that sponsorship will need to be secured to support printing costs.

Conclusion Creating good patient information is a challenge. Working as a multidisciplinary team and with the local Breathe Easy group has contributed to the development of a ‘user-friendly’ leaflet. It will be used in conjunction with the nutrition section of the Essence of Respiratory Care project, which is ongoing within the trust.

Helpful hints for weight control are included in the leaflet, which includes realistic goals and works towards the aim of maintaining a healthy body weight (Box 3).

Alcohol intake is sometimes not considered when reasons for weight gain are being assessed. However, alcohol has a high calorie content and should be consumed in sensible quantities – the Department of Health’s website recommends no more than 2–3 units a day for women and 3–4 units a day for men (see www.doh.gov.uk/alcohol/alcoholandhealth.htm).

One unit is a small glass (175ml) of wine, or half a pint of ordinary strength beer, lager or cider. These guidelines apply whether you drink every day, once or twice a week, or occasionally.

Smoking cessation It was important to mention in the leaflet the health benefits of stopping smoking. Many patients who are advised to stop are concerned they will gain weight. The leaflet shows patients that the benefits of smoking cessation far outweigh any small increase in body weight. The average weight gain following smoking cessation is six pounds (British Thoracic Society, 1998).

A selection of snacks are recommended that will help reduce calorie intake when patients who have stopped smoking feel the need to constantly eat. Examples include plain popcorn and raw vegetables.

Evaluating the leaflet Copies were given to our local Breathe Easy group. The Breathe Easy Club was set up by the British Lung Foundation to support people with lung disease, and has groups throughout the UK. The qualitative feedback was encouraging, with members finding the information useful and understandable.

Distribution The leaflet is currently supplied to patients by the respiratory nurses. The aim is to make a pack of information available for patients with respiratory disease...
Studies have shown that about 30 per cent of people who have chronic obstructive pulmonary disease (COPD) lose weight. Weight loss has been shown to be associated with a reduction in lung function (Poole, 1993).

Conversely, patients who are overweight have an increased respiratory workload due to their extra weight. Excess weight also increases the risk of hypertension, diabetes, heart disease and osteoarthritis (Collins, 2003).

Many patients are unaware of changes in their nutritional status. The case study in Box 1 provides an illustration of this.

Effects of lung disease on nutritional intake

Patients with lung disease have many problems that affect their ability to maintain a healthy diet, including:

- **Shortness of breath** Patients with breathing difficulties may find that the effort of eating reduces both the enjoyment of food and dietary intake. The actual process of chewing and swallowing becomes very difficult when a person is short of breath. Taking small regular meals helps to overcome this;

- **Oxygen therapy** Eating and wearing an oxygen mask can lead to frustration and a reduction in food intake. This can be overcome by the use of a nasal cannula, which allows the patient to receive oxygen and to eat without his or her breathing being compromised (Box 2);

- **Dry mouth** Patients receiving oxygen therapy or experiencing breathlessness have an increased risk of a dry mouth, which can become sore and uncomfortable. The patient needs to drink regular fluids and maintain good oral hygiene. Oral candidiasis is a side-effect of inhaled steroids and patients should rinse their mouth with water after use;

- **Posture** Achieving a good position in which to eat and drink is a problem associated with breathlessness. The occupational therapist can provide advice, aids to achieve this and adaptations;

- **Mobility** Reduced mobility caused by breathlessness can affect the patient’s ability to prepare regular meals. Information about energy conservation can help the patient cope with day-to-day activities (Poole, 1993).

Designing a patient information leaflet

There was a lack of information specifically designed for and targeted at patients with COPD. This was identified as a problem by the respiratory nursing team at the James Paget Hospital in Great Yarmouth.

Following discussions the team identified a number of areas where people with lung disease required structured information. These included oral hygiene, nutrition, sexual relationships, exercise and medication.

The team developed a leaflet on oral hygiene and subsequently decided to address the nutritional needs of people with lung disease.

The leaflet, A Guide to Healthy Eating for Patients with Lung Disease, aimed to give an overview of the problems patients experience and give suggestions on how to solve them. A multidisciplinary team, which included a dietitian, an occupational therapist, a staff nurse, an auxiliary nurse and a respiratory sister, was involved in developing the leaflet. This ensured a holistic approach to maintaining a healthy diet and body weight.

One of the most important aspects of designing patient information is to give patients ‘what they want’. The information needs to be clear, concise and understandable (Osman and Nicol, 1998). Issues affecting patients at both ends of the weight spectrum had to be addressed in the leaflet as both have an impact on lung disease.

One of the aims was to encourage the involvement of family members in the patient’s care. The leaflet examines problems faced by patients with respiratory disease, and the importance of good nutrition as part of their care.

Content of the leaflet

This was aimed at patients in hospital and those cared for in their own homes. The best plan for a patient depends on his or her situation and assessment, so general advice is given, including:

- Eat regular meals;
- Eat slowly, particularly if breathless at rest;
- Avoid overeating;
- Drink plenty of fluids;
- Avoid using too much salt (Collins, 2003).

Healthy eating is defined by Collins (2003) as ‘eating a better balance of foods, eating regular meals and being active more often’. An example of a balanced day’s intake is given in the leaflet, illustrating the need to aim for five portions of fruit and vegetables a day. Patients also need to consume healthy foods such as cereals (especially ones high in fibre) and fish.

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<tr>
<th>BOX 3. EXAMPLES OF HINTS THAT ARE GIVEN TO PROMOTE WEIGHT CONTROL</th>
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<tr>
<td>• Ask for support from friends and family or join a slimming club.</td>
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<td>• Encourage someone to change their weight with you.</td>
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<td>• Try to develop a good eating routine. By eating regularly you will be less likely to feel hungry and eat extra food.</td>
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<td>• Do not get disheartened if you slip up – try again.</td>
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<tr>
<td>• Do not try crash diets, expensive slimming products or periods of starvation. You will be more successful in controlling your weight if you make permanent, life-long changes to your eating habits.</td>
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**REFERENCES**


**WEBSITE**