

Abstract

This diploma thesis deals with the topic of hidden malnutrition in patients with advanced stage of ovarian carcinoma. Tumor diseases are often accompanied by malnutrition. In the case of ovarian cancer, malnutrition may be hidden, primarily due to ascites, which can distort body weight. Out of the patients included in this study 32 % had ascites. The basic nutritional status test in hospitals is the nutritional screening performed on each hospitalized patient to detect the risk of malnutrition. Other methods such as anthropometric measurements, laboratory values, bioimpedance analysis, or less commonly, imaging processes can also be used to detect malnutrition.

The aim of this thesis was to evaluate whether nutritional screening and regular weight control in patients with advanced ovarian cancer is sufficient to diagnose malnutrition. The results have shown that the inclusion of anthropometric measurements between routine screening can be beneficial in detecting a greater number of malnourished patients. Also shifting the BMI threshold in nutritional screening for patients over 65 would greatly increase the capture of patients at risk of malnutrition.

The secondary focus was to find whether the presence of ascites can be a determining factor in malnutrition being left undiagnosed, and which simple and available methods may reveal these hidden cases. The results support this assertion as a greater number of malnutrition cases were identified with the addition of anthropometric measurements and laboratory values over the basic nutritional screening. Arm muscle circumference is one such method, which has been demonstrated to be reliable and simple. But for the diagnosis of malnutrition, it is always necessary to perform a set of clinical examinations.

The main cause of hidden malnutrition has been unrecognized ascites in nutritional screening by the nurse.

Key words: malnutrition, anthropometric measurements, ovarian carcinoma, nutritional screening, ascites