Ernährungstherapie in der Palliative Care

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MSc und DCN in klinischer Ernährung
Fachverantwortliche klinische Ernährung USZ

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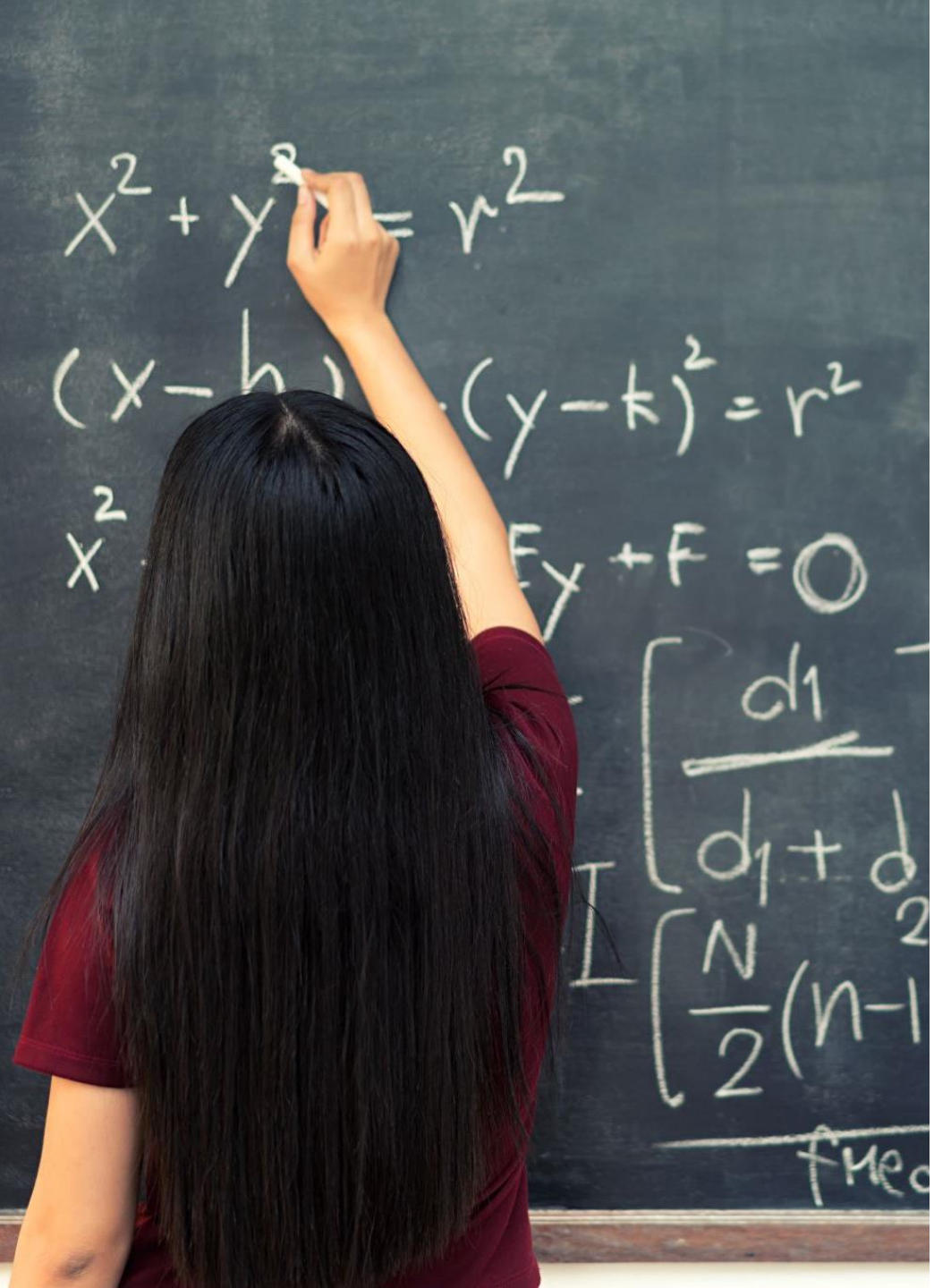
NutriDays 2026, Bern

Quelle Bild: Disclaimer – National Skills, Productivity, and Jobs Summit

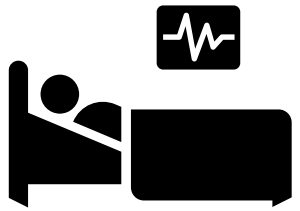
Quelle Bild: Archivbild Powerpoint



Ethik

Interpro-
fessionell

Shared
Decision
Making



Evidence-
Based
Practice

Quelle Bild: Archivbild Powerpoint
Quelle Abbildung: eigene Darstellung

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Quelle Bild: Archivbild Powerpoint

Ethische Grundlagen bei (künstlicher) Ernährungstherapie

Gutes Tun

- Potentieller Benefit:
  - Patientenebene / Lebensqualität
  - Klinisch
  - Gesellschaft / Spital
- Potentielle Risiken und Belastungen
- Therapieabwägung: Benefits zu welchem Preis

Nicht-Schaden

Autonomie

- Care / Beziehung / Personenzentriert
- Interprofessionell / Shared Decision Making
- Guidelines / Fehlversorgung / Über- und Unterversorgung
- Verfügbare Ressourcen gezielt nutzen

Gerechtigkeit

(Künstliche) Ernährung = Therapie: Indikation, Therapieziel, Zustimmung

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Quelle: Druml et al., ESPEN guideline on ethical aspects of artificial nutrition and hydration, 2016

Unterversorgung

25

Number Needed to Treat (NNT)

Zur Vermeidung von

schweren Komplikationen

37

Number Needed to Treat (NNT)

Zur Vermeidung eines

Todesfalls

Schuetz P et al. Individualised nutritional support in medical inpatients at nutritional risk: a randomised clinical trial. Lancet. 2019 Jun 8;393(10188):2312-2321.

Abbildung: eigene Darstellung, KI-generiert (ChatGPT, OpenAI)

Mangelernährungsmanagement

Standardisiert, systematisch, interprofessionell

Überversorgung

Überversorgung

Karnofsky Status	Karnofsky Grade	ECOG/ WHO Grade	ECOG/ WHO Status
Normal, no complaints	100	0	Fully active, able to carry on all pre-disease performance without restriction
Able to carry on normal activities. Minor signs or symptoms of disease	90	1	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work
Normal activity with effort	80	1	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work
Care for self. Unable to carry on normal activity or to do active work	70	2	Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours
Requires occasional assistance, but able to care for most of his needs	60	2	Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours
Requires considerable assistance and frequent medical care	50	3	Capable of only limited self-care, confined to bed or chair more than 50% of waking hours
Disabled. Requires special care and assistance	40	3	Capable of only limited self-care, confined to bed or chair more than 50% of waking hours
Severely disabled. Hospitalisation indicated though death not imminent	30	4	Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair
Very sick. Hospitalisation necessary. Active supportive treatment necessary	20	4	Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair
Moribund	10	4	Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair
Dead	0	5	Dead

Quelle Bild: http://oncologypro.esmo.org/Oncology-in-Practice/Practice-Tools/Performance-Scales

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Shared Decision Making

Definition Shared Decision Making: «An approach where clinicians and patients **share** the best available evidence when faced with the task of making decisions, and where **patients are supported to consider options**, to **achieve informed preferences**"

Inital Preferences → Informed Preferences

Choice Talk | **Option Talk** | **Decision Talk** → **Decision**

Decision Support

Quelle Bild:
https://pixabay.com/de/illustrations/weg-gabelung-entscheidung-gabel-1020435/

Quellen:
1. Elwyn G et al.: Shared decision making: a model for clinical practice. J Gen Intern Med. 2012 Oct;27(10):1361-7.
2. Elwyn G et al. A Primer for Clinicians. J Gen Intern Med. 2025 Dec;40(16):3889-3899.

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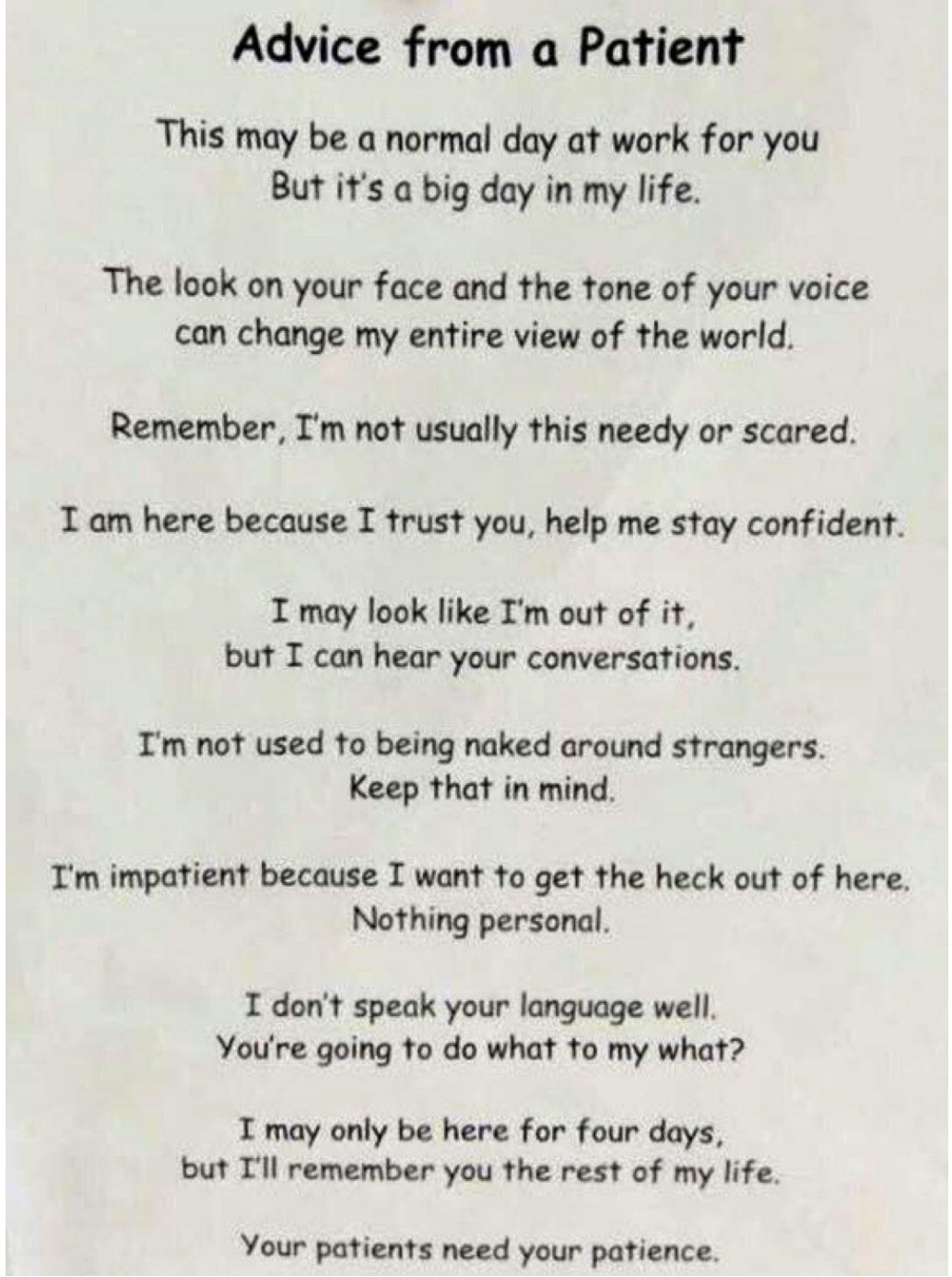

Patientenperspektive

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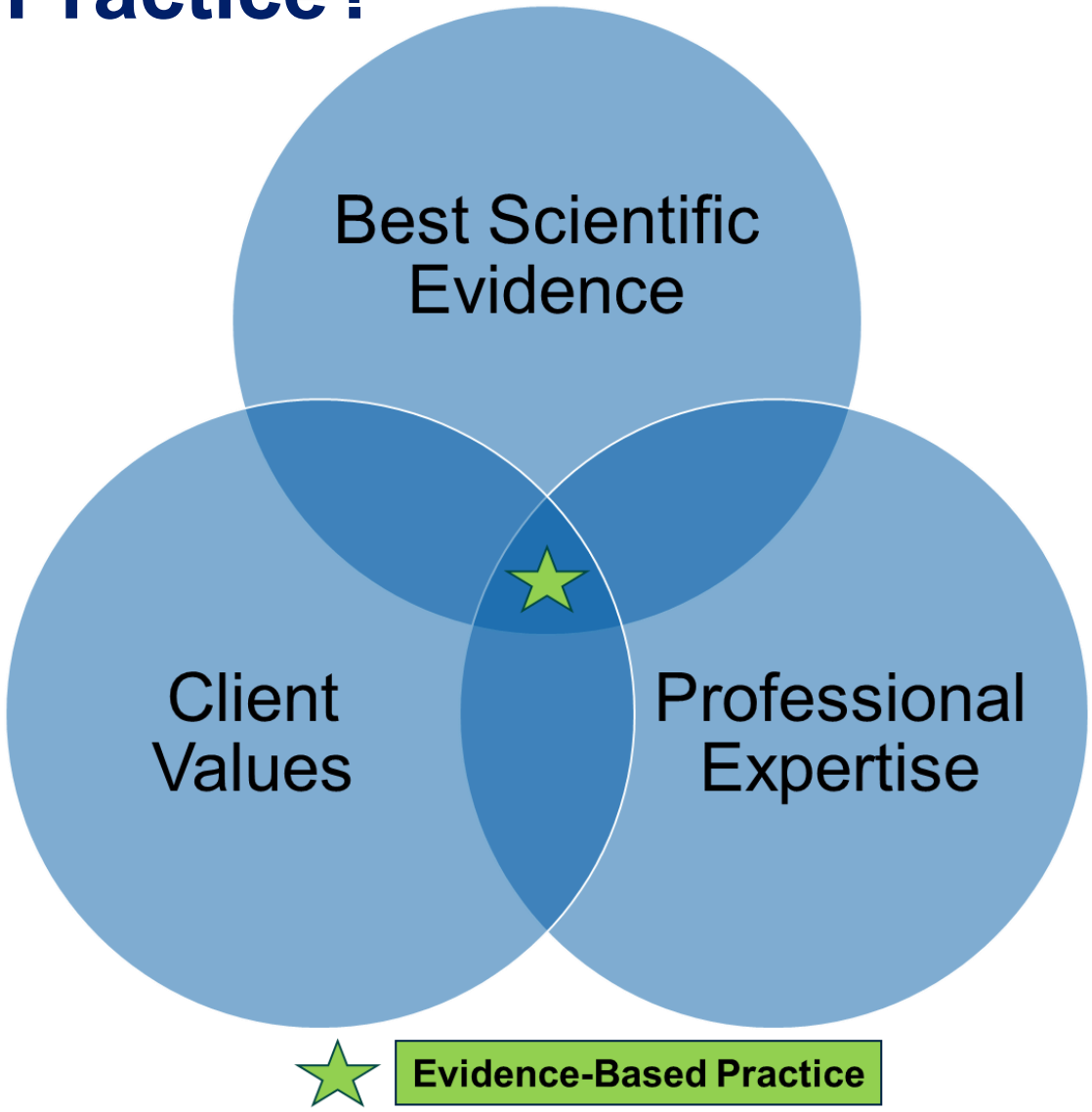
Quelle Bild: Paul Wischmeyer https://www.linkedin.com/posts/activity-7337961717974331392-TI4J?utm_source=share&utm_medium=member_desktop&rcm=ACoAACaD3BcBV5Q2L1ILs5mZrhX4lIQnOG0VBaQ

Was ist Evidence-Based Practice?



Quelle: Watowicz RP, Hand RK. Call for Standardized Language and Training to Bridge the Appraise/Apply Gap in Evidence-Based Dietetics Practice. J Acad Nutr Diet. 2023 Aug;123(8):1121-1126.

Gewichtung in der evidenzbasierten Praxis

Schwache Evidenz	Starke Evidenz
 Expertise wichtiger	 Expertise weniger stark gewichtet → *Umsetzung empfohlen, ausser zwingende Gründe.*
 Präferenz wichtiger	 Präferenz weniger stark gewichtet → *Umsetzung empfohlen, ausser zwingende Gründe.*
 **Kommunikation:** - Wissenschaft erklären *(„kann sich ändern“)* - Präferenzen erfragen - Expertise teilen	 **Kommunikation:** - Wissenschaft erklären *(„stabil, kaum Änderungen“)* - Präferenzen erfragen - Expertise teilen → Umsetzung empfehlen

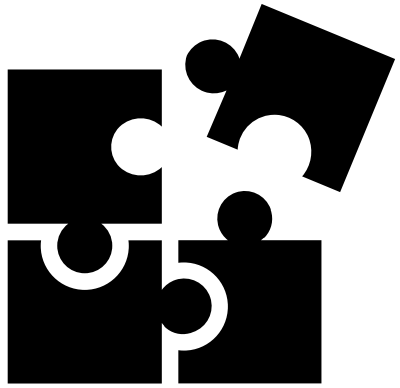
Quelle: Watowicz RP, Hand RK. Call for Standardized Language and Training to Bridge the Appraise/Apply Gap in Evidence-Based Dietetics Practice. J Acad Nutr Diet. 2023 Aug;123(8):1121-1126.

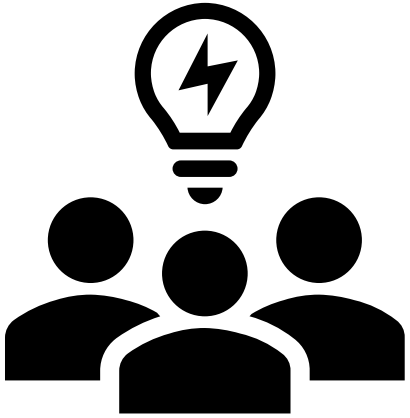
Beste Evidenz

- Konkrete Frage formulieren
- Evidenz suchen und einteilen
- Kritische Beurteilung der Evidenz
- Zusammenfassen / Implikation für Praxis

Quelle: Academy of Nutrition and Dietetics, Evience Analysis Manual 2022. Abrufbar unter Manual

Professionelle Expertise





Ausbildung, Wissen
Praxiserfahrung
Lebenslauf
Etc.

Austausch
Dialog
Gemeinsam
Haltung: Gute Gründe

[1] World Health Organization (2010). Framework for action on interprofessional education and collaborative practice.
[2] Bundesamt für Gesundheit (2013), Bericht der Themengruppe „Interprofessionalität“
[3] Schweizerische Akademie der Medizinischen Wissenschaften (2020) Charta 2.0 Interprofessionelle Zusammenarbeit im Gesundheitswesen
4. Watowicz RP, Hand RK. Call for Standardized Language and Training to Bridge the Appraise/Apply Gap in Evidence-Based Dietetics Practice. J Acad Nutr Diet. 2023 Aug;123(8):1121-1126.

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Client Values

Definition Shared Decision Making: «An approach where clinicians and patients **share** the best available evidence when faced with the task of making decisions, and where **patients are supported to consider options**, to **achieve informed preferences**"

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Evidence-Based Practice als Key Factor in der Ernährungstherapie

(insbesondere im Palliative Care)

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Quelle: Watowicz RP, Hand RK. Call for Standardized Language and Training to Bridge the Appraise/Apply Gap in Evidence-Based Dietetics Practice. J Acad Nutr Diet. 2023 Aug;123(8):1121-1126.

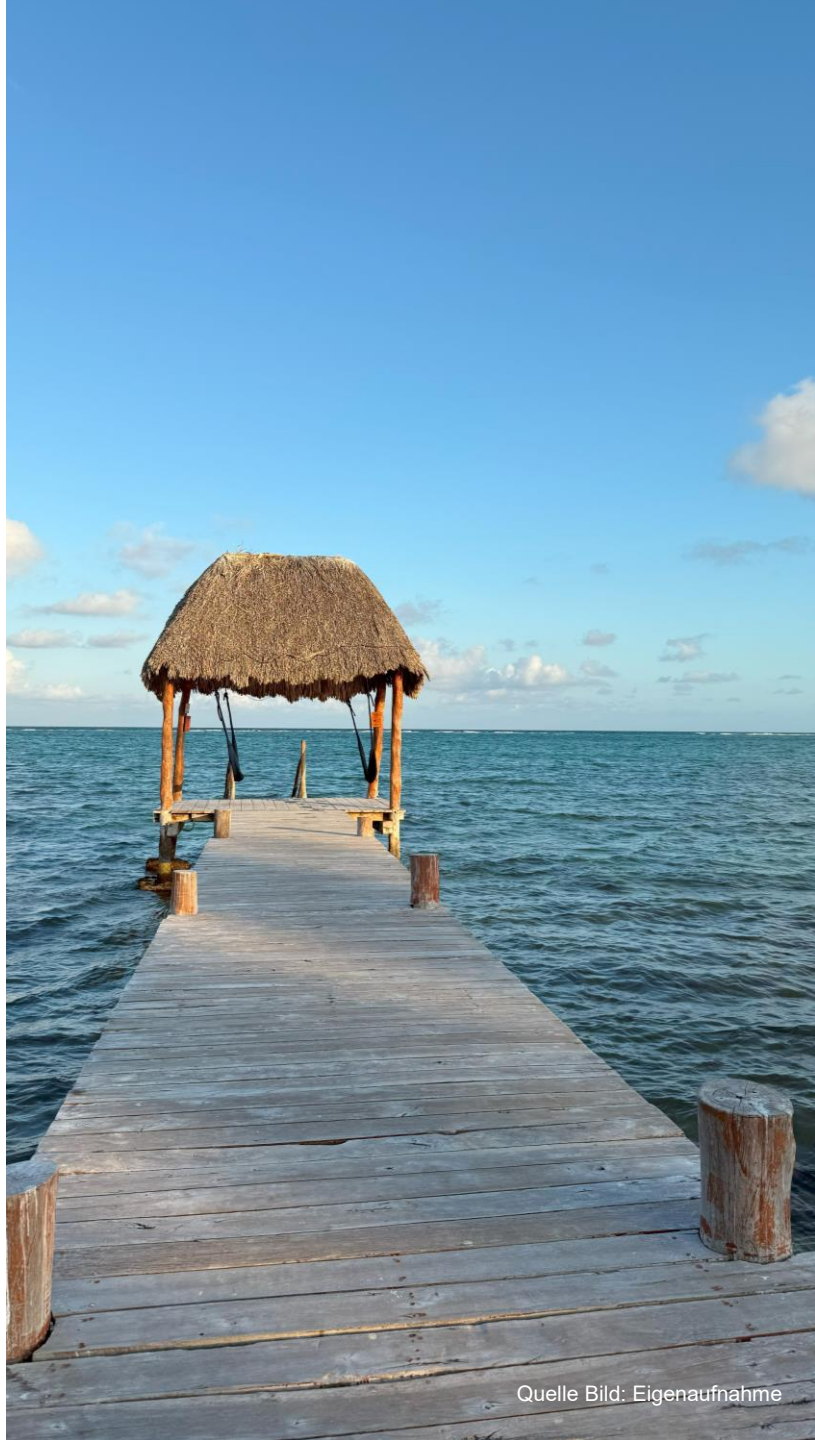
Eigene Erfahrungen

- Frühzeitig → Unter- und Überversorgung vermeiden
  - Wir können heisst nicht zwingend, dass wir sollten/müssen
- Optionen kennen, erwähnen, erfragen
- Pat. kennen (wollen), individueller Ansatz
  - Offen bleiben
- ERB im interprofessionellen Team als Kernprofession involvieren
- Gemeinsam entscheiden; Teamwork!
- Therapiezieländerung nicht Abbruch = Symptomlinderung / Lebensqualität als Ziel

Quelle Bild: Eigenaufnahme

Empfehlung Ressourcen / Quellen

- Practice Application Paper AND: Schwartz DB, Posthauer ME, O'Sullivan Maillet J. Advancing Nutrition and Dietetics Practice: Dealing With Ethical Issues of Nutrition and Hydration. J Acad Nutr Diet. 2021 May;121(5):823-831.
- Shared Decision Making: Elwyn et al.: Shared Decision Making: A Model for Clinical Practice – PMC und Shared Decision-Making. A Primer for Clinicians - PubMed
- ESPEN Guideline (alt): ESPEN guideline on ethical aspects of artificial nutrition and hydration (neue in Pipeline!)
- ASPEN Position Paper: Ethical Aspects of Artificially Administered Nutrition and Hydration: An ASPEN Position Paper



Quelle Bild: Eigenaufnahme

Christina Gassmann

Fachverantwortliche klinische Ernährung,
Ernährungsberatung/-therapie USZ

LinkedIn – Stay in Touch

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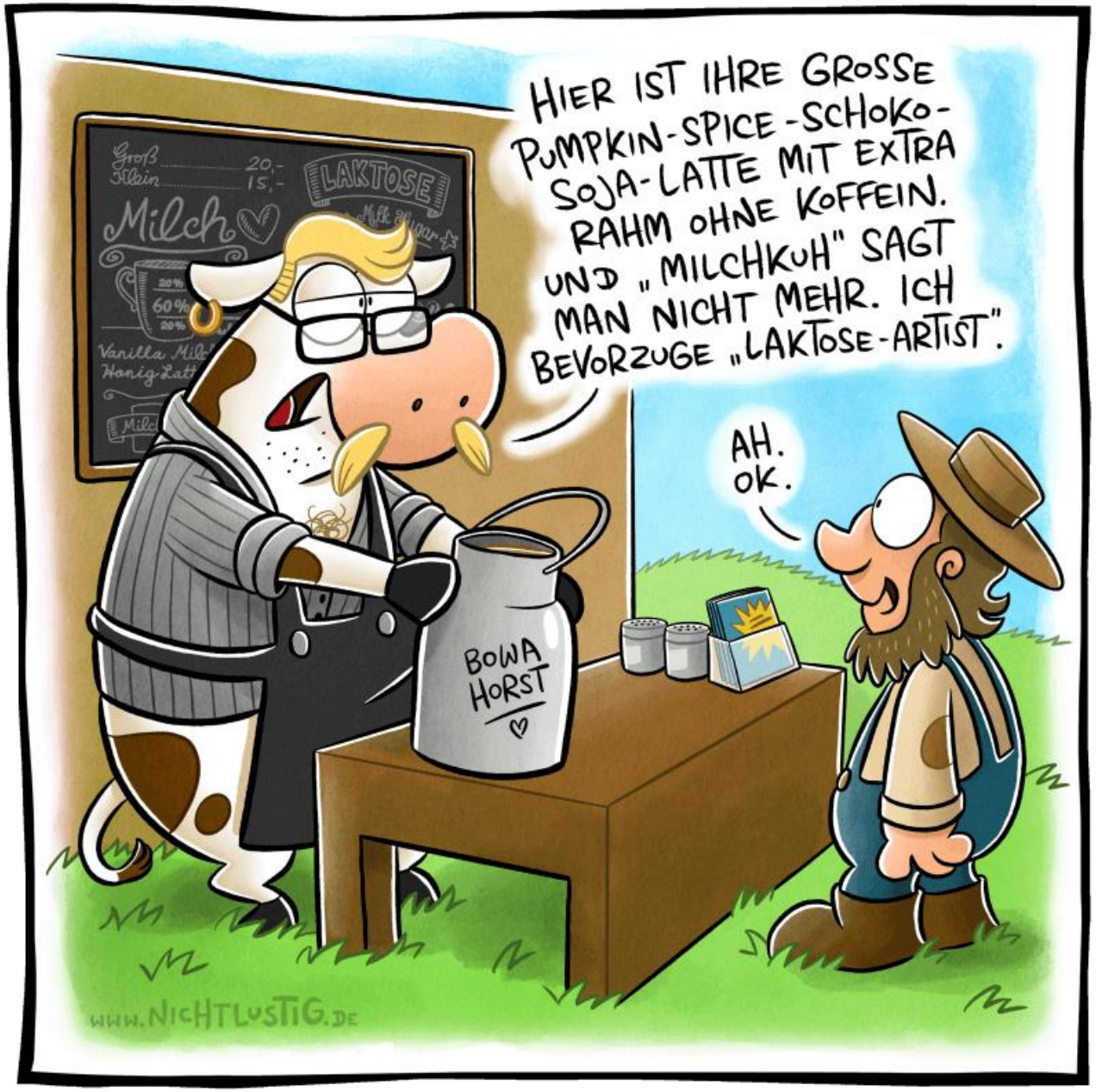

Quelle Bild: NICHTLUSTIG-Cartoon: MILCHKUH

Vielen Dank!

Fragen / Diskussion / Beispiele

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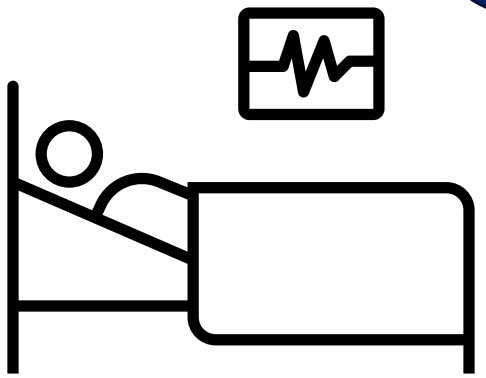
Patientenbeispiel

Frau Muster, Jg 1934

Diagnose:
Oropharynxkarzinom links pT2 pN1 (2/24)
ECE+ L0 V0 Pn0 R0 cM0 p16 positiv
St. n. Tracheotomie, Neck dissection links II-IV, transoraler roboter-assistierter Oropharyngektomie links 12/24
Aktuell: bis Februar Adjuvante RCHT bis 66Gy und konkomittierend Cisplatin

Ernährung:
- 160 cm, 62 kg, Gewichtsverlust von 6 kg innert der letzten 4-6 Wochen
- Aktuell starke Schmerzen, Mukositis, Übelkeit, Aversionen, Inappetenz
- Zufuhr max. ¼ der gewohnten Menge



Milde / Moderate Demenz?
Schwere Demenz

Ohne Tumorerkrankung /
Schwere Demenz
Gemäss Pat.verfügung
wünscht Pat. alle
Interventionen inkl.
künstliche Ernährung

Additional Slide Patientenbeispiel

Clinical Nutrition 40 (2021) 2898–2913

Contents lists available at ScienceDirect

Clinical Nutrition

journal homepage: http://www.elsevier.com/locate/clnu

ESPEN Guideline

ESPEN practical guideline: Clinical Nutrition in cancer

Maurizio Muscaritoli [a, *], Jann Arends [b], Patrick Bachmann [c], Vickie Baracos [d], Nicole Barthelemy [e], Hartmut Bertz [b], Federico Bozzetti [f], Elisabeth Hütterer [g], Elizabeth Isenring [h], Stein Kaasa [i], Zeljko Krznaric [j], Barry Laird [k], Maria Larsson [l], Alessandro Laviano [a], Stefan Mühlebach [m], Line Oldervoll [n], Paula Ravasco [o], Tora S. Solheim [p], Florian Strasser [q], Marian de van der Schueren [r, s], Jean-Charles Preiser [t], Stephan C. Bischoff [u]

[a] Department of Translational and Precision Medicine University La Sapienza, Rome, Italy
[b] Department of Medicine I, Medical Center - University of Freiburg, Faculty of Medicine, University of Freiburg, Germany
[c] Centre Regional de Lutte Contre le Cancer Leon Berard, Lyon, France
[d] Department of Oncology, University of Alberta, Edmonton, Canada
[e] Centre Hospitalier Universitaire, Liege, Belgium
[f] University of Milan, Milan, Italy
[g] Division of Oncology, Department of Medicine I, Medical University of Vienna, Austria
[h] Bond University, Gold Coast, Australia
[i] Norwegian University of Science and Technology, Trondheim, Norway
[j] University Hospital Center and School of Medicine, Zagreb, Croatia
[k] Institute of Genetics and Molecular Medicine, University of Edinburgh, Edinburgh, UK
[l] Karlstad University, Karlstad, Sweden
[m] University of Basel, Basel, Switzerland
[n] Center for Crisis Psychology, University of Bergen, Norway/Department of Public Health and Nursing, Faculty of Medicine and Health Sciences, The Norwegian University of Science and Technology (NTNU), Trondheim, Norway

Clinical Nutrition 43 (2024) 1599–1626

Contents lists available at ScienceDirect

Clinical Nutrition

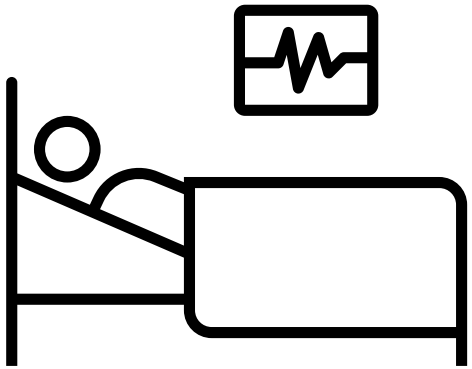
journal homepage: http://www.elsevier.com/locate/clnu

ESPEN Guideline

ESPEN guideline on nutrition and hydration in dementia – Update 2024

Dorothee Volkert [a, *], Anne Marie Beck [b], Gerd Faxén-Irving [c], Thomas Frühwald [d], Lee Hooper [e], Heather Keller [f, g], Judi Porter [h], Elisabet Rothenberg [i], Merja Suominen [j], Rainer Wirth [k], Michael Chourdakis [l]

[a] Institute for Biomedicine of Aging, Friedrich-Alexander-Universität Erlangen-Nürnberg, Nuremberg, Germany
[b] Dietetic and Nutritional Research Unit, Herlev and Gentofte University Hospital, Herlev, Denmark
[c] Division of Clinical Geriatrics, Department of Neurobiology, Care Science and Society, Karolinska Institutet, Stockholm, Sweden
[d] Department of Geriatric Acute Care, Hietzing Municipal Hospital, Vienna, Austria
[e] Norwich Medical School, University of East Anglia, Norwich, UK
[f] Department of Kinesiology & Health Sciences, Faculty of Health, University of Waterloo, Waterloo, Canada
[g] Schlegel-UW Research Institute for Aging, Waterloo, Canada
[h] Institute for Physical Activity and Nutrition, School of Exercise and Nutrition Sciences, Deakin University, Geelong, Australia
[i] Department of Nursing and Integrated Health Sciences, Faculty of Health Sciences, Kristianstad University, Kristianstad, Sweden
[j] Department of General Practice and Primary Health Care, University of Helsinki, Helsinki, Finland
[k] Department of Geriatric Medicine, Marien Hospital Herne, Ruhr-University Bochum, Herne, Germany
[l] School of Medicine, Faculty of Health Sciences, Aristotle University of Thessaloniki, Greece



Recommendation 36

Enteral nutrition should be used temporarily in persons with mild or moderate dementia, if significantly low nutritional intake is predominantly caused by a potentially reversible condition.

Grade of recommendation GPP – strong consensus (100% agreement)

Recommendation 34

Each decision for or against (par)enteral nutrition and hydration for persons with dementia shall be made on an individual basis with respect to the patient's clinical situation, general prognosis and preferences.

Grade of recommendation GPP – strong consensus (100% agreement)

Recommendation 37

Enteral nutrition shall not be initiated in patients with severe dementia.

Grade of recommendation GPP – strong consensus (100% agreement)

Recommendation 35

Enteral and parenteral nutrition and parenteral fluids shall NOT be initiated in persons with dementia in the terminal phase of life.

Grade of recommendation GPP – strong consensus (96% agreement)

Additional Slide Patientenbeispiel

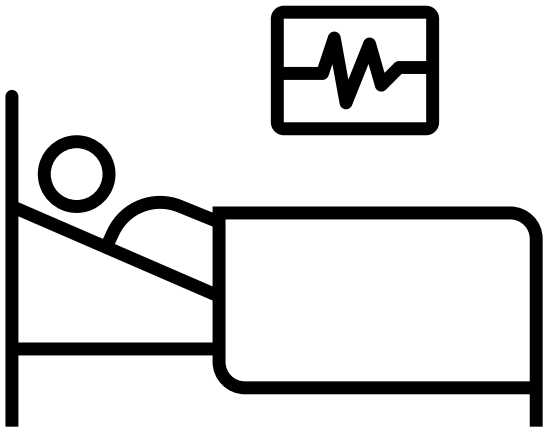


Table 1
Stages of cognitive dysfunction and dementia.

	Normal	MCI	Early dementia	Mild to moderate dementia	Severe dementia
Memory	No memory loss or slight inconsistent forgetfulness	Consistent slight forgetfulness; partial recollection of events; objective memory deficit when interviewed	Moderate memory loss; more marked for recent events; memory loss interferes with every day activities	Severe memory loss; only highly learned material retained; new material rapidly lost	Severe memory loss; only fragments remain; finally unable to communicate verbally
Orientation	Fully oriented	Fully oriented except for slight difficulty with time relationship	Moderate difficulty with time relationship; oriented for place in known environment; may have geographic disorientation elsewhere	Severe difficulty with time relationships; usually disoriented to time and often to place	Oriented to person only
Judgment & problem solving	Solves everyday problems; handles business and finances well; judgment good in relation to past performance	Slight impairment in solving problems, similarities and differences	Moderate difficulty in handling problems; similarities and differences, social judgment usually maintained	Severely impaired in handling problems, similarities and differences; social judgment usually impaired	Unable to make judgments or solve problems
Social activities	Independent function at usual level, shopping, volunteer and social groups	Slight impairment	Unable to function independently at these activities although may still be engaged in some; appears normal to casual inspection	No independent function outside home; well enough to be taken to functions outside home	No independent function outside home; too ill to be taken to functions outside home
Home and hobbies	Life at home, hobbies and intellectual interests well maintained	Life at home, hobbies, and intellectual interests slightly impaired	Mild but definite impairment of function at home; more difficult chores abandoned; more complicated hobbies and interests abandoned	Only simple chores preserved; very restricted interests, poorly maintained	No significant function in home
Personal care	Fully capable of self-care	Fully capable of self-care	Needs prompting	Requires assistance in basic ADL; may become incontinent	Dependency in basic ADL; incontinent
Affect	Normal	Some denial as defense; mild anxiety	Denial is dominant; emotional blunting; withdrawal	Delusions; anxiety and agitation; repetitive obsessive behavior	Disturbed diurnal rhythm; delusions
CDR Scale	0	0–0.5	1–2	2–3	3
GDS-Reisberg Stage	1–2	3	4	5–6	6–7

ADL = activities of daily living, CDR = Clinical Dementia Rating (copyrighted instrument of the Alzheimer's Diseases Research Center, Washington University, St. Missouri, USA) [4], GDS = Global Deterioration Scale [5], MCI = mild cognitive impairment.

Quelle: Volkert D, Beck AM, Faxén-Irving G, Frühwald T, Hooper L, Keller H, Porter J, Rothenberg E, Suominen M, Wirth R, Chourdakis M. ESPEN guideline on nutrition and hydration in dementia - Update 2024. Clin Nutr. 2024 Jun;43(6):1599-1626. doi: 10.1016/j.clnu.2024.04.039. Epub 2024 May 8. PMID: 38772068.