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Coping mechanisms initiated by women in an attempt to avoid symptoms of chronic radiation enteritis

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Approximately 12 000 individuals undergo radical pelvic radiotherapy in the UK every year and $\leq 50\%$ may develop symptoms of chronic radiation enteritis (CRE)⁽¹⁾. Symptoms of CRE include diarrhoea, incontinence and abdominal bloating or discomfort and can negatively impact on the quality of physical, psychological and social aspects of life⁽²⁾. Health professionals often give inappropriate dietary advice to patients in an attempt to avoid CRE symptoms, such as avoiding fibre, despite a lack of evidence to support this advice⁽³⁾. The aim of the present study was to explore such dietary advice and changes made to diet by women treated with pelvic radiotherapy. A questionnaire was distributed to 117 women attending the oncology clinic at Liverpool Women's Hospital, exploring symptoms of CRE and asking questions about diet and medication advice received and any changes made to the diet. Ninety-five (87.2%) women completed and returned the questionnaire. The mean age of the participants was 62 (sd 14.2; range 28–90) years. Of the participants 53% had not changed their diet and 48% had received no dietary advice (45% received advice from a dietitian, with 3% advised by other health professionals). Presumably, 55% had not been referred to the dietitian, hence no advice was received. No significant relationship was observed between receiving dietary advice and making changes to diet. However, those women advised by a dietitian were more likely to be taking regular anti-diarrhoeal medication ($P < 0.05$) and those taking regular medication found that it helped all or most of the time ($P < 0.001$). Changes made to the diet are shown in the Table.

Table. Changes made to diet to help control bowel symptoms.

Change	Percentage of participants
Eat less food	14
Avoid food at certain times	15
Eat less fruit	25
Eat less vegetables	19
Eat less fibre (brown bread, cereal etc.)	24
Eat less fat	17
Other	7

Dietary changes seem to be mainly self-administered as they are not related to receiving advice. They involve avoiding many 'protective' foods, such as fruit, vegetables and whole grains. From the questionnaire it seems that dietetic intervention encouraged regular use of anti-diarrhoeal medication, which seemed to help all or most of the time, reducing the need for dietary restriction. There is currently no evidence base to suggest that CRE sufferers should avoid fibre in the diet and, although more research is needed in this area, sufferers should be dissuaded from unnecessarily restricting their diet, which may result in malnutrition.

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2. Abayomi J, Kirwan J, Hackett A & Bagnall G (2005) *J Hum Nutr Diet* **18**, 353–363.
3. McGough C (2007) *Dietetics Today* **42**, 36–39.