

AN EXPLORATION OF INDIVIDUALS' EXPERIENCES OF DIETARY CHANGES MADE AS A RESULT OF A HEAD AND NECK CANCER DIAGNOSIS

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Background: There has been much research concentrated on the physical aspects associated with head and neck cancer such as weight loss and dysphagia (Kubrak et al, 2010). However, there is little published research exploring patients' reactions to these issues and possible alterations to their diet. Therefore the aim of the study was to explore these experiences of dietary changes as a result of a diagnosis of head and neck cancer (HNC).

Methods: The study design incorporated a qualitative approach, using the Mouth Cancer Foundation website as a source of data generation, which has 3675 registered members. 67 accounts from adults aged 18 years or over, who were receiving or who had received treatment were used. Ethical approval and permission to access the website was not required as the information was within the public domain. Systematic searches of the forum, blogs and stories sections of the website were conducted using search terms such as 'ability to eat', 'taste changes' and 'nutrition' in order to gather suitable data. The methods used for data analysis were the Framework approach and thematic approach which allowed structure when analysing and developing themes as well as enabling in-depth exploration and further theme development.

Results: The four main themes that emerged from the analysis were oral intake, ability to eat, taste changes and emotions towards eating. Individuals experienced problems with oral intake due to the symptoms of HNC and became dependent on softer foods, with spicy, sharp and acidic foods causing problems. There were a range of experiences in terms of the time taken to recover the ability to eat and ability to swallow. The condition of individuals' taste buds after radiotherapy differed as some recovered quickly whilst for others, there was a long recovery process. One fifth of patients commented on their emotions regarding these changes which included unhappiness and anger at losing their ability to eat and the loss of pleasure previously provided by food

Discussion: The main experiences affecting dietary change were altered taste, types of food that could be tolerated and swallow ability which is also indicated in research by Deasy et al (2010). Most individuals who experienced these changes accepted them, with only a small number conveying emotions such as anger and sadness with regard to the dietary changes. The majority of experiences were temporary however approximately one quarter were permanent in terms of taste and swallow. Although common themes were apparent through analysis of the data, it was found that experiences faced by the patients were unique to each individual.

Conclusion: The majority of individuals learnt to adapt to these changes to deal with the effects of their cancer, with a small number expressing emotion regarding the issue. When working with HNC patients, practitioners should recognise that each patient will have individual experiences. Access to the Mouth Cancer Foundation website gives HNC patients an opportunity to express their experiences in relation to their diagnosis. This project looked at one online internet support group therefore other online groups could be explored in a similar way to build up a larger picture of patients' experiences of dietary change.

References:

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