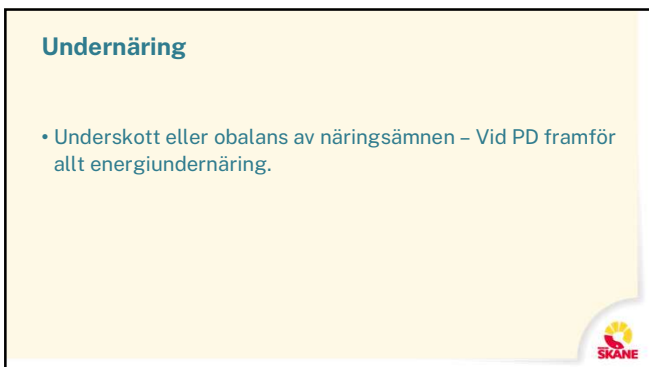
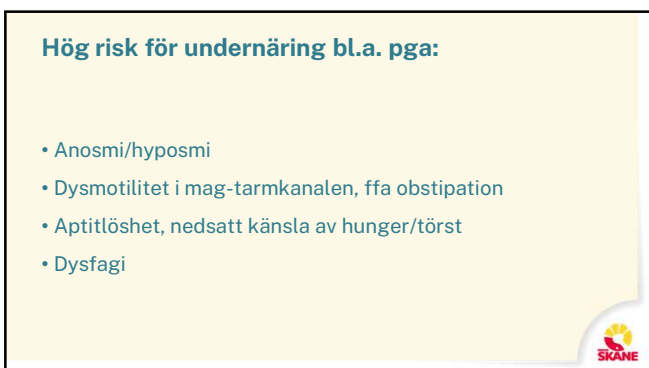




1



2



3

Undernäring

- Prevalens undernäring?

Table 4
Thresholds for severity grading of malnutrition into Stage 1 (Moderate) and Stage 2 (Severe) malnutrition.

	Phenotypic Criteria ^a		
	Weight loss (%)	Low body mass index (kg/m ²) ^b	Reduced muscle mass ^c
Stage 1 Moderate Malnutrition (Requires 1 phenotypic criterion that meets this grade)	5–10% within the past 6 mo. or 10–20% beyond 6 mo	<20 if < 70 yr. <23 if ≥ 70 yr.	Mild to moderate deficit (per validated assessment methods – see below)
Stage 2 Severe Malnutrition (Requires 1 phenotypic criterion that meets this grade)	>10% within the past 6 mo. or >20% beyond 6 mo	<18.5 if < 70 yr. <20 if ≥ 70 yr.	Severe deficit (per validated assessment methods – see below)

^a Severity grading is based upon the noted phenotypic criteria while the etiologic criteria described in the text and Fig. 1 are used to provide the context to guide intervention and anticipated outcomes.


^b Further research is needed to secure consensus reference BMI data for Asian populations in clinical settings.

^c For example appendicular lean mass index (ALMI, kg/m²) by dual-energy absorptiometry or corresponding standards using other body composition methods like bioelectrical impedance analysis (BIA), CT or MRI. When not available or by regional preference, physical examination or standard anthropometric measures like mid-arm muscle or calf circumferences may be used. Functional assessments like hand-grip strength may be used as a supportive measure [15].

4

Har sett att undernäring i PD är kopplat till bl.a.


- Fatigue
- Ångest/depression
- Dyskinesier
- Sjukdomsprogress, tid med diagnos, dos av levodopa, UPDRS, Hoehn & Yahr



5

Potentiellt ökade problem som tillkommer i komplikationsfas – ökad energiförbrukning?

- Rigiditet
- Överörlighet



6

Potentiellt ökade problem som tillkommer i komplikationsfas – minskat intag?

- Dysfagi
- Kognitiva svårigheter
- Tarmmotilitet – gastropares
- Motoriska symptom som försvårar införskaffning, tillredning och intag av mat



7

Nutritionsbehandling undernäring

- Anpassade livsmedelsval, måltider, måltidsordning, konsistens.

Förändrad livssituation i komplikationsfas

Hur mycket orkar man, när mår man som bäst, hur smakar maten, vem handlar/tillreder mat, hur fungerar sociala situationer osv.



8

Nutritionsbehandling undernäring forts.


- Kosttillslagg och berikningsprodukter
- Enteral eller parenteral näringstillförsel



9

Protein och l-dopa i komplikationsfasen


- Generell rekommendation att inte äta mat (protein) inom 60 min före och 30 min efter l-dopa
- Rekommendationerna om att inte äta i samband med l-dopa leder ibland till "överdriven" rädsla för mat generellt och protein i synnerhet.



10

Protein och l-dopa i komplikationsfasen

- Proteinlåg kost rekommenderas inte
- Proteinomfördelning kan i teorin vara till hjälp om man upplever dosglapp, men ofta svårt i praktiken.
- När är proteinfördelning då lämpligt?
- Proteinbehov?



11

Tack!

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12

Läs mer

- ESPEN guideline clinical nutrition in neurology <https://doi.org/10.1016/j.clnu.2017.09.003>
- GLIM criteria for the diagnosis of malnutrition e A consensus report from the global clinical nutrition community <https://doi.org/10.1016/j.clnu.2018.08.002>
- Motor, psychiatric and fatigue features associated with nutritional status and its effects on quality of life in Parkinson's disease patients <https://doi.org/10.1371/journal.pone.0091153>
- Prevalence and Risk Factors for Malnutrition in Patients With Parkinson's Disease <https://doi.org/10.3389/fneur.2020.533731>
- Prevalence of Malnutrition in Patients with Parkinson's Disease: A Systematic Review <https://doi.org/10.3390/nu14235194>
- Weight Loss and Malnutrition in Patients with Parkinson's Disease: Current Knowledge and Future Prospects <https://doi.org/10.3389/fnagi.2018.00001>
- To restrict or not to restrict? Practical considerations for optimizing dietary protein interactions on levodopa absorption in Parkinson's disease <https://doi.org/10.1038/s41531-023-00541-w>