



Impact of Multimorbidity and Polypharmacy on Nutritional Needs of Older Cancer Patients: A Primary Care Challenge

Al Ghamdi AAM*

Department of Family Medicine, King Saud bin Abdulaziz University for Health Sciences, Saudi Arabia

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Editorial

Primary care physicians are increasingly tasked with navigating complex clinical cases, including elderly patients with various cancer diagnoses, multimorbidity, and polypharmacy. The nutritional needs of this increasing patient population that interplay intricately with their multimorbidity and polypharmacy are critical for their survival and overall well-being.

Multimorbidity, the coexistence of two or more conditions, affects about 91% of this population [1,2]. These chronic conditions complicate cancer care because each condition requires a distinct management strategy that might conflict or synergize with cancer treatment. Moreover, the high burden of polypharmacy, which is the concurrent use of multiple medications, further complicates the clinical picture [1,3]. The delicate balance of managing medications to achieve their effectiveness, avoid adverse side effects, and optimize nutritional status requires precision and careful monitoring.

The nutritional status of older cancer patients in primary care is often overshadowed by the immediate concerns of cancer treatment and management of chronic conditions [4,5]. Primary care physicians need always to remember that malnutrition and cachexia are prevalent in this category of patients, and they are associated with poor treatment outcomes, increased morbidity and mortality, and diminished quality of life [4-6]. The causes of malnutrition in old patients with cancer are multifactorial, ranging from the physiological effects of aging to the side effects of medications [3-6].

Primary care physicians must be vigilant in assessing the nutritional needs of older patients with cancer. This involves not only recognizing the signs of malnutrition but also understanding the potential impact of multimorbidity and polypharmacy on the patient ability to maintain adequate nutrition. For example, certain medications can cause gastrointestinal side effects such as nausea, vomiting, or altered taste, which can reduce appetite and impede proper nutrition [3,6]. Additionally, the presence of other chronic conditions, such as diabetes and cardiovascular diseases, might necessitate dietary restrictions, further limiting the options and complicating the nutritional needs of these patients [1,3].

Some tools, such as the Comprehensive Geriatric Assessment (CGA), can be indispensable to use in primary care settings to help manage the nutritional status of older patients with cancer. This multidimensional and interdisciplinary tool helps evaluate patients' medical, psychological, and functional abilities to develop a coordinated and integrated plan for treatment and follow-up [7-10]. The CGA can help identify patients at risk of malnutrition and guide personalized nutritional interventions [7-10].

In conclusion, the impact of multimorbidity and polypharmacy on the nutritional needs of older cancer patients presents a significant challenge to primary care physicians. It requires a concerted effort to integrate nutritional assessment and management into the routine care of these patients. Utilizing tools like CGA and fostering a multidisciplinary approach, primary care physicians can better address the nutritional needs of this growing patient population. As we continue to advance in our understanding and resources, it is imperative that we prioritize the nutritional well-being of older cancer patients to improve their treatment outcomes and improve their quality of life.

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*Correspondence:

Abdullah Ali M. Al Ghamdi, Department of Family Medicine, King Saud bin Abdulaziz University for Health Sciences, Riyadh, Saudi Arabia,

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