

Observations of patient reactions to weight gain in a severely underweight patient population

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Purpose

Weight gain in a severely underweight population can be a delicate topic. Many patients who start parenteral nutrition (PN) have a severely compromised nutritional status and a poor weight status as compared to Dr. GJ Hamwi's ideal weight range formula (HAMWI) weight recommendations. Malnutrition is usually why the patient is referred for nutrition support. Consequences of severe malnutrition include increased risk of osteoporosis, impaired immune system, fertility issues, anemia, vitamin and mineral deficiencies, developmental issues, depression, and in worse case scenarios possible cardiac arrest and death. Patients who are severely underweight for a short time or for a prolonged period may have low body confidence and react fearfully to gaining weight despite known health benefits of weight gain.

Methods

Over the course of three months, a nationwide home infusion provider observed thirteen severely underweight patients receiving nutrition support and subjective reactions to weight status as they began gaining weight. Patients were 16-41 pounds below their ideal weight range (as determined by HAMWI) and all were severely underweight. Length of PN varied from 3 months to 3 years. Observations regarding body image were noted and documented by the nutrition support dietitian. Excluded patients included those who were admitted to hospice services or had multiple mental health disorders that could potentially influence rates of anxiety and depression.

Results

Negative comments about weight gain occurred:

*53.4% when 5-10# was gained

*15.4% when 10-15# was gained

*30.7% when ideal weight range was achieved

During weekly conversations with the dietitian, all 13 patients verbalized perceived negative body image comments such as: "love handles", "thunder thighs", belly looking "too large", having "fluffy fat", clothes not fitting, wearing "fat girl" pants, pants fitting "too snug", and feeling "chunky".

Additional observations noted:

- 13/13 patients verbalized low body confidence
- 3/13 patients noticed improved energy levels with weight gain
- 0/13 had a previously diagnosed eating disorder or history indicating an underlying psychosocial disorder
- Diagnoses included: 5/13 gastroparesis, 3/13 malabsorption, 2/13 history of gastric bypass surgery, 2/13 pancreatic cancer, and 1/13 short bowel syndrome
- In 3/13 patients, providers questioned compliance of PN therapy due to low body weight
- 5/13 patients requested a PN decrease once weight gain >5# occurred.

Conclusion

When severely underweight patients started to gain desirable weight, 13/13 sampled patients receiving PN expressed negative body image comments. This led to patients requesting a decrease in calories or PN days (5/13 patients); possible decreased adherence to therapy (3/13), and low body confidence as verbalized by 13/13 patients. The health impact of malnutrition in a severely underweight individual is significant. Healthcare providers and the nutrition support team should educate patients regarding the benefits of healthy weight status, healthy energy levels, and discuss the potential impact of body image with positive health changes. These can be challenging topics for providers but improving education and the conversation surrounding negative body image may help improve patient outcomes, social health, and wellbeing.

Observations	# of Patients
Patients expressing negative body image comment	13/13
Patients who noticed improved energy levels with weight gain	3/13
Previously diagnosed eating disorder	0/13
Providers questioned compliance with PN therapy	3/13
Requested PN decrease once weight gain >5# occurred	5/13