

O.41 Prospective study on nutritional behaviour and the efficacy of an intensified oral nutritional intervention in HIV-1-infection

B. Bürger, G. Ollenschläger, G. Fätkenheuer, D. Wessel, A. Schwenk*, B. Salzberger and M. Schrappe****
*Dept. of Int. Medicine II, *Dermatology and **Int. Medicine I, University of Cologne, Germany*

Introduction: Malnutrition and cachexia are characteristic symptoms of the HIV-1-infection. In order to test the efficacy of an intensified oral dietetic intervention, we performed a prospective study in 98 HIV-1-infected out-patients (age: 21–61; \bar{x} = 38; WR 5–6) with apparent malnutrition (BMI < 24 and/or unintentional weight loss (UWL) > 10% of original body weight (OBW) during 6 months).

Methods: Patients were analysed retrospect. and followed prospect. over a period of 6 months. Nutritional behaviour before the first intervention was analysed by the standard diet history method. The efficacy of the nutritional intervention was analysed by course of body weight, bioelectrical impedance analysis and a 7-day-food-record.

Results: Although 74% of the pat. had an energy intake >90% of the calculated requirements (26% of the pat. had an energy intake <90% of calc. requ.; 48% of pat. = 90–110% of calc. requ.; 26% of pat. > 110% of calc. requ.) 61% of the pat. had an UWL of 6–26% (\bar{x} = 14%; \bar{x} = 13.5%) of OBW. 47% suffered from diarrhoea, 47% from fever, 58% from altering of taste, 54% from loss of appetite and 44% from dysphagia. 54% took supplements of vitamins and minerals uncritically; 34% said to eat 'consciously' since knowing from their infection. In 60% of the pat. with UWL nutritional status could be stabilized (stop of weight loss) after the first intervention; 40% of those were even able to gain weight (2–10 kg; \bar{x} = 3 kg) during 6 weeks after the first dietetic intervention. The weight gain was accomplished by an increase of body-cell-mass.

Conclusion: HIV-1-associated malnutrition seems to be the result of longstanding diarrhoea (as a consequence of gastrointestinal opportunistic infections), febrile periods and altering of taste resulting in loss of appetite. An intensified oral nutritional intervention should be an integral part of the treatment of HIV-1-infected in order to prevent or treat malnutrition. It still remains to be proven whether those patients who seemingly meet their calculated requirements for energy and still lose weight have a higher basal metabolic rate.