Mashhad University of Medical Sciences

ANGABIN TEB
انگبین طب

Spinal Cord Trauma

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Nutritional care provided by nutritionists as part of a specialized team leads to improved nutritional outcomes in acute care and individual rehabilitation in social settings. Patients with spinal cord trauma experience an increase in nutrient deficiencies, nutritional problems associated with social isolation, and issues related to physical activity, overweight, and obesity, intestinal dysfunction, swallowing, and chronic nutritional disorders.

Blueberry juice can be useful for preventing urinary tract infections, which can be recommended in the amount of one glass three times a day unless the patient has diabetes.

It is recommended to drink 1.5 liters of fluids per day. High-fiber diet and adequate fluid intake usually do not cure constipation alone. For chronic intestinal dysfunction, 15 grams of fiber seems more useful than higher amounts (20 to 30 grams).

Maintaining nutritional health is important; because malnutrition is a risk factor for adequate nutrition and the implementation of strong nutritional support measures. Pressure ulcers are less common in patients with normal weight, more physical activity, and serum levels of total protein, albumin, zinc, vitamin A, and vitamin D. As a result, adequate intake of calories, protein, zinc, vitamins A, C, and B complex is essential.

When there are pressure sores, 30-40 kcal per kg of body weight and 1.2-1.5g of protein per kg of body weight per day is recommended.

Fluid requirements should be considered at least 1 ml per kcal received.

Following a high-fat diet is not recommended because excess fat is stored in adipose tissue, leading to obesity and increase and diabetes.

Also, evidence has been repeatedly presented that HDL-C is lower in groups with spinal cord trauma and spinal cord injury than in the healthy control group.

Men with spinal cord trauma and spinal cord injury should not consume more than 30% of their total calories, fat, and 10% of saturated fat in their daily calories.

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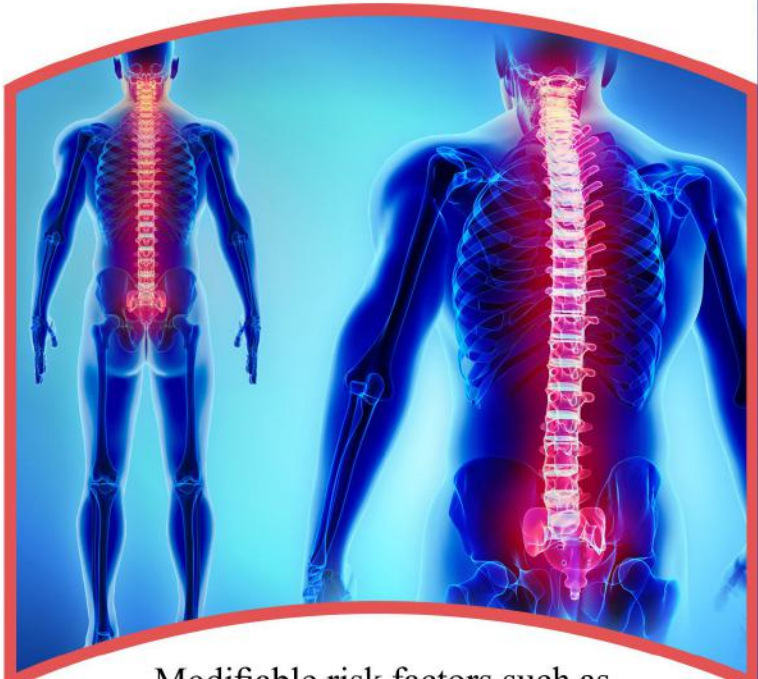
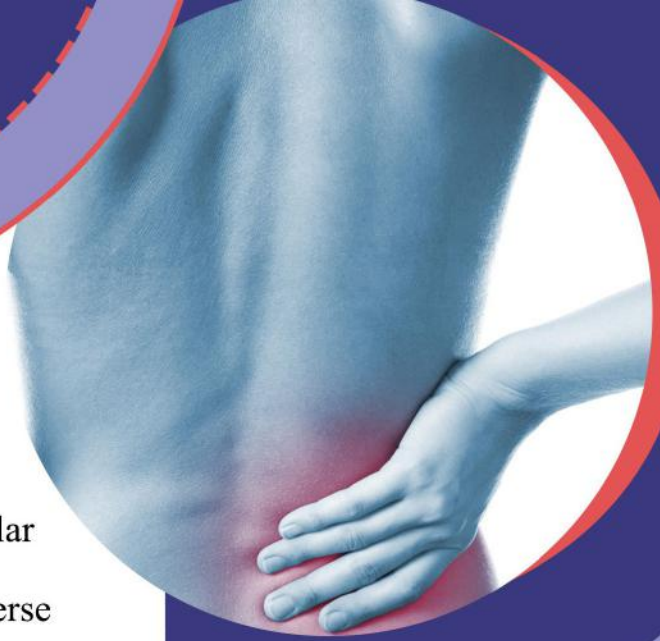
If the patient has a Spinal cord injury in the acute phase, the nutritionist should assess the energy needs through indirect calorimetry. Initial weight loss during the acute phase of injury can lead to weight gain in the chronic phase due to redistribution of body mass. Patients with spinal cord trauma have lower metabolism due to muscle amputation. Actually, energy needs are at least 10 % lower than expected.

Due to reduced energy consumption and caloric needs, following low levels of physical activity and reduced calorific value of food, adults in the chronic phase of Spinal cord trauma are usually overweight or obese and therefore at risk for diabetes and cardiovascular disease.

Patients with Spinal cord trauma of all ages appear to be at high risk for cardiovascular disease, atherogenesis, and adverse blood lipid levels.



Modifiable risk factors such as obesity, inactivity, dietary factors, and smoking should be considered.



Physical activity, including exercise, swimming, electrically stimulated workouts, and treadmill workouts that support a healthy weight can help improve blood lipids. Nutritional intervention using the evidence-based guideline for lipid disorders should be performed by a formal dietitian.