

Applying Nutritional Guidelines to Neuromuscular Disease



Dietitians and other Care Center team members can help patients eat well for their situation

While people living with neuromuscular disease often have specific dietary challenges, registered dietitian Umme Salma Vahanvaty, a member of the multidisciplinary care team at the MDA Care Center at Children's Hospital Los Angeles, believes these patients generally do best by following overall nutritional guidelines rather than adhering to strict diet plans.

"Dietitians who keep it rigid can overwhelm the people they are trying to help," she says. She recommends helping patients understand how common nutritional principles and foods can help them address some typical effects of neuromuscular disease.



Addressing common effects through diet

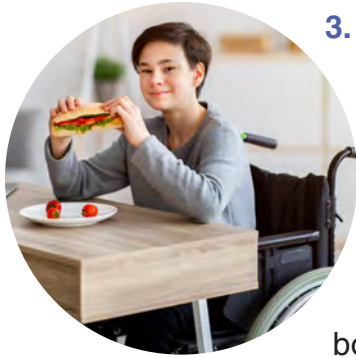
Here are four common problems that occur with neuromuscular diseases and how nutrition can help.

1. Constipation. This can occur because of limited movement or as a side effect of medication. "Often there is weakness of the muscles and intestinal tract for those with neuromuscular disease and it becomes harder to move things along," Vahanvaty says. "High fiber intake often will affect the body positively and they will then have adequate bowel movements." While increasing fiber, be sure to increase fluid intake. Without adequate hydration, the additional fiber can make constipation worse.

Foods to try: Whole grain breads and pastas, oatmeal, fruits and vegetables with edible skins, like apples, cucumbers, and peas

2. Muscle breakdown. Vahanvaty recommends patients include a source of protein at every meal to help the body preserve strength. This is important not just for everyday living but also for recovering from surgery, which many people with neuromuscular disease experience. "An underweight or weakened body will take much longer on average to recover," she says.

Foods to try: Beans, nuts, quinoa, yogurt, eggs, chicken, seafood, beef



3. Inflammation. Foods that contain vitamins A, C, D, and E will reduce inflammation in the body. In addition, B vitamins help with nerve function and overall health. “A lack of vitamins can lead to all sorts of issues — in rare cases, you can even end up with scurvy,” Vahanvaty says.

Foods to try: Spinach, tomatoes, oranges, berries, nuts, fatty fish such as salmon

4. Fragile bones. Foods rich in calcium and vitamin D will improve the body’s bone health, which is critical because those with neuromuscular disease are at risk for falls. While many people want to drink milk for calcium, Vahanvaty recommends no more than two or three servings a day. Excessive milk intake can cause constipation and replace foods that have other needed nutrients.

Foods to try: Kale, okra, broccoli, mushrooms, soybeans, figs, egg yolk, calcium-fortified breads and cereals

5. Unhealthy weight. People with neuromuscular disease may struggle to achieve a healthy weight appropriate for them based on their height and mobility level. Being underweight can be a symptom of concerns like declining feeding abilities or gastrointestinal issues. Being overweight may be the result of too much carbohydrate consumption, lifestyle factors, and medication interactions. At both ends of the spectrum there are different health issues that can impact quality of life. A dietitian can help spot trends in a patient’s weight and address them promptly.

Foods to try: Discuss with a dietitian based on the patient’s weight goals.

Team players

Vahanvaty sees dietitians as important members of multidisciplinary care teams for more than their ability to recommend foods and meal plans. “An effective dietitian should see themselves as part of a whole team,” she says. “You want to make sure the patient has an overall healthy environment. It’s about supporting them and working with their occupational and physical therapist, social worker, and other providers for the best outcome.”

And once good nutrition is established, a dietitian can see the patient less often. “A dietitian needs to see the patient with the whole team and, based on assessment, determine whether follow-up is needed,” she says. “If they are doing well, maybe you don’t see them for a year or two. If they’re not, it could be a monthly, three-month, or six-month follow-up. It’s not one way for everyone — and that applies to many parts of nutrition.”

As with other aspects of neuromuscular disease care, nutrition is not a one-size-fits-all approach.