

Abstract Title: Can a Regular Hospital diet vs. Low Microbial diet lessen weight loss following an Allogeneic Hematopoietic Stem Cell Transplant?

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Introduction: Individuals who receive a hematopoietic stem cell transplant (HSCT) are initially immunocompromised and potentially at greater risk for food-related infections. Historically, these patients received a low microbial diet (LMD) to minimize this risk of food-borne infections. In August 2010, the practice at our centre was changed and all HSCT patients were given a liberalized, more palatable Regular Hospital Diet (REG) that met government food safety guidelines.

Objective: Determine whether a REG diet attenuates Body Mass Index loss post HSCT, compared to a LMD diet.

Methods: A retrospective chart audit of 50 individuals who received a HSCT was performed to generate a sample of 25 consecutive patients who received a LMD (March 2010-June 2010) or a REG diet (March 2011-June 2011) during their hospital stay. The two groups were compared on demographic and clinical characteristics to ensure groups were matched. The primary study outcome was BMI (kg/m²), computed at transplant, discharge and one week post discharge. BMI values were tested using 2-way ANOVA (diet x time).

Results: Data from 48 patients (24 LMD and 24 REG) were analyzed (1 patient in each group died during their inpatient stay). There were no group differences on age, gender, diagnosis, donor type (related/unrelated), length of stay post HSCT (transplant to discharge) or total length of stay (admit to discharge). Both groups had a statistically significant but similar BMI loss, post HSCT (at transplant: LMD [25.7 ±3.6], REG [25.9 ±4.8]; at discharge: LMD [24.5±3.2], REG [24.7±4.3]; at 1 week post discharge: LMD [24.3±3.2], REG [24.5±4.4]).

Conclusions: The liberalized REG diet did not significantly lessen BMI loss but neither did it increase weight loss. A REG diet remains the diet for HSCT patients at our centre because it is more palatable to patients, easier for patients to manage upon discharge and easier/less costly for the institution during their inpatient stay.