

## Parenteralna i enteralna prehrana u terminalnoj fazi zatajivanja srca

### Parenteral and enteral nutrition in the terminal phase of heart failure

 Goranka Oremović\*

 Mara Čavarušić,

 Mateja Šolić,

 Paula Kraljić

Klinička bolnica Dubrava,  
Zagreb, Hrvatska

University Hospital Dubrava,  
Zagreb, Croatia

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\***ADDRESS FOR CORRESPONDENCE:** Goranka Oremović, Klinička bolnica Dubrava, Av. Gojka Šuška 6, HR-10000 Zagreb, Croatia. / Phone: +385-98-978-0398 / E-mail: [goremovi@kdb.hr](mailto:goremovi@kdb.hr)

**ORCID:** Goranka Oremović, <https://orcid.org/0000-0002-7451-4341> • Mara Čavarušić, <https://orcid.org/0000-0002-2146-6761> • Mateja Šolić, <https://orcid.org/0000-0001-8200-060x> • Paula Kraljić, <https://orcid.org/0000-0002-1243-2017>

Zatajivanje srca (ZS) postaje sve prisutniji javnozdravstveni problem. Kontinuirano „starenje“ populacije dovodi do sve veće prevalencije ZS-a u populaciji. Tri su osnovna modela liječenja ove bolesti. Konzervativno liječenje za bolesnike s manjim stupnjem ZS-a. Ukoliko bolesnik ne reagira na farmakološku terapiju ostaju dvije metode liječenja: transplantacija srca i mehanička cirkulacijska potpora. ZS uz ostale kardiološke bolesti uvelike utječe na brojne tjelesne i psihološke promjene koje samim time mogu utjecati na nutritivne potrebe i nutritivni status. Jedna od čestih komplikacija kod bolesnika sa ZS-om je pothranjenost. Bitan dio zdravstvene skrbi čini redovita procjena nutritivnog statusa kardiološkog pacijenta.<sup>1</sup> Uloga medicinske sestre je podučiti i osvijestiti bolesnika na važnost pravilne prehrane.<sup>2</sup> Također, bitna stavka je planiranje obroka, a veoma važni su i dodaci u prehrani; peroralni nutritivni dodaci koji spadaju u skupinu enteralne prehrane te nutritivni dodaci koji se ne primjenjuju peroralnim putem, odnosno dodaci iz skupine parenteralne prehrane. Peroralna prehrana uključuje standardnu dijetu u dogovoru s bolesnikom i nutricionistima, također uz različite dijetne prilagodbe pojedinim kliničkim zahtjevima. Parenteralna prehrana djelomično ili potpuno zadovoljava dnevni unos prehrambenih potreba. Nutritivni status važan je čimbenik koji utječe na ishod i oporavak od bolesti. Cilj i svrha ovoga rada je usmjeriti pažnju na važnost enteralne i parenteralne prehrane kod terminalne faze ZS-a.

Heart failure (HF) becomes an increasingly public health problem. Continued “aging” of the population leads to an increasing prevalence of HF in the population. There are three basic models of treatment for HF. Conservative treatment for patients with a lower HF rate. If the patient does not respond to pharmacological therapy, two methods of treatment remain: heart transplantation and mechanical circulation support. HF, along with other cardiac diseases, greatly affects many physical and psychological changes that can affect nutritional needs and nutritional status. One of common complication of patients with HF is cardiac cachexia.<sup>1</sup> An important part of health-care is a regular assessment of the nutritional status of a cardiac patient. The role of a nurse is to teach and alert the patients to the importance of proper nutrition.<sup>2</sup> It is also important to plan meals, and dietary supplements; nutritional supplements that fall into the group of enteral nutrition, and nutritional supplements that are not administered by the transitional route, supplements from the parenteral diet group. Enteral nutrition includes a standard diet in consultation with the patient and nutritionist, also with various dietary adjustments to individual clinical requirements. Parenteral nutrition partly or fully satisfies the daily intake of nutritional needs. Nutritional status is an important factor influencing the outcome and recovery from disease. The aim and purpose of this paper is to focus on the importance of enteral and parenteral nutrition in the terminal phase of HF.

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