

Be treatment ready with I-EAT

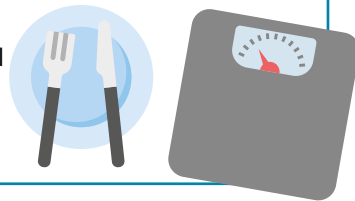
A resource for people receiving treatment for colorectal cancer

Eating problems are common for people with bowel cancer. In 2017, Tenovus Cancer Care funded our research about diet and weight management by people with bowel cancer receiving chemotherapy.

Survey results

One in three patients, 37% (19/52), had lost more than 5% body weight over a six month period. A majority of participants, 67% (33/51), were assessed to be at nutritional risk (33/51).

Participants were at nutritional risk but unconcerned about their nutritional intake and weight during treatment.



Interview findings

Study participants did not recognise or act on the risk of malnutrition. They considered diet and nutrition unimportant, relying on treatment to cure their disease. Self-management of eating and weight was found to be inconsistent with achieving the nutritional intake recommended by clinical guidelines for people receiving chemotherapy.

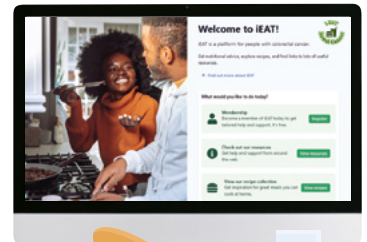
Research recommendation

1. a **workbook** to facilitate a daily intake of 25-30 kcal/kg/day and 1.2-1.5g protein/kg/day, with support for **planning and goal setting** to build self-efficacy
2. **advice cards** with tips for managing nutritional impact symptoms
3. **self-monitoring tools** with **feedback**, to include triggers for seeking professional help
4. **tool variants that can be co-completed by patient and carer**
5. embedded **positive psychology and cognitive behavioural techniques** for sustained adherence

Hopkinson J, Kazmi C, Wheelwright S, et al. (2020) Diet and weight management by people with non-metastatic colorectal cancer during chemotherapy: mixed methods research. *Colorectal Cancer*. 9(2). DOI: 10.2217/crc-2019-0017

A demo self-monitoring tool called I-EAT has been developed

with support of a Cardiff University Innovation for All 2021 award. It includes prompts for when to seek help from a health professional.



Clinicians who have user tested the I-EAT demo describe it to be a dynamic self-management tool that complements current clinical practice. They advise:

I-EAT is a needed diet and nutrition self-screening/management tool that could facilitate self-monitoring of symptoms and appropriate help seeking.

I-EAT has an important role for improving patient understanding of diet and nutrition through provision of credibly sourced, accessible and accurate information.

The **I-EAT** user interface is user friendly. **Personalised, symbols and scales** contribute to utility along with **ready access to resources** such as recipes.

I-EAT is a first line educational tool helping patients to make nutrition and diet selfcare choices with triggers for knowing when to seek professional advice.

The **I-EAT** patient generated charts and graphs mapping symptom experience and food intake across time can aid patient recall and inform **clinical decisions**.

Questions raised:

Patient burden? Sustained engagement?

➔ Need for patient user testing.

Email: I-EAT@cardiff.ac.uk