HEALTH AWARENESS

Mealtime: A Challenge For Patients With Oral, Head And Neck Cancer

(NAPSA)—For Americans with medical conditions such as diabetes or heart disease, family gatherings, eating out at restaurants and lunching with co-workers can be a challenge. These individuals need to monitor food choices in the best interest of their health. However, for those dealing with oral, head and neck cancer, these situations can be extremely painful, embarrassing and cause self-consciousness.

Affecting up to 60,000 Americans each year, these cancers develop in the head or neck region (nose, sinuses, lip, tongue, mouth, salivary glands, throat or voice box) and can impact everyday activities such as speaking, drinking and eating. But often it is the cancer treatment that ultimately hinders a patient's ability to eat and speak normally.

The most common treatments include surgery and radiation. Depending on where the tumor is located, surgery can alter a person's eating habits, leading to limited food choices. Additionally, radiation can contribute to long-term side effects such as xerostomia, the medical term for severe dry mouth. Xerostomia occurs when radiation beams directed at the cancer site damage the salivary glands and reduce the amount and function of saliva in the mouth. This makes it a challenge for patients to swallow, sometimes leading to dehydration and malnutrition.

"Treatment for oral, head and neck cancer saves lives, but its side effects can have long-term repercussions for the patient's quality of life," says Terry Day, MD, president of the Yul Brynner Head and Neck Cancer Foundation (YBF). "Fortunately there are steps patients can take to minimize these difficulties."

To help reduce discomfort, patients should maintain excellent oral hygiene, avoid food and drinks with high amounts of sugar and sip water to alleviate mouth dryness. There also are several therapies that can help improve symptoms of xerostomia, such as artificial saliva and medications to treat infections and alleviate pain.

For people with oral, head and neck cancers, eating can be a difficult task.

In addition, a protective agent such as ETHYOL (amifostine) can be used to reduce the incidence of moderate to severe xerostomia in patients undergoing radiation treatment after surgery for head and neck cancer. Approved by the U.S. Food and Drug Administration, amifostine is administered intravenously 30 minutes before radiation treatment and absorbed by normal cells, which helps protect the non-cancerous tissue from the potentially harmful effects of anti-cancer therapy.

It is important for all head and neck cancer patients to discuss treatments and potential side effects with their physician. Oral and Head and Neck Cancer Awareness Week is observed every April and promotes education and awareness for all Americans about this disease. For more information about oral, head and neck cancer, visit the Yul Brynner Head and Neck Cancer Foundation at www.headandneck.org or Support for People with Oral and Head and Neck Cancer at www.spohnc.org.