

The Meaning of Adolescents' Eating Experiences during Bone Marrow Transplant Recovery

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Background

High dose chemotherapy and total body irradiation required before bone marrow transplantation (BMT) can cause multiple and severe gastrointestinal (GI) side effects that lead to poor oral intake. These issues are well identified during BMT hospitalization but there is limited information after hospital discharge. The GI side effects and eating difficulties do not spontaneously resolve upon hospital discharge; research is needed to identify these ongoing issues.

Research Questions:

1. What meaning do adolescents ascribe to their eating experiences during the first 100 days post BMT?
2. What strategies do adolescents use to facilitate their eating experiences?
3. What impact do eating experiences have on adolescents' quality of life during the first 100 days post BMT?

Methods

Design: interpretive phenomenological research influenced by Martin Heidegger's philosophy

Participants: thirteen adolescents, ages 11-17 years, English speaking, and recovering from a first time allogeneic BMT from July 2008 – July 2009

Setting: large pediatric teaching hospital in the southern region of the United States

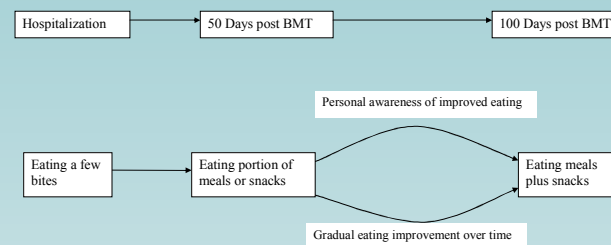
Data Collection: semi-structured, recorded interviews in two individual sessions at 50-60 days and 90-100 days post BMT

Data Analysis: hermeneutic circle

Rigor: credibility with prolonged engagement, dependability with member checking, and confirmability with an audit trail

Results

Theme 1: Eating Slowly Returns: "It Just Takes Awhile"



Theme 2: Barriers Hindered Eating: "Every Time I Eat, Something Goes Wrong"

"...I'd get real nauseated, I'd throw up once and I just wouldn't eat the rest of the day, it affected my whole day of eating"

"Everything...completely tasted different. It just tasted like, I was eating wheat bread. And I don't like wheat bread."

"...with dry mouth, it was just, it all gets [smacks mouth] stuck in your mouth..."

"I can't eat when I'm forced to eat, that shuts me down and eating when I'm not hungry...is usually the worst part"

Theme 3: Developing Personal Eating Strategies: "Working Your Way Up"

Strategy	Description
Eat familiar foods	"I stick with what I know because I know how they used to taste"
Individual control	"...when I was (eating), I was doing it because I wanted to and everything tasted good"
Manage nausea/vomiting	<ul style="list-style-type: none"> • used antiemetics • avoid triggers • drank water • deep breathing • create own schedule for medications
Reduce taste changes	<ul style="list-style-type: none"> • add barbeque sauce, ketchup, lemon, butter, or cheese to enhance the flavor • use plastic utensils to avoid the metallic taste • heat foods up to hide the sour taste
Minimize dry mouth	<ul style="list-style-type: none"> • drank fluids • ate sour candy • brushed teeth and tongue
Overcome smells	<ul style="list-style-type: none"> • left the room • asked that the food be removed from the room

Results Continued

Theme 4: Normalization through Eating: "Getting Back to Normal"

Decreased medical care: "...you gotta have good nutrition because I don't want to go back on that TPN"

Re-emergence of usual appearance: "My goal was my old self. I quite liked who I was...so here I am again"

Increased energy: "The days that I eat breakfast, I can do more"

Development of positive feelings: "I'll have that joy of eating special food my dad makes"

Theme 5: Eating Advice for Others: "Just Don't Worry"

For patients: eat because you have to, find foods that you like, don't give up, and don't get upset because you'll get better

For caregivers: talk about enjoying foods but don't force us to eat because it makes us not want to eat anything, and get better cooks to make the hospital food taste better

Discussion

After a period of anorexia during BMT hospitalization, patients need time to develop hunger and resume eating.

Caregivers need to encourage patients to eat without being too forceful.

Eating provided a sense of normalization for adolescents, an important developmental aspect that should be used to encourage and motivate future adolescents during their recovery.

Future research should include:

- children of various ages to identify further eating issues and eating strategies
- a long term study to identify eating issues and strategies beyond 100 days post BMT
- parents' and caregivers' perspectives on eating issues and eating strategies
- evaluation of an educational intervention incorporating information learned from this study