Some Facts About Pulmonary Disease and Eating

Difficulties of eating well with pulmonary disease.

- Eating involves the use of many muscles. When muscles work, oxygen is used. A person who is already short of breath may feel more short of breath when eating.
- When food is eaten, it must be used by the body. This is called digestion and metabolism. The action of the body using the food requires more work of breathing.
- The diaphragm is a muscle between the lungs and abdomen. It moves up and down as your lungs fill with air and empty out. A full stomach pushes against the diaphragm making it difficult for the diaphragm to move. As a result the lungs do not fill with air easily causing shortness of breath.
- Some people with lung disease require more energy from food than normal because of their increased work of breathing. Weight loss occurs when the body does not receive the extra energy (calories) it needs to breathe harder.
- Bronchodilators can cause feelings of nausea for a short time after taking the medicine. Other medications, sputum, and even the use of oxygen can alter your taste and/or smell of food. This will lead to a decrease in appetite.
- People taking steroids can have problems with loss of muscle and loss of calcium from bones. Fluid retention and weight gain can also be problems associated with steroids.

What can be done to make eating less difficult?

- You need a well balanced diet with a lot of fluids. Eating a well balanced diet means eating a variety of foods from all food groups each day.
- Eat six, small meals each day instead of three large meals.
- Rest before eating.
- Try to keep your breathing even while you chew. If you need to relax, stop eating. Take a few breaths and then continue with your meal.
- If you are very short of breath or too busy in the morning, it’s better to have a liquid instant breakfast than to skip the meal.
- Foods such as brussel sprouts, cabbage, broccoli, cauliflower, dried beans, beer and carbonated beverages can cause gas and bloating.
 If you use all your energy to cook, you may feel to tired to eat the meal.

 Drink at least 8 cups of fluid a day. This includes juice, milk, water, fruit drinks, etc. Plenty of fluids may help keep mucus thin.

*What can be done to prevent weight loss?*

 Dietary fat is very high in calories. It also may require less work of breathing to be used by the body. Therefore, increasing fat in the diet is a good way to easily get more calories in your diet. If you have concerns regarding your cholesterol level and increasing dietary fat, discuss these concerns with your dietitian.

 Drink whole or 2% milk instead of skim.

 Add cheese to your salads, vegetables and sauces. Add gravy or butter/margarine to meats and vegetables.

 Drink calorie-containing beverages. Drink juice instead of water.

 Fry rather than bake your foods.

 Don’t skip meals or snacks! You should be as consistent with meals and snacks as you are with medications.

 Meet with your dietitian to help you develop a plan right for you to prevent weight loss.

*What should you do if you have undesired weight gain?*

 Sometimes weight loss is not the problem, but weight gain is. Extra pounds can interfere with your breathing and may cause you to use more oxygen. Losing weight may help make breathing easier. To help with weight loss, keep meals small, well balance, but only 3 to 4 a day. Avoid fad diets. Have a regular exercise program with your doctor’s approval. Ask you dietitian for a well-balanced, weight reducing meal plan.

*In summary*

 Eating well with pulmonary disease will help make it easier for you to breathe. It helps to keep the diaphragm strong as well as other respiratory muscles needed for breathing. Good nutrition will make it easier to fight off infections and will keep your bones strong as well.

*Remember to:*

*Eat well-balanced meals*

*East small, frequent meals*

*Be consistent*