

TITEL

Ernährung und Säure-Basen-Haushalt Physiologie und Prävention

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EXTRA

Neue S2k-Leitlinie:Divertikelkrankheit/Divertikulitis

Leifeld L, Germer CT et al.: S2k Leitlinie Divertikelkrankheit/Divertikulitis Gemeinsame Leitlinie der Deutschen Gesellschaft für Gastroenterologie, Verdauungs- und Stoffwechselkrankheiten (DGVS) und der Deutschen Gesellschaft für Allgemein- und Viszeralchirurgie (DGAV)

Weitere Informationen:
www.awmf.org/leitlinien/detail/ll/021-020.html

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Stellungnahme zu einer ketogenen und kohlenhydratarmen Diät bei Krebs

Klinische Studien:

Eine retrospektive Untersuchung an fünf Kindern mit tuberöser Sklerose, die eine ketogene Diät zur Anfallsprophylaxe einhielten, konnte anhand einer retrospektiven Auswertung der Bildgebung keinen Hinweis auf eine positive Beeinflussung des Tumorwachstums zeigen [1].

Ein Fallbericht beschreibt zwei Kinder mit Hirntumoren, bei denen unter ketogener Diät die Glukoseaufnahme in einer kombinierten Positronen-Emissions-Tomographie/Computertomographie (PET/CT) abnahm. Ein Mädchen überlebte mehrere Monate ohne Progress [2].

In einer Untersuchung bei fünf Patienten mit fortgeschrittenem Tumorkachexie wurde eine enterale Sondenkost mit isokalorischer ketogener Diät gegeben. Aussagen zum Einfluss auf die Kachexie oder den Tumorverlauf waren nicht möglich [3].

Die Arbeitsgruppe um Kämmerer und Otto publizierte eine Pilotstudie mit 16 Patienten mit einer weit fortgeschrittenen Krebser-

krankung, die über mindestens sechs Wochen eine Diät mit maximal 70 g KH/d erhielten. Zwei Patienten verstarben in Woche 2 und 5, drei schieden wegen Inakzeptanz/aus persönlichen Gründen aus, drei Patienten schieden wegen Progress aus (e19). Eine Aussage zu einer möglichen Beeinflussung des Krankheitsverlaufs ist aufgrund dieser Daten nicht möglich. Bei den fünf Patienten, die die Therapie bis zum Ende der Studie durchführten und bei einem Patienten, der wieder eine Chemotherapie aufnahm, berichten die Autoren von einer Verbesserung der emotionalen Funktion in der Lebensqualität und weniger Schlafstörungen. Andere Funktionsbereiche der Lebensqualität blieben stabil oder verschlechterten sich. Die Autoren führen dies auf die fortgeschrittene Tumorerkrankung zurück. Als Nebenwirkungen werden Fatigue und Obstipation beschrieben [4].

ERGO-Studie: In dieser Pilotstudie von Rieger und Steinbach erhielten 20 Patienten mit rezidiviertem Glioblastom eine ketogene Diät. Die Autoren berichten über keine schwerwiegenden Nebenwirkungen. Drei Patienten beendeten die Diät allerdings wegen schlechter Tolerabilität. Ein Patient erreichte ein geringes Anspre-

chen (minor response) und zwei Patienten eine stabile Erkrankung über sechs Wochen. Das mediane progressionsfreie Überleben aller Patienten lag bei fünf Wochen (range 3–13), das mediane Gesamtüberleben nach Studieneinschluss bei 32 Wochen. Die Autoren schlussfolgern, dass die ketogene Diät durchführbar und sicher ist, aber wahrscheinlich keine signifikante klinische Aktivität in dieser Krankheitssituation aufweist [5].

Fine et al. beschreiben eine Gruppe von zwölf Patienten mit fortgeschrittenen Tumorerkrankungen und positiven Befunden in einer Positronen-Emissions-Tomographie (PET). In dieser Untersuchung wurden Patienten mit vorangehendem Gewichtsverlust ausgeschlossen, der BMI musste mindestens bei 20 kg/qm-Körpergewicht liegen. Die Kohlenhydratzufuhr wurde auf fünf Prozent der Gesamtenergiezufuhr beschränkt. Zehn Patienten führten diese Ernährungsform für 26 bis 28 Tage durch. Die Autoren berichten, dass es zu keinen Nebenwirkungen kam. Allerdings nahm die Kalorienzufuhr um 35 +/- 6 Prozent gegenüber der Ausgangsbasis ab und das Gewicht nahm im Durchschnitt um vier Prozent (0,0–6,1 %) ab. Der Tumorverlauf wurde mittels PET gemessen. Fünf von neun Patienten mit zuvor rascher Tumorprogression zeigten in den vier Wochen einen stabilen Krankheitsverlauf oder eine partielle Remission. Bei diesen Patienten war die Ketose deutlicher ausgeprägt als bei den vier anderen Patienten mit einer progressiven Erkrankung. Da die ketogene Diät zu einer Veränderung des Stoffwechsels der Tumorzellen führen soll, ist allerdings die Frage zu stellen, ob das PET, das die Glukoseaufnahme misst, der geeignete Verlaufsparameter ist. Klinische Parameter oder radiologische Größenmessungen werden in der Publikation nicht mitgeteilt [6].

Raffaghelli et al. fassen in ihrem Artikel Grundüberlegungen zur kurzeitigen Kalorienrestriktion vor einer Chemotherapie mit dem Ziel der Verminderung der Nebenwirkungen zusammen. In einem kurzen Absatz wird berichtet, dass sechs Patienten entweder mit oder ohne Fasten vor der Chemotherapie beobachtet wurden und dass es während des Fastens zu einer Reduktion von Fatigue, Schwäche und gastrointestinalen Nebenwirkungen gekommen sei [7].

Schröder et al. berichten über elf Patienten mit Kopf-Hals-Tumoren, bei denen unter ketogener Diät die Spiegel von Glukoselaktat, Pyruvat und Harnstoff im Blut und im Tumor im Verlauf der Erkrankung gemessen wurden. Im Tumor kommt es zu einer Laktatabnahme. Die Autoren berichten jedoch über eine stabile oder erhöhte Konzentration von Pyruvat und Glukose. Angaben zum klinischen Verlauf werden nicht gemacht [8].

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NEUES AUS DER FORSCHUNG

„Fünf am Tag“ senkt das Sterberisiko

Deutsche Gesellschaft für Ernährung (DGE; Hrsg.): Gemüse und Obst in der Prävention ausgewählter chronischer Krankheiten. Bonn (2012); www.dge.de/pdf/ws/DGE-Stellungnahme-Gemuese-Obst-2012.pdf

Presseinformation der Deutschen Gesellschaft für Ernährung (DGE): Ein hoher Gemüse- und Obstverzehr fördert die Gesundheit. DGE stellt wissenschaftliche Datenlage vor. 01/2012 vom 12. Juni www.dge.de/pdf/presse/2012/DGE-Pressemeldung-AdW-01-2012-Gemuese-Obst.pdf

Wang X, Ouyang Y, Liu J, Zhu M, Zhao G, Bao W, Hu FB: Fruit and vegetable consumption and mortality from all causes, cardiovascular disease, and cancer: systematic review and dose-response meta-analysis of prospective cohort studies. *BMJ* 349 (Jul 29), g4490 (2014)

Süßstoff lässt Blutzuckerspiegel steigen

Suez J et al.: Artificial sweeteners induce glucose intolerance by altering the gutmicrobiota. *Nature*, DOI: 10.1038/nature13793

Link:
[Weizmann Institute of Science, Department of Immunology:
http://www.weizmann.ac.il/immunology/](http://www.weizmann.ac.il/immunology/)

Tägliches Frühstück senkt Diabetesrisiko für Kinder

Donin AS et al.: Regular breakfast consumption and type 2 diabetes risk markers in 9- to 10-year-old children in the child heart and health study in england (CHASE): A cross-sectional analysis. *PLoS Medicine*, DOI: 10.1371/journal.pmed.1001703

Link:
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