Nutrición Hospitalaria
ISSN: 0212-1611
info@nutricionhospitalaria.com
Grupo Aula Médica
España

Abstract
Introduction: A high prevalence of overweight, obesity, diabetes and dyslipidemia has been reported following liver transplantation (LT). Although these conditions are known to induce an increased risk for cardiovascular events, which are among the major causes of death in post-LT patients, much debate remains in the literature regarding the applicability of different nutritional assessments methods to this population. Objective: To assess the nutritional status, lipid profile, homeostatic model assessment of insulin resistance (HOMA-IR) and dietary intake adequacy in the post-LT period. Methods: Cross-sectional study of patients after a maximum of 2 years post-LT, involving the assessment of body mass index (BMI), percent weight loss, arm (AC) and arm muscle circumference (AMC), triceps skinfold (TSF), neck (NC) and waist (WC) circumference, lipid profile, HOMA-IR and percent adequacy of dietary intake. Results: In the group of 36 patients, 61.1% were male, mean age 53.2 years (± 10.6). Severe weight loss was noted in 66.7% of patients. Most individuals were eutrophic according to BMI, AC and AMC, while TSF showed malnutrition, NC demonstrated overweight and WC showed metabolic risk. Dyslipidemia was diagnosed in 87.5% of patients, and insulin resistance in 57% of the patients. Most patients had adequate dietary intake, although the time since transplant was positively correlated with AC ($r = 0.353; p = 0.035$) and negatively correlated with vitamin A intake ($r = -0.382; p = 0.022$), with the caloric adequacy ($r = -0.338; p = 0.044$) and vitamin A adequacy ($r = -0.382; p = 0.021$). Conclusion: Although anthropometry provided somewhat variable nutritional diagnoses, when combined with biochemical tests, findings showed the prevalence of cardiovascular risk. As such, patients should be provided with transdisciplinary assistance, and strategies should be developed so as to reduce the risk factors recorded in this population.

Keywords
Liver transplantation, Nutritional status, Dyslipidemia.