



Nutritional Management in Patients with Chronic Obstructive Pulmonary Disease (COPD)

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Deadline for manuscript
submissions:

closed (15 August 2024)

Message from the Guest Editor

Dear Colleagues,

Chronic systemic inflammation, extrapulmonary comorbidities, variable/poor appetite, low energy intake and increased nutritional needs tend to push the energy balance into the catabolism in chronic obstructive pulmonary disease (COPD). Sarcopenia, weight loss, low body mass index (BMI) and low fat-free mass (FFM) justify the need of early complex dietary interventions, oral nutritional supplements, and supplementation with specific nutrients (e.g., vitamins, antioxidants, minerals, polyunsaturated fatty acids). Special nutrients may also be needed to compensate for energy and protein deficiencies and improve the physiological processes in patients with malnutrition/cachexia in a pulmonary rehabilitation program. A patient's exercise tolerance, respiratory function and quality of life will also improve if the nutritional condition of the patients improve—it has an additive effect. This requires individualized, early multimodal interventions with the coordinated efforts of a pulmonologist, a pulmonary rehabilitation specialist, a dietician and a physiotherapist.





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Journal Rank: JCR - Q1 (Nutrition and Dietetics) / CiteScore - Q1 (Food Science)

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