Special Issue

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

Message from the Guest Editor

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.

Guest Editor

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Nutrients is an on-line open access journal that was first published in 2009. Nutrients adheres to rigorous peer-review and editorial processes and publishes only high quality manuscripts that address important issues related to the impacts of nutrients on human health. The Impact Factor of Nutrients has risen rapidly since its establishment and it is now ranked in the first quartile of journals publishing in the field of nutrition and dietetics research.

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