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**Dietary guide for stroke patients
(English Translation)**

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Foreword

This standard was drafted in accordance with the rules given in GB/T 1.1-2009.

Drafting organizations of this standard. First Hospital of Hebei Medical University, Institute of Nutrition and Health, Chinese Center for Disease Control and Prevention, Peking Union Medical College Hospital, Tianjin Third Central Hospital, Huashan Hospital Affiliated to Fudan University, West China Hospital of Sichuan University, Second Affiliated Hospital of Harbin Medical University, China Japan Friendship Hospital, the Second Hospital of Hebei Medical University.

1 Scope

This standard stipulates the dietary guidelines, recommended intakes of energy and nutrients, food choices, and formulation of dietary prescriptions for stroke patients.

This standard applies to dietary guidance for stroke patients.

2 Terms and definitions

The following terms and definitions apply to this document.

Stroke

Cerebral blood vessel obstruction or rupture caused by cerebral blood circulation disorders and brain tissue function or structure damage disease. Can be divided into two categories, namely ischemia Cerebral stroke and hemorrhagic stroke, including cerebral hemorrhage, cerebral thrombosis, cerebral embolism, cerebral vasospasm, etc.

Medical Nutrition Therapy; MNT Nutritional treatment measures for specific diseases under clinical conditions, including individualized nutritional assessment, diagnosis, and nutritional therapy for patients the formulation, implementation and monitoring of treatment plans.

Pressure ulcers

Part of the body is damaged by pressure, shear or friction, causing blood circulation disorders and causing necrosis of the skin and subcutaneous tissue.

Aspiration pneumonitis it is caused by inhalation of acidic substances, such as animal fat, food, stomach contents, volatile hydrocarbons or other irritating liquids Lung injury. In severe cases, respiratory failure or respiratory distress syndrome can occur.

Stress ulcer

When the body suffers severe trauma (including major surgery), infection and other stress conditions, erosions and superficial ulcers of the stomach and duodenal mucosa appear Acute injuries such as ulcers and bleeding.

Hepatic encephalopathy; HE A syndrome of central nervous system dysfunction caused by severe liver disease or portal-systemic shunt based on metabolic disorders, clinical manifestations in mild cases, there may be only slight mental decline, in severe cases, disturbance of consciousness, behavioral disorders, and coma may occur.

Dysphagia

Abnormal swallowing process. Dysphagia in stroke patients refers to the inability to safely deliver food or liquids from the mouth to the stomach without aspiration, and including abnormalities in the oral preparation phase, such as abnormal chewing and tongue movements.

Body mass index; BMI body mass index an index for calculating weight for height. See formula (1) for calculation.

2)m(/)kg(BMI height and weight=...(1)

3.1 Balanced diet

Choose a variety of foods to achieve reasonable nutrition to ensure adequate nutrition and suitable weight ($18.5 \text{ kg/m}^2 \leq \text{BMI} < 24.0 \text{ kg/m}^2$).

The daily recommended intake of cereals and potatoes, vegetables, fruits, meat, poultry, fish, milk, eggs, beans, oils and fats are five categories of food. Be the staple food Match thickness.

3.2 Individualized dietary guidance

According to the different populations of stroke, corresponding medical nutrition treatment is carried out to meet their nutritional needs in a specific period. For the young brain Stroke patients should develop good eating habits to reduce symptoms of hyperlipidemia, hypertension, and hyperglycemia. For elderly stroke patients, provide suitable of energy and nutrients and consider its psychosocial factors.

3.3 Cooking method

Use steaming, boiling, stewing, mixing, boiling, simmering,, braising and other cooking methods with less salt and less oil. Reduce chewing, easy to digest and absorb.

3.4 Changes in food quality and traits

For patients with dysphagia, change solid food into a puree or paste. Solid food is mechanically processed to make it softer and more uniform in texture it is not easy to loosen, thus reducing the difficulty of swallowing. Most patients with dysphagia after stroke are most likely to aspirate dilute liquid.

Adding thickeners to increase viscosity can reduce aspiration and increase intake. Pay

attention to fortifying the nutritional ingredients that may be lost in foods with structural changes. Divide, try to make the food can arouse the patient's appetite.

4.1 Energy

The basic energy expenditure of stroke patients is about 30% higher than that of normal people (the Schofield modified formula is used to calculate the basic energy consumption of normal people).

Thanks for consumption). The recommended energy intake is $83.68 \text{ kJ (20 kcal)/(kg}\cdot\text{d)} \sim 146.44 \text{ kJ (35 kcal)/(kg}\cdot\text{d)}$, then root the coefficient is adjusted according to the patient's height, weight, gender, age, activity level, and stress status.

The energy supply of stable patients can be the same as that of normal people, and those who are overweight should reduce their energy supply. The energy requirement after the onset should be in accordance with the formula "BEE $\times$ Activity Coefficient" is calculated.

4.2 Protein

The protein intake of stroke patients is at least $1 \text{ g/(kg}\cdot\text{d)}$, and if there is excessive catabolism (for pressure sores) the protein intake increased to $1.2 \text{ g/(kg}\cdot\text{d)} \sim 1.5 \text{ g/(kg}\cdot\text{d)}$. The ratio of animal protein to plant protein is about 1.1.

4.3 Fat

Total fat energy accounts for no more than 30% of total energy intake in a day, and no more than 25% for patients with dyslipidemia. saturated fatty acid Energy accounts for no more than 7% of total energy intake in a day, and trans fatty acids no more than 1%. n-3 polyunsaturated fatty acid intake may account for total energy the amount of 0.5% to 2%, n-6 polyunsaturated fatty acid intake can account for 2.5% to 9% of total energy.

4.4 Carbohydrates

On the basis of reasonable total energy control, carbohydrates in the diet of stroke patients should account for 50% to 65% of the total daily energy intake.

4.5 Vitamins and minerals

A balanced supplement of foods containing multiple vitamins and minerals and formula foods for special medical purposes, especially those rich in vitamin B6 and vitamins B12, vitamin C, folic acid and other vitamin foods (see Appendix A to Appendix D), prevent the deficiency of trace elements and reduce the risk of patients risk.