

PALLIATIVE CARE TIPS - Robin L. Fainsinger, MD Clinical Director, Regional Palliative Care Program - Issue #2 (Collect them all) (Re-issued April 2005)

CANCER ANOREXIA/CACHEXIA: occurs in 80%-90% of patients with advanced cancer.

Anorexia - Loss of appetite, poor food intake

Cachexia - Weight loss

1. Ideal management:- remove underlying cause; rarely possible
2. Realistic management: - improve “quality of life”: - a) relieve nausea; b) improve appetite; c) maintain or increase weight; d) patient and family understanding of treatment aims and limitations
3. Role of dietitian
 - assess nutritional status
 - maximize nutritional intake
 - advise on dietary options
4. Enteral and parenteral nutrition (refer to Palliative Care TIPS Issue #24)
 - consensus that it is not appropriate for most advanced cancer patients
 - metabolic abnormalities usually not reversible by nutritional support
 - exclude few patients with weight loss due to starvation
 - highly selected patients may have time limited benefits, eg: head and neck cancer with dysphagia; malignant bowel obstruction with slow growing primary cancer ([link here](#))
5. Pharmacological management
 - control nausea with gastric motility agents, eg: Metoclopramide 10 mg qid
Domperidone 10 mg qid
 - dexamethasone 4-10 mg bid may benefit patients but prolonged use not recommended
 - megestrol acetate starting at 480 mg/day and increasing up to 800 mg/day depending upon response (expensive option: 480 mg/day costs ± \$554/month; generic (APO) now available: \$350/month) (remember, most of this could be covered by the Palliative Care Drug Benefit Plan)
6. Areas to discuss with patient and family
 - forcing patient to eat will have no impact on well-being or survival
 - encourage favourite foods for comfort and ability to enjoy eating. Nutritional value often of limited importance.
 - where enteral or parenteral nutrition clearly not indicated, explanation of associated morbidity and proven lack of benefit helpful to dissuade most families except in rare circumstances.
7. Ethical issues
 - does the patient have the right to a medically futile treatment (autonomy)?
 - will parenteral nutrition do more good than harm (beneficence/non-maleficence)?
 - how is access to health care and treatment costs impacted by society limitations (justice)?

REMEMBER: For referrals, questions, or telephone consultations call 496-1300 weekdays and weekends.

Palliative Care Tips are now available on our Website: www.palliative.org