

Weighing In On Anorexia-Cachexia



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Anorexia-cachexia is a common occurrence in the last months of a cancer patient's life. This syndrome is characterized by the presence of various combinations of:

- anorexia,
- weight loss,
- early satiety,
- weakness,
- fatigue and
- edema.

Patients experience these symptoms partly due to the release of interleukin-6 from tumour cells and because of interleukin-1 and tumour necrosis factor, which affect the body's metabolism.

How should anorexia-cachexia be treated?

The first step of treatment is to remove or treat any underlying conditions that may worsen the anorexia-cachexia. Such common conditions include constipation, nausea, pain and depression.

Furthermore, medications given early in the course of the condition are shown to have some benefit.^{1,2,3} Megestrol acetate is a useful medication for hormone nonsensitive patients and has been shown to improve energy, appetite and the patient's overall sense of well-being.^{1,2} Steroids are also employed for the same reasons and have similar benefits, although they are generally used for shorter periods of time.⁴

Moira's Case

- Age: 59
- Lung cancer patient with metastasis to the liver and bone.
- Over the last six weeks, her appetite has decreased. She reports everything tastes the same and she can only eat a few bites before feeling full.



Moira's daughter demands the physician order a feeding tube and medication to "make Mom gain weight."

What is the proper course of treatment that should be followed?

Cannabis may also have a role in treatment, but has been demonstrated to be less effective than megestrol.^{2,5}

Other experimental treatments are on the horizon.

What about nonpharmacologic treatment?

Nonpharmacologic interventions also have benefits. Reducing the size of the portion of food and using smaller plates may help the patient feel less overwhelmed at mealtime. Also, trying a variety of new foods with different and appealing textures can help.

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When is the best time to treat?

The best time to treat the patient is when he or she first begins to notice a reduction in appetite and weight, but while performance status is still good (Table 1). In the final stages of the condition, when patients are experiencing profound asthenia, as well as other constitutional symptoms (such as difficulty swallowing and edema), they will benefit far less from treatment.

Does a feeding tube help?

Generally, feeding tubes and parenteral nutrition are not treatments for advanced anorexia-cachexia.⁶ The main issue of this condition is not the body's inability to attain nutrients, but the inability to *utilize* them; therefore, forcing extra nutrients via a tube does not improve the condition. In fact, the extra fluid and electrolytes may overwhelm the ill patient, causing such situations as congestive failure at the end of life.

In very specific instances, such as in the early course of the cancer patient's active treatment, feeding tubes can be of value. For example, during the treatment of radiotherapy of the head and neck, a feeding tube to prevent malnutrition has a positive clinical outcome.

What is the goal of treatment?

The goal of treatment is overall improvement in the patient's well-being, asthenia and cachexia.



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Table 1

Signs a patient may benefit from treatment

- Good performance status
- Able to swallow
- Onset of decreased appetite is relatively recent
- Minimal or no weight loss early in course of disease

Patients can hope to regain the gustatory enjoyment of food and the positive social interaction that accompanies meal time.

Improvement in energy and general well-being is noted with early treatment. With education and understanding of their condition, patients experience a reduction in the anxiety associated with the process of weight loss and decreased appetite.

The patient should be advised that expectations of significant weight gain, increased muscle mass or a reversal in the underlying condition is an unreasonable goal. Gaining weight in the later stages of illness has not been shown to change life expectancy.

By focusing on such positive areas as what patients still enjoy to eat and are able to tolerate, they can still feel/participate and interact in a social context.

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