

# Anorexia and Cachexia

## KEY POINTS

- ➔ Cancer and other diseases, including end stage heart failure, renal or liver failure, dementia, and HIV/AIDS, can often cause a lack of appetite (anorexia) and weight loss with muscle wasting (cachexia)
- ➔ Anorexia-cachexia syndrome involves a complex cascade of inflammatory and metabolic changes and is not directly due to poor nutritional intake
- ➔ The focus of management should be on honest conversations about appetite and weight loss being an expected part of advanced illness
- ➔ Encourage the individual to focus on eating for pleasure, instead of concentrating on calorific intake

- ➔ Children with solid tumours are more likely to develop cachexia than those with haematological malignancies
- ➔ Seeing a child not eating and losing weight may be very distressing for the family



## ASSESSMENT

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- ➔ A good patient history and clinical assessment are important to identify any reversible causes
- ➔ Assess appetite
- ➔ Assess ability/difficulty in swallowing and chewing
- ➔ Identify any other symptoms such as pain, constipation, depression, or nausea and vomiting that may be causing decreased appetite
- ➔ Examine the mouth for any lesions or infection
- ➔ Treatable causes of anorexia/cachexia include:
  - ➔ Pain

- ➔ Nausea and vomiting
- ➔ Depression
- ➔ Adverse effects of medications
- ➔ Dyspnoea
- ➔ Oral problems, such as
  - Dry mouth
  - Mucositis (often secondary to chemotherapy)
  - Thrush/candidiasis
  - Oral herpes
  - Dental caries
- ➔ Gastrointestinal mobility problems, such as
  - Gastroesophageal reflux
  - Gastric stasis
  - Constipation

## MANAGEMENT

- ➔ Clinicians need to have honest conversations explaining that weight loss is rarely reversible in the setting of advanced illness
- ➔ Patients and family members often feel under pressure to eat, believing that they need to do so to better be able to fight the disease, or to improve their energy levels
  - ➔ Instead, clinicians should encourage patients to eat for pleasure rather than focusing on calorific intake
- ➔ Consider treatment of the underlying cause if one is identifiable

*Consider if the patient is well enough to benefit*



## Non-Pharmacological Approaches

- ➔ Clear and honest communication with the patient and their family
- ➔ Eliminate inappropriate dietary restrictions
- ➔ Encourage the patient to eat their favourite foods when appropriate

## Pharmacological Approaches

- ➔ Ensure good pain and nausea/vomiting control
- ➔ Treat constipation
- ➔ Stimulate appetite
- ➔ **Megestrol acetate 160 mg PO daily. If initial response is poor, double the dose after 2 weeks. Maximum dose: 800 mg PO daily**
- ➔ **Dexamethasone 2-4 mg qAM PO. If no improvement with 4 mg daily after 1 week then discontinue; continue for a maximum of 6 weeks**

- ➔ The focus of management should be on helping the family to understand the process of cachexia and helping them to have realistic expectations about their child's weight loss and appetite
- ➔ Megestrol acetate: Initial: 7.5-10 mg/kg/dose PO daily (may be divided into 2 to 4 doses)
- ➔ Titrate to response up to a maximum of 15 mg/kg/day or 800 mg/day (whichever is less)
- ➔ Limited evidence in children. Monitor for symptoms associated with severe adrenal suppression (e.g. hypotension, vomiting)



## PITFALLS/CONCERNS

- ➔ Increasing calorie intake is unlikely to increase body weight or quality of life in advanced cancer cachexia
- ➔ Although corticosteroids may increase appetite because of their significant side effects, steroids are not recommended for the treatment of anorexia/cachexia

## PALLIATIVE TIPS

- ➔ Anorexia-cachexia syndrome is NOT possible to reverse with improved nutrition, despite the similarity of the patient's appearance to that of malnutrition

- ➔ Most weight gained with pharmacotherapy is fat and fluid (not skeletal muscle mass)
- ➔ Aggressive feeding can often make symptoms such as nausea, vomiting, and pain worse
- ➔ There is no evidence that providing nutritional support either enterally or parenterally improves morbidity or mortality in terminally ill patients and is generally not indicated due to the high risk of adverse effects
- ➔ Parenteral nutrition carries an increased risk of infection, other complications, and reduced survival
- ➔ Anorexia can cause significant anxiety and distress for family members and caregivers who may not understand that loss of appetite is a common symptom in advanced illness
- ➔ Educating the family that anorexia/cachexia and wasting are a part of the disease process and not the result of the family not providing enough nutrition for the patient is important

➔ Smaller, more frequent meals of the child's favourite foods may help



## REFERENCES

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