



EDUCATIONAL RESOURCES

# Anorexia and Cachexia in Palliative Care Settings

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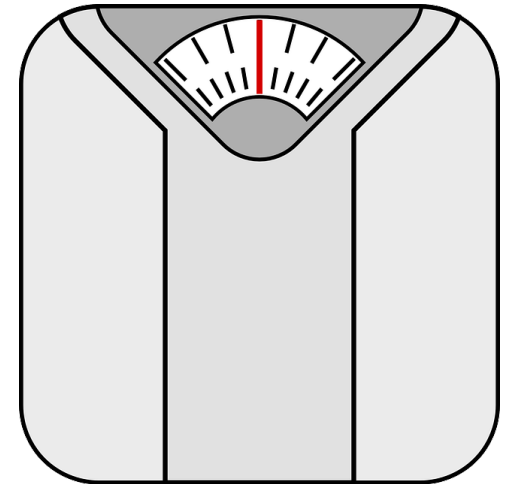


# Objectives

- Define and review anorexia and cachexia.
- Discuss common underlying etiologies for anorexia and cachexia in seriously ill patient populations.
- Identify appropriate clinical interventions for patients experiencing anorexia and cachexia.

# Anorexia

- Reduction or loss of desire to eat or reduced caloric intake.
- Accompanies many common illnesses.
- Resolution.
- Weight lost may be replaced.
- Nutritional supplements or increased intake.
- Loss of fat (rather than muscle tissue).



# Cachexia

- Complex syndrome
  - Anorexia.
  - Significant weight loss\*, specifically muscle mass.
- May or may not include fat wasting.
- Generalized weakness.
- Increased protein catabolism and inflammatory response.
- Associated with the gravely ill.
- Possible in the absence of decreased appetite.
- Distinct from sarcopenia.



# Anorexia Cachexia Syndrome

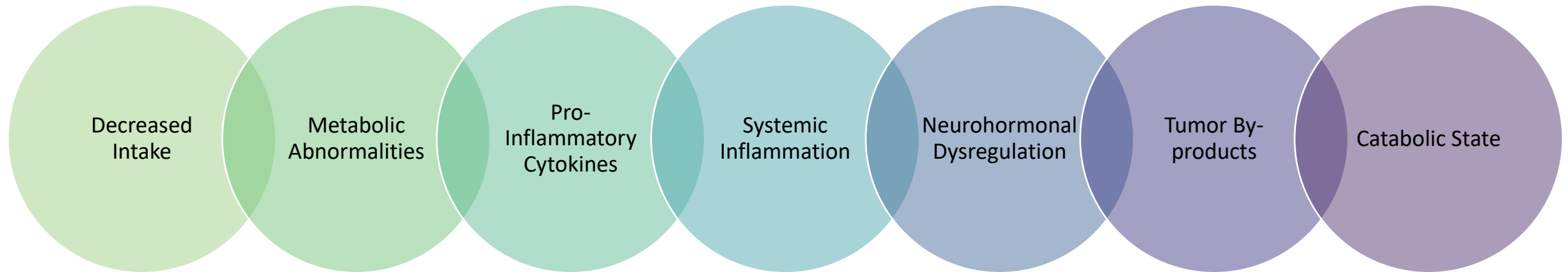
Cancer

# Cachexia: Prevalence

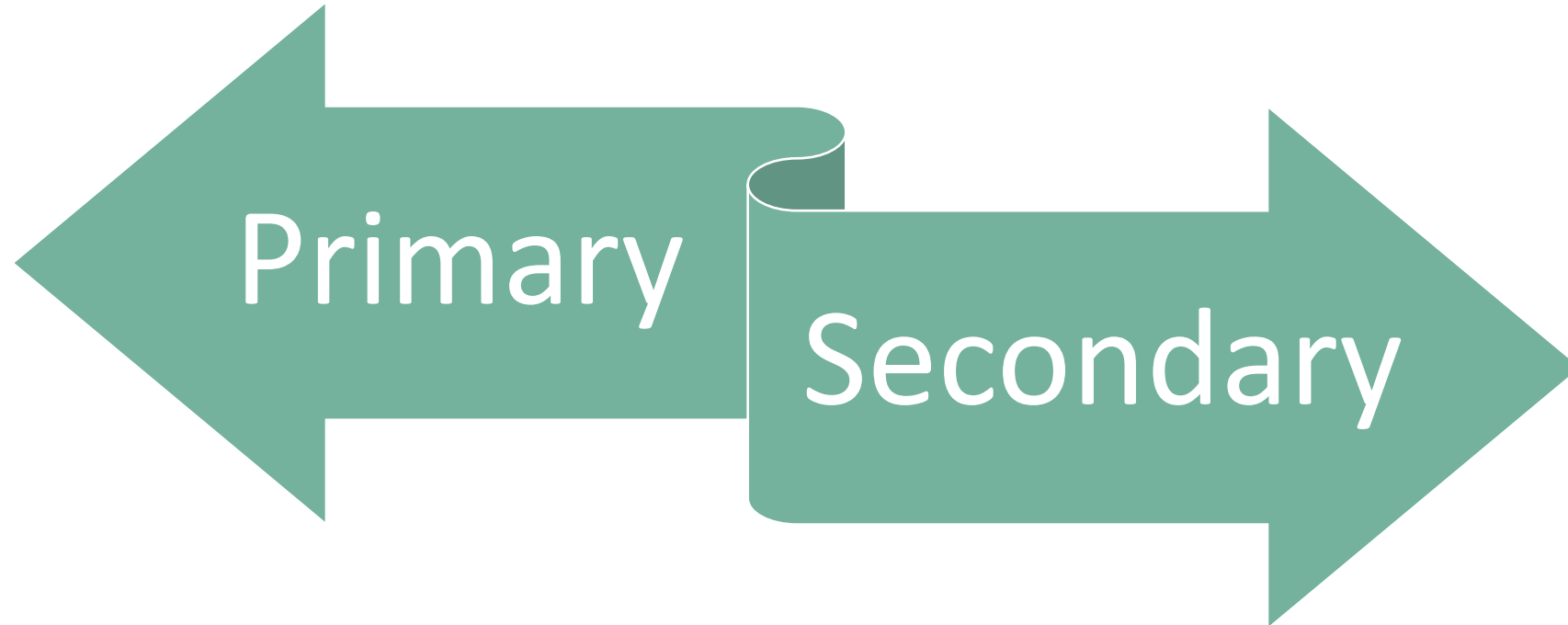
- Varies widely in palliative care settings.
- Diagnostic criteria.
- Disease states.
- Comorbid conditions.



# Pathophysiology



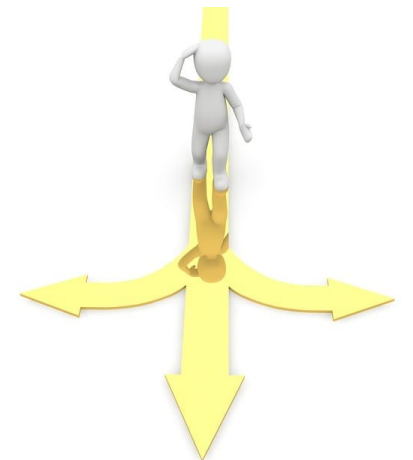
# Anorexia Cachexia Syndrome (ACS)





# Metabolic Alterations

- Common in advance disease
  - Systemic inflammatory response and cytokine production stimulation.
- Alterations include glucose intolerance, insulin resistance, increased lipolysis, increased skeletal muscle catabolism, increased basal energy expenditure.
- Genomics.
- Hormonally regulated feedback loops.
- Progressive worsening and survival.



# Secondary ACS

## Physical Symptoms

- Pain, ageusia, anosmia, stomatitis, dysphagia, dyspnea, malabsorption

## Treatment Adverse Effects

- HAART, cytotoxic drugs, radiotherapy

## Psychological/Spiritual Distress

- Anxiety, depression, suffering, cultural influences

## Oral Issues

- Dentures, dental pain, infections, xerostomia

# Assessment

- Appetite
  - Symptom assessment scales
- Nutritional intake
  - Retrospective (recall)
  - Prospective (calorie counting)
  - Risk factors for being unable to obtain or take in nutrients
- Basic nutritional status
  - Tools, lab values, functional assessments
- Physical exam
- Patient's goals of care
  - Suffering or distress
  - Psychosocial evaluation concerning food



# Cachexia Assessment

Stores  
Depletion

Muscle Mass  
& Strength

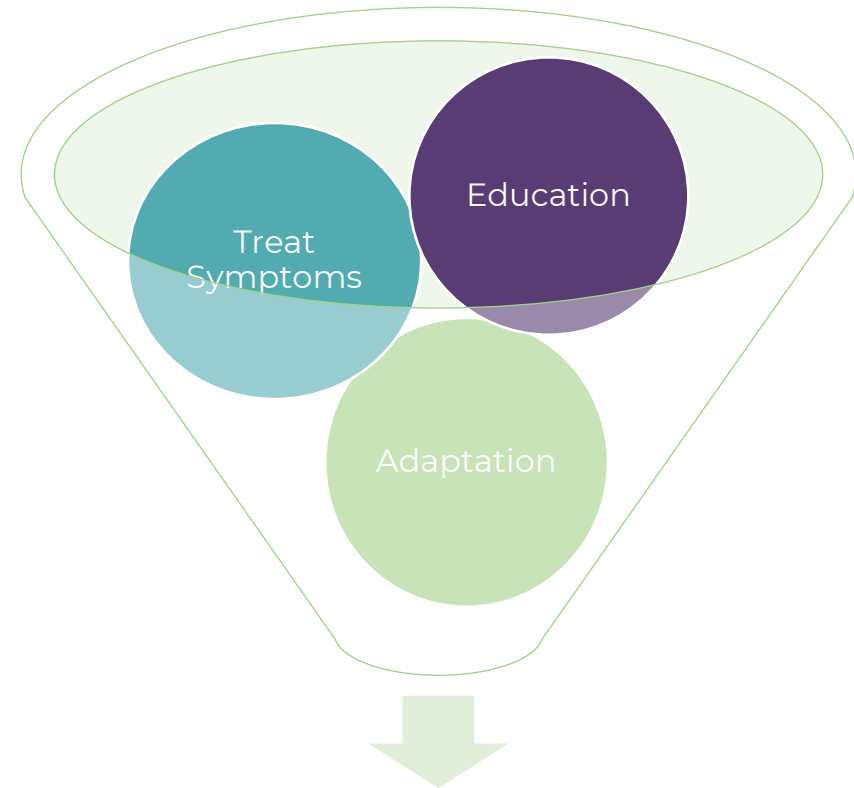
Anorexia;  
Decreased  
Intake

Catabolic  
Drivers

Functional &  
Psychosocial  
Effects

# Interventions

- Secondary symptom management
- Nutritional support
- Enteral and parenteral nutrition
- Pharmacologic interventions
- Psychosocial support



Improved Comfort + Decreased Distress

# Nutritional Support

- Earlier in illness trajectories
- Mixed evidence
- Education and increased understanding
  - Patients
  - Families

Quality of  
Intake

Favored  
Foods

Small Meals

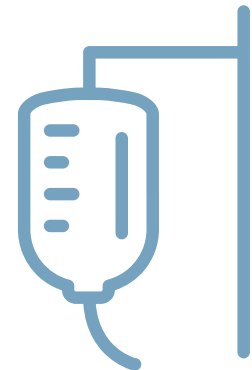
Taste,  
Textures &  
Temperature

Different  
Liquids

Timing  
Measures

# Enteral and Parenteral Nutrition

- Enteral (i.e., nasoenteric tube, gastrostomy, jejunostomy)
  - Functional status.
  - Insufficient evidence.
  - Non-cancer patient populations.
- Parenteral
  - Controversial in palliative care settings.
  - Limited benefit with increased complications potential.
  - Functional gut → enteral preferred.
  - Parenteral nutrition only considered when aligned with goals of care, good underlying functional status, prognosis of at least 2-3 months, enteral feeding not possible.



# Pharmacologic Interventions

Medications	Indications (ACS)	Adverse Effects and Pearls
<u>Synthetic Progesterone</u> Megestrol (160-800 mg/day)	Improves appetite, weight gain, and sense of wellbeing	Thromboembolic events, glucocorticoid effects, GI upset, heart failure, menstrual abnormalities, tumor flares
<u>Corticosteroids</u> Dexamethasone (3-6 mg/day) Prednisone (20-30 mg/day)	Improves appetite and sense of wellbeing	Immunosuppression, masks infection, HTN, myopathy, GI upset, increased ICP, electrolyte imbalances, anxiety, requires taper
<u>Cannabinoids</u> Dronabinol (5-20 mg/day) Medical marijuana*	Increases appetite, decreases anxiety	Somnolence, confusion, dysphoria
<u>Prokinetics</u> Metoclopramide (10mg AC)	Improves gastric emptying, decreases early satiety, improves appetite	Diarrhea, restlessness, fatigue, drowsiness, EPS



# Psychosocial Support

- Distress for patients and loved ones
- Body image
- Social dining
- Bereaved caregivers, guilt





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# Thank you

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