Pan-Glasgow Palliative Care Algorithms 2005

Palliation of Cancer Cachexia / Anorexia

Anorexia

Exclude reversible causes
- cancer therapy if appropriate
- anxiety or depression
- nausea
- thrush / oral problems - good mouth care essential
- constipation
- difficulty in swallowing
- pain
- drugs causing nausea; mucosal irritation; delayed gastric emptying or appetite suppression

Dietary requirements

Make meals appealing
- small attractively presented meals – offered frequently
- attention to surroundings and patient's position; avoid smells
- vary food (consistency, temperature, taste)
- taste changes often occur - adapt diet to try new food
- try nutritional supplements
- seek advice from dietician

Educate family

Explain
Patients and families may worry about low intake. e.g. Family may feel rejected if the patient is unable to eat the food that they have prepared leading to anxiety and tension. Patients may feel forced to eat and this can "put them off" meals. Explanation and discussion can alleviate family anxiety. Increased intake does not improve prognosis.

Drug Therapy

Corticosteroids ◈ - *can improve appetite and weakness. Effect may be short lived. No evidence of improved nutritional status. Side effects can be a problem - oral candidosis , proximal myopathy, fluid retention, gastric irritation - altered blood glucose. Aim to reduce and stop after 4-6 weeks*
dexamethasone 2-4mg/day or prednisolone 15-30mg/day

Progestogens - *mode of action unknown. Improvement in appetite may take 1-2 weeks. Side effects include peripheral oedema, hyperglycaemia, and increased thromboembolic effect*
megestrol acetate (Megace) 160 to 480mg/day ◈
medroxyprogesterone (Provera) 400mg/day ◈

Prokinetic - *prokinetic effect can reduce the feeling of fullness*
Metoclopramide 10-20mg four times day before meals

◈ Unlicensed use/dose/route.

Reference: Palliative Care Formulary 2nd Edition, Radcliffe Medical Press Ltd. 2002