

TITLE: Anorexia/Cachexia/Dehydration

Topic: 10

Changes in oral intake occur as illness advances. These changes can be challenging both for families to witness and health care providers to address.

Anorexia refers to a person's loss of appetite and cachexia is progressive weight loss and wasting of muscle mass. Cachexia is a syndrome noted in 80-90% of patients with advanced cancer.

http://palliative.org/NewPC/_pdfs/education/99QuestionsEbook2013.pdf

Causes:

- Decreased oral intake, poor appetite and fatigue
- Altered sense of taste and smell
- Chemical mediators if cancer
- Changes in metabolic processes, breakdown mode even with reasonably good intake

What we can do:

- Open discussion with patient and family to address concerns
- Explain the changes and normalize these in the context of the illness
- Offer favorite foods, small portions and explain dangers of forcing food
- Good symptom control; nausea, pain, bowel health
- Supportive care, encourage good oral hygiene
- Medications may improve appetite depending on stage of illness; steroids, Megace

Dehydration is characterized by an imbalance between the intake of fluids and the fluid requirements for optimal functioning. A person may experience fluid shifting as a result of attempting to hydrate.

Causes:

- Poor fluid intake
- Electrolyte imbalances which can lead to decreased renal function
- Serum protein changes
- Obstruction of the esophagus

What we can do:

Dehydration may or may not be treated based on:

- The stage of illness and goals of care
- Whether hydration could improve symptoms such as: nausea, delirium, myoclonus, confusion
- If esophageal obstruction and thirst is present
- In all cases attention to oral care is beneficial