Anorexia in Advanced Illness

Anorexia (lack of appetite) is a common symptom in advanced disease. It worries carers perhaps even more than it worries patients. Anorexia can result from nausea, vomiting, constipation, fatigue, alterations of taste, irritation of the mouth or throat, inactivity, depression and medications. Some of these causes interact and add to each other.

The most important cause is the generally debilitating effect of the severe illness itself.

How is anorexia managed?

First make sure that the palliative care team knows about the problem. The doctor or nurse will assess for treatable causes (mouth ulcers, constipation, nausea, etc) and treat them. If you have diabetes or other conditions that affect your dietary choices, you may be referred to a dietician for advice. The doctor will assess for depression and treat it as indicated. In some cases, appropriate medication can stimulate appetite.

The basis for managing anorexia is acceptance of the fact that, in advanced illness, anorexia is due to the disease. Unlike anorexia nervosa, (dieter's disease) anorexia in palliative care patients is not an emotional disorder. Advanced disease often results in a set of inter-related symptoms (syndrome) called ***cachexia***. This includes anorexia, loss of body mass and general debility. These are not the results of starvation. Rather inability to eat well is part of the syndrome. Cachexia is due to metabolic change, which in turn is due to the advanced disease itself.

The main principle of management is thus to focus on food and drink as ways of promoting quality of life, rather than as ways of curing illness.

Manage the environment.

Introduce fresh air, pleasant surroundings and compatible companions. Eliminate unpleasant and food smells. Microwave cooking generates fewer smells than stove cooking. Use unperfumed cleaners, disinfectants and air fresheners when possible. Avoid strongly perfumed flowers.

Be slow to relinquish the rituals of eating and drinking.

Eat with family and friends away from the bedroom when you have the chance and energy. A glass of wine before meals can be enjoyable and stimulate appetite. Check with your doctor first, because alcohol interacts with many drugs.

Manage treatable and contributory causes.

Make sure mouth discomfort, nausea, constipation, difficulties in chewing, and swallowing etc, are known to the palliative care team. Continue treatment for any or all of these as long as it is needed. It is particularly important to have a regular bowel habit.

Manage freshness.

Rinse the mouth or clean the teeth and dentures often with water. Freshen the face and hands with a wash cloth as well before meals. In hot weather keep a moistened wash cloth in the fridge.

Promote oral health.

Chewing gum or sucking sugar-free lollies may promote saliva flow which helps to maintain oral health. Pineapple is also helpful, but too much may cause tooth erosion. Sucking ice chips or licking icypoles can also help the flow of saliva.

Saliva substitute gels or sprays can be used on dentures, teeth, tongue and inside the mouth. Ask your doctor or chemist for advice on the most suitable product.

Eat and drink frequent, small amounts.

Take sips of varied and nutritious drinks throughout the day. Eat a small meal each two to three hours, rather than trying to have three solid meals a day. Eat only as much as you desire.

Eat what you like.

It is better to eat something small and enjoyable than to struggle to eat something that is "good for you". This is the time to follow your whims or revisit your favourite foods, so long as you think small.

Eat daintily.

Half a sandwich on a side plate may suit you better than a dinner plate full of meat and vegetables. Tiny luxuries maybe more enticing than whole serves. Try drinks from a smaller glass.

Try different food and drinks.

Alterations in taste, a tendency to nausea, or mouth discomfort may change your food preferences. If things taste too sweet, try adding sour (lemon or vinegar) or salt. If food tastes too strong, try mixing it with milk, rice, or potato. If food is too bland, try adding sugar, salt, lemon and/or herbs.

Try different temperatures or textures.

Experiment with warm, cold and frozen foods. Sometimes a meal that is partly warm and partly icy is especially welcome. Food that is easy to chew or swallow (soups, custards, stewed fruit, icecream) may be appropriate. Nutritional supplements may have a role. If you dislike the mouth-feel of these, try diluting them with chilled soda water or anything else you fancy. If they taste too sweet, use the unsweetened enteral formula but take it by mouth.

Try comfort or nostalgia foods.

If you can recall pleasant food experiences from the past, now is a good time to revisit them. A soft-boiled egg and toast 'soldiers', fairy bread, 'spiders' (ice-cream in fizzy drink) or other childhood and adolescent favourites may bring unexpected pleasure.

Ignore usual meal times.

It is never too early in the day for pudding or too late for breakfast.

Remember, eat what you like, when you like.

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