

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 common cause is the generally debilitating effect of the 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 reversible 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, 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 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

When you have the chance and the energy, eat with family and friends, away from the bedroom. A glass of wine before meals can bring enjoyment and stimulate appetite. Check with your doctor first, because alcohol may interact with medications.

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 washcloth as well before meals. In hot weather keep a moistened washcloth 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 icy poles can also help the flow of saliva. Biotène Oralbalance® saliva substitute gel can

be rubbed over the dentures, teeth, tongue and inside mouth as often as needed, especially last thing before sleep. Oralube® by Orion artificial saliva can be dispensed straight into the mouth as often as desired. Check which product is more suitable for you. Sodium Bicarbonate mouthwashes are effective mouth cleansers if teethbrushing is not possible. Discuss your oral health with your healthcare team for further individual advice.

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. Don't worry too much about having a balanced diet. If red meats, greasy, highly flavoured, sweet and aromatic foods don't appeal too you, you are not alone. 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. There is room for luxuries in your diet. Tiny luxuries may be more enticing than whole serves. Try drinks from a smaller glass. Try the new petite ice-creams.

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 bland foods such as 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, ice-cream) may be appropriate. Nutritional supplements (e.g. Sustagen®, Ensure®, may have a role. If you dislike these, try diluting them with chilled soda water or anything else you fancy. If they taste too sweet, switch to the enteral formula, taken orally. This formula is designed for tube feeding and is unsweetened.

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.

Thank you to Palliative Care Victoria for the source material for this fact sheet.