Medication

There are some medications that can be recommended for patients with cachexia. Some will have an anti-inflammatory effect, others may improve appetite or alleviate symptoms such as nausea. However, medication alone will be effective only in few patients, and combination of drugs with exercise and other treatment options is more likely to be required. Some medications such as corticosteroids should be used only for restricted periods of time.

Further information

National Cancer Institute
American website with extensive patient information.
www.cancer.gov/cancertopics/pdq/supportive-care/nutrition

ESPEN
Guidelines and position papers from the European Society for Clinical Nutrition and Metabolism.
www.espen.org/espenguidelines

CancerHelp UK
Reliable, easy to understand patient information from Cancer Research UK.
Tel: + 44 808 800 4040
www.cancerhelp.org.uk

EAPC
Information on palliative care for professionals, volunteer workers, patients and families.
www.eapcnet.eu

Hospice Information
An information service where you can find information about local hospice and palliative care services.
Tel: +44 870 903 3903
www.hospiceinformation.info

www.epcrc.org
Cancer treatment

The cancer growth causes the metabolic changes that lead to cachexia. Anti-cancer treatment can reduce or even reverse weight loss and alleviate the symptoms of cachexia. However, in advanced cancer this adds only to the burden and the priority should be on palliative care to relieve suffering and distress.

Nutrition

Getting information from your physician about the nature and course of cachexia is important.

What and how you eat may be important, but there is no specific diet. Appetizing food, small meals and a comfortable setting all can contribute to nutrition. Nutritional supplements can be beneficial in pre-cachexia and cachexia, but may only add to eating-related distress in refractory cachexia. Nutrition via intravenous line is only rarely useful in advanced cancer.

Preventing cachexia

Cachexia can be categorized in three stages: pre-cachexia, cachexia and refractory cachexia.

Patients in the pre-cachectic stage may have lost muscle mass, even if their overall weight has not changed. Patients with specific cancer types such as pancreatic cancer or those with severe symptoms such as nausea or vomiting are at high risk. Repeated assessment of weight, symptoms and nutrition is necessary, as well as a detailed care plan and an early treatment that should combine exercise, nutrition and medication.

For patients with refractory cachexia, reversal of the weight loss is not possible even with additional nutrition supplements. However, symptoms of cachexia such as nausea or tiredness can be alleviated.

What is cachexia?

Cancer cachexia is an involuntary weight loss that cannot be fully reversed by increased intake of nutrition. Different factors contribute to cachexia, resulting in a change in metabolism. This in turn leads to skeletal muscle loss. Cachexia is different from starvation, though impairment of oral nutrition by cancer or cancer symptoms can contribute to weight loss in cachectic patients.

Other symptoms include:
• Loss of appetite
• Feeling weak and tired
• Loss of muscle strength
• Changes to sleep patterns and appetite, fatigue and trouble concentrating

Not being able to eat, losing appetite and weight is a major part of the burden for many patients with cancer, causing much worries in patients and caregivers.

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