Anorexia

Anorexia is a nonspecific symptom that may be an indication of inadequate dialysis and uremia. Depression, GI disturbances, taste disorders and mechanical causes may also contribute to anorexia.

TREATMENT PROTOCOL GUIDELINES

1. Ensure patient is well dialyzed (a KT/V of at least 1.4).
2. Assess for signs of depression – may be manifested as a loss of desire to eat.
3. If nausea is present use antiemetics before meals.
4. Assess for any signs of gastroparesis or diarrhea and treat as appropriate.
5. Constipation should be assessed for and treated.
6. Pain should be worked up and treated.
7. Ensure there is no mechanical cause that can interfere with eating (problems swallowing, poor dentition, ill fitting dentures).
8. Taste disorders – treat sinusitis or other infections
   Zinc 220 mg qd.1
9. Dry mouth – Pilocarpine 5-10 mg three times per day2
   Saliva substitute every 1-2 hours
   Assess for drugs that cause dry mouth and reduce dose or try to substitute for another drug (use reglan or haldol instead of compazine, use sinequan or trazodone instead of elavil)
10. Give a trial of appetite stimulants – Megace 40-400mg have bee used in ESRD3-5
    Marinol 2.5-5 mg 2-3 times a day6
    Prednisone 10-20 mg 1-2 times a day
    If the patient has no benefit within a week, either increase the dose or discontinue the medication to avoid unnecessary side effects.

References: