**Definition:**

Anorexia = loss of appetite  
Cachexia = weight loss

**Assessment Guidelines:**
- How long has appetite been suppressed? Sudden or progressive?  
- What factors improve or worsen anorexia?  
- Does the patient have dysphagia?  
- Has there been weight loss? Over what timeframe? Is there distortion of smells/tastes?  
- Review medications  
- Assess oral cavity—mucous membranes, teeth, gingiva, lips  
  - consider treatment for oral candidiasis; treatment for mucositis  
- Assess for depression. Would patient benefit from antidepressant therapy?  
- Assess nausea & bowel function. Constipated?  
- Discuss the patient’s preference regarding nutrition and hydration.  
- Assess nutritional status (albumin, protein)

*If the symptom of anorexia is distressing to patient and/or family, consider the following non-pharmacological and pharmacological interventions:*

**Non-pharmacological Therapy:**
- Educate patient and family regarding treatment options, benefits, and anticipated effects  
- Allay family fears/anxiety regarding the patient “starving”

**Pharmacological Therapy:**
- Megestrol acetate (Megace). Found to increase appetite, food intake, and weight in randomized, placebo-controlled trials in patients with advanced malignancies and with AIDS. No impact or mortality. Optimal dose is unknown. Generally, 80-160 mg po QID is used. Also available in elixir 800 mg=20cc. Maximum daily dose 800 mg. 400-800 mg QD has shown improved response over 100 mg QD. Daily doses over 480 mg have not been shown to alter therapeutic response.
- Trial of corticosteroids. Effective doses vary. Start with prednisone 2 mg po QD. Titrate up by 2-5 mg at weekly intervals if needed. Produces increased appetite but effects are short-lived. May increase weight but not muscle mass.
- Dronabinol (Marinol) 2.5 mg po before lunch and before dinner. Maximum dose is 10 mg BID. Associated with increased appetite above baseline, improved mood, and decreased nausea. Weight loss may stabilize. Well tolerated, especially by patients who have had good experiences with marijuana in the past.
- Cyproheptadine (Periactin) 2-8 mg po Q8H. Mild improvement in appetite, does not stop weight loss, but less nausea and emesis.

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• Ondansetron 8 mg po BID. Failed to prevent weight loss but significant improvement in food enjoyment noted.

• Thalidomide—used in patients with HIV and TB-associated weight loss with success. (requires special approval by pharmaceutical company for dispensing)

**Of Questionable Benefit:**

• Alcohol – may increase appetite, elevate mood, promote relaxation. No effect on function or lifespan.

• PEG tubes are generally not recommended for the anorexia-cachexia syndrome. Aggressive nutritional intervention has not been shown to improve survival, quality of life or anorexia.

• Total parenteral nutrition (TPN)—Can prolong meaningful life for terminally ill patients, but rarely improves anorexia. May help temporarily in cases of gastrointestinal obstruction. High risk of line infection (bacterial and fungal).

• Omega-3 – may improve appetite but not weight. No impact on function or lifespan.

**Of No Benefit:**

• Hydrazine Sulfate--thought more than 10 years ago to have appetite stimulatory and weight stabilization properties. Two trials showed no benefit as a single agent or in combination with respect to improvement of anorexia or weight loss.

• Pentoxifylline-- investigated as an inhibitor of TNF-alpha but has not shown efficacy in improving appetite or reversing weight loss.

**Follow-up:**

Document weight Q. 2 weeks. If no response, discontinue or taper therapy after 4-8 wks.

**Does the patient qualify for investigational agents?**

Testosterone derivatives, recombinant human growth hormone (somatropin), omega-3.

**References:**


**Case**

1. A 21-year-old man has ALL refractory to multiple chemotherapeutic regimens, has pancytopenia and is transfusion-dependent, has sinus aspergillus infection causing diplopia and facial pain. He is cachectic and delirious at times. His mother states, “Can you give him something to make him gain weight? I know he'll feel better if he gains some weight!”