Ontario Health
Cancer Care Ontario

# Symptom Management Algorithm

# LOSS OF APPETITE

## In Adults with Cancer

As of March 2024, this Symptom Management Clinician Algorithm is IN REVIEW. This means that it is undergoing a review for currency and relevance. It is still appropriate for this document to be available while this updating process unfolds.

## Screening

### Screen for loss of appetite using a validated symptom screening tool (e.g. ESAS-r, PG-SGA, Nutriscore, MST)

Review symptom report(s) with the patient and/or their caregiver and validate patient's response. Address any other distressing symptoms that the patient identifies that may be contributing to loss of appetite (e.g. nausea, constipation, pain).

| MILD | MODERATE | SEVERE |
|---|---|---|
| ESAS-r (1-3) | ESAS-r (4-6) | ESAS-r (7-10) |

## Assessment

### Assessment Acronym: OPQRSTUV

***Ask the patient directly, whenever possible. Involve family and caregivers as appropriate, and as desired by the patient***

| Category | Assessment Questions |
|---|---|
| **Onset** | • When did you notice your lack of appetite? |
| **Provoking/Palliating** | • Is it all the time or is there a time when your appetite is better/worse? |
| **Quality** | • What Can you describe what happens when you try to eat or drink? Compared to your normal food intake, are you eating the same amount? More than usual? Less than usual? Are you drinking enough fluid? Is your urine darker than usual? Do you have less urine? How much weight has you lost (if any)? |
| **Related Symptoms** | • Are there other symptoms that affect your ability to eat? (e.g. nausea/vomiting, constipation/diarrhea, sore or dry mouth, taste changes, bothersome food odors, problems swallowing, early feelings of fullness, pain, shortness of breath, fatigue, depression) |
| **Severity** | • How much is the lack of appetite affecting your activities of daily living or ability to function? How else is it affecting you or anyone around you? What do you think may cause your lack of appetite? What makes your appetite better? worse? Have you had any recent surgery or treatment that you think is affecting your ability or desire to eat? Are you taking any medications that are affecting your ability to eat? |
| **Treatment** | • Are you doing anything to help manage your loss of appetite (e.g. any physical activity, medications, or changes to your diet/nutritional supports)? Is it working? |
| **Understanding** | • How is the lack of appetite affecting you and/or your family? Do you feel distressed about your inability to eat? Have you experienced feelings of pressure, guilt, or stress with regards to food intake and weight loss? |
| **Values** | • Are there any other views or feelings about this symptom that are important to you or your family? |

### Conduct additional assessment to support diagnosis of anorexia vs. cachexia (consider the SGA measure)

- Diet history
- Physical assessment
- Percentage of weight loss over time indicating malnutrition
- Laboratory investigations

### Determine most likely cause of loss of appetite - If reversible (e.g. bowel obstruction, focal disease progression or ascites), manage with appropriate intervention.

| MILD LOSS OF APPETITE ANOREXIA OR PRE-CACHEXIA | MODERATE LOSS OF APPETITE OR CACHEXIA | SEVERE LOSS OF APPETITE OR REFRACTORY CACHEXIA |
|---|---|---|
| • Weight loss ≤ 5%<br>• Treatment/medication related anorexia +/- weight loss<br>• No subjective report of dehydration | • Weight loss >5% or BMI <20 with weight loss >2% or sarcopenia with weight loss >2%<br>• Tumour/treatment/medication related<br>• Glasgow Prognostic Score (GPS) based on elevated inflammatory marker CRP (>10 mg/l) and low albumin (<35 g/l) | • Same weight loss criteria as moderate category PLUS extreme sarcopenia and/or functional impairment or life-threatening consequences<br>• Advanced disease |

## Intervention

### Proceed with non-pharmacological interventions for all patients

**Considerations**

- Screen, assess and manage potential causes of secondary cachexia. i.e. anti-cancer treatment, other medication, and psychosocial factors
- Consider access to food (mobility, finances and other constraints which may lead to poor intake)
- Consider stage of disease, progression of disease and Palliative Performance Scale (PPS or ECOG), or functional status when determining goals of care and treatment plans
- Whether early consultation with the palliative or supportive care team is needed (when resources permit)

**Nutrition and Mealtime Suggestions**

- Eat small, frequent meals that are high in energy and protein
- Ensure adequate hydration, preferably through energy and protein containing liquids/meal supplements (e.g., Ensure or Boost)
- Take medication with a high calorie/protein fluid (milkshakes or nutrition supplements) to increase nutritional intake (review with dietitian and/or pharmacist to check for drug/nutrient interaction(s))
- Make mealtimes as relaxing and enjoyable as possible
- Try convenience foods (deli, takeout etc.), Meals on Wheels®, grocery delivery, catering/home making services, or asking friends/family to help out

**Addressing Psychosocial Concerns**

- Provide emotional support to the patient and their family
- Normalize the loss of appetite as a common side-effect of cancer/treatment
- Acknowledge the difficulties and potential psychological impact on quality of life (loss of self-identity, social interaction, cultural issues, accessibility to food etc.)
- Provide referral to mental health professional as needed (*when resources permit)

**Exercise**

- Encourage exercise, as tolerated by patient (10-60 min/day, 3 times a week, may prevent muscle atrophy)
- Patient should start the exercise regimen slowly, and gradually increase the intensity
- Exercise can be initiated at most levels above PPS score of 40%, but caution should be guiding principle, as well as consideration of presence of bone metastases and low blood counts

**Patient Education**

Ontario Health (Cancer Care Ontario) Patient Symptom Management Guide – Loss of Appetite
https://www.cancercareontario.ca/en/symptom-management/3141

| MODERATE | SEVERE |
|---|---|
| Referral to Registered Dietician based on criteria of weight loss, and/or the presence of significant symptoms that are affecting intake | • Referral to Registered Dietitian<br>• Consider PPS and ESAS scores to determine the appropriateness and aggressiveness of interventions<br>• Educate that a person may naturally stop eating and drinking as part of the illness progression and the dying process, treatment may not be indicated<br>• Focus should be on patient comfort and reducing patient and caregiver anxiety<br>• Ice chips, small sips of beverages and good mouth care becomes the norm<br>• Suggest alternate ways to nurture the patient (oral care, massage, reading, conversing)<br>• Consider symbolic connection of food and eating with survival and life<br>• Consider consultation with palliative care team, bioethicist, or spiritual counselor regarding the discontinuation of nutrition |

## Proceed with Pharmacological Intervention (START LOW – GO SLOW) and monitor for effect

**MODERATE**

**Prokinetics**

- Metoclopramide 10 mg q4 to 8h **OR** domperidone 10mg TID. The risk of serious abnormal heart rhythms or sudden death (cardiac arrest) may be higher in patients who are more than 60 years old.

**SEVERE**

**Synthetic Progestogens**

- Megestrol acetate: minimum efficacious dose = 160 mg daily and titrate to effect maximum dose = 480 mg/ day OR medroxyprogesterone acetate (MPA): 200 mg daily

**Corticosteroids**

- Initial dose: dexamethasone 4mg daily OR prednisolone 30mg daily in the morning. Prescribe for 1-3 weeks, if no benefit, stop. If helpful, increase or decrease to the most effective dose; review regularly and titrate off if no longer improving symptoms.

**Other Considerations**

- Assess need for a proton pump inhibitor (i.e., pantoprazole, rabeprazole)
- Treat depression if appropriate (i.e. mirtazapine)
- Consider referral to medical cannabis specialist

## Acknowledgements

Loss of Appetite in Adults with Cancer Clinician Symptom Management Algorithm 2022 - Working Group Members: Pamela Szabo-Kode, Christine Pun, Darren Cargill, Natalie Coburn and Nicole Montgomery

## Disclaimer