Loss of Appetite

Introduction

Nutrition is a very important part of life in general and problems around eating are common in hospice patients. Preparing and serving delicious food is an expression of love and care. It is natural to want to feed someone you love, especially when that person is ill and losing weight and strength.

Questions most commonly asked by patients and their families ...

- **What causes loss of appetite in a sick person?**
  - Patients with cancer or AIDS have no control over their appetite.
  - Basically, the loss of appetite is caused by a chemical and metabolic imbalance in the body. A patient’s digestive system is unable to process food normally. Pushing a patient to eat will only make him/her more uncomfortable.

- **What other factors are involved in the loss of appetite?**
  - Nausea
  - Chemotherapy
  - Recent surgery
  - Constipation or diarrhoea
  - Dry mouth, sore mouth, difficulty in swallowing
  - Side-effects of various medications
  - Anxiety and depression
  - Uncontrolled pain

- **What can be done?**
  - Hospice staff will identify any potentially reversible causes and treat them.

- **How can these be managed?**
  - Nausea—effective medication for nausea is available.
  - Oral thrush or candida are easily treated with drops, gel or tablets.
  - Dry mouth—frequent sips of water or, where appropriate, use a spray to spray water into the mouth.
  - Lubricate the inside of the mouth with butter, margarine or oil prior to eating. In extremely weak patients KY Jelly can be used as a lubricant.
  - Where constipation is affecting appetite a gentle but effective laxative is advised.
  - Depression can affect appetite and where this is suspected ask your doctor to prescribe appropriate medication.

- **Can certain medication cause loss of appetite?**

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The stronger pain killers containing either codeine or morphine can cause loss of appetite.

Certain antibiotics, digoxin and antiretrovirals can cause nausea and loss of appetite.

**What practical measures can be taken by carers in the case of loss of appetite?**

- Eat only when hungry.
- Do not stick to rigid meal times.
- Note when you normally eat best and try to make that meal the largest of the day.
- Small servings of a favourite meal on a plate (gives the feeling of manageability on the part of the patient).
- Remove uneaten food without undue comment.
- Gently encourage but do not nag the patient to eat.
- Serve whatever the patient asks for—even hamburger and chips!
- Serve the food attractively with a plate garnish or table flower and pretty china and tray cloth.
- Try to make meal times a happy, sociable time.
- Cold foods are generally preferred to hot foods.
- Serve smaller meals, more frequently. Aim for 5-6 small snack type meals throughout the day.
- Have snacks readily available for the patient to nibble on whenever they can.
- Vary the place of eating and remove bed pans from the room.
- Sometimes, when a patient really doesn’t feel like eating it is ok for him/her to just sit with the family during meals to enjoy the company.

**What special foods are recommended?**

- Those high in calories—full cream milk, custard, peanut butter, cream soups, cheese, puddings, milkshakes, ice cream, pies, cheesecake, butter and cream.
- Supply as much variety as possible.

**What about diabetics and people with high cholesterol?**

- Avoid pressurising a very ill patient on what to eat and what not to eat. It is more important that the patient enjoys their food.
- Perfect sugar levels are often not possible in advanced illness.

**Are dietary supplements recommended?**

- If the patient is able to take extra nutritional products then by all means use them. Every little extra helps

**What about vitamins?**

- Vitamins may be helpful but it must be remembered that they cannot reverse the disease process.
• **What about only giving fluids?**
  o Sometimes very ill patients only want to take fluids. This is natural and normal and the patient will be more comfortable taking sips of fluid instead of eating.

• **Are there any medications or products that help to stimulate the appetite?**
  o Cortisone medication can help. However, not all patients can tolerate cortisone. Its effectiveness does wear off in time and it has potential adverse effects.
  o Alcohol can stimulate the appetite—a glass of wine or sherry before meals may help.
  o Some anti-nausea medications help to move food faster from the stomach, which can be helpful where nausea is a cause of diminished appetite.

**Remember**—forcing a patient to eat can make them more uncomfortable.

**Remember**—everyone’s appetite varies between good and bad days. Make the most of the good days by eating well.