Treatment of poor appetite and weight loss

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Treatment of poor appetite and weight loss

- Treating poor appetite – Food First
- Oral Nutritional Supplements
- Enteral tube feeding
- Support for families and carers
Treating poor appetite

We have covered:-

- the impact of malnutrition
- cachexia is difficult to treat and not reversible in refractory cachexia
- Being unable to eat causes patients and their families/carers distress

Therefore it is important to think about how to provide practical support.
Relevant to healthcare professionals in hospice/nursing homes/hospital and other settings.
Relevant to patients and their families in their own homes.
Treating poor appetite – Food First

• Use the outcome of your nutritional screening
• Gain an understanding of the patient is eating and drinking now and at home (if recently admitted)
• Use food record charts/observation at meal times
• Consider any food preferences
Treating poor appetite – Food First

- Consider portion size
Treating poor appetite - Food First

Maximise nutritional content

**Food fortification**

- Adding extra fats, oil, butter or margarine where possible.
- Using full fat milk instead of reduced fat versions.
- Adding cream, or sugar, jam, honey
Treating poor appetite - Food First

Small and often meal plan

✓ Very small portion sizes of high energy foods

✓ Eat 6 -7 times a day

<table>
<thead>
<tr>
<th></th>
<th>Breakfast</th>
<th>Mid-morning</th>
<th>Lunch</th>
<th>Mid-afternoon</th>
<th>Dinner</th>
<th>Supper</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 Weetabix with full fat milk</td>
<td>Milky coffee with 1 plain biscuit</td>
<td>2 crackers with butter and cheese</td>
<td>Thick and creamy yoghurt</td>
<td>1 slice chicken, 1 small roast potato, 1 spoon peas</td>
<td>Tea and 2 squares chocolate</td>
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</tbody>
</table>
Treating poor appetite - Food First

Make changes:

- Change the texture, temperature or type of foods e.g. savoury vs sweet foods
- Soft foods
- Cold foods for nausea
- Citrus / mint /ginger flavours
Treating poor appetite - Food First

Consider the environment

- Avoid cooking smells
- Fresh air
- Sit out or at the table
- Avoid distraction (dementia) or Socialise
- Fluid intake
- Alcohol
Oral Nutritional Supplements (ONS)

- Useful source of energy, protein, vitamin, minerals
- Prescribed by GP/Doctor
- Low volume may be better tolerated 200ml vs 125ml
Oral Nutritional Supplements

Tasting session!
Oral Nutritional Supplements

But:

• poor compliance related to taste fatigue
• gastrointestinal symptoms such as early satiety due to energy load, abdominal distension, nausea and diarrhoea

Try different styles e.g. milk-shake style, juice-style, yoghurt-style, puddings
Enteral tube feeding

- Nasogastric or nasojejunal tube feeding
- Gastrostomy feeding
- Jejunostomy feeding
Enteral tube feeding

May be the only source of nutrition or used in combination with oral food intake.

Feeding plan devised by the Dietitian in collaboration with the patient and carers, taking into account:

- timing – during the day or overnight
- method – pump or bolus feeding
- Other sources of nutrition (food, nutritional supplements)
Resources

www.bda.uk.com/foodfacts/home

www.macmillan.org.uk
Resources

http://malnutritionpathway.co.uk/leaflets-patients-and-carers

Managing Adult Malnutrition in the Community
Including a pathway for the appropriate use of oral nutritional supplements (ONS)

Leaflets for Patients and Carers

Choose from resources for patients and carers below:

Your Guide to Making the Most of Your Food

Your Guide to Making the Most of Your Food
An A4 printable leaflet which gives simple ideas as to how patients can get the most nutrition from the food they are eating.

Nutrition Drinks (Oral Nutritional Supplements)

Resources Category

Healthcare Professional Resources
Specific Support for Common Conditions
Patients and Carers Resources
Newsletters
Malnutrition Task Force and Age UK launched 'Let's Talk About Death and Dying,' ageuk.org.uk/information-advice/health-wellbeing/relationships-family/end-of-life-issues/talking-death-dying/
Summary

• Eating and drinking has important nutritional and psychosocial significance for patients and their families.
• HCPs should acknowledge the impact of weight loss and changed appetite.
• Be able to talk about the impact of cachexia.
• Give practical advice to support poor appetite.
• Seek specialist support.
Thank you and questions?