

## A Systematic Review of the Evidence on Symptom Management of Cancer-Related Anorexia and Cachexia

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**Purpose/Objectives:** To evaluate and synthesize the evidence regarding cancer-related anorexia and cachexia symptom management and make recommendations for future directions.

**Data Sources:** Cochrane Library, MEDLINE®, CANCELIT®, CINAHL, Dissertation Abstracts, EBM Reviews—Best Evidence, EMBASE, and the Computer Retrieval of Information on Scientific Projects. Current overviews, clinical trials, systematic research reviews, and meta-analyses.

**Data Synthesis:** All studies focused on increasing food intake. Nonpharmacologic clinical trials increased caloric and protein intake but resulted in no improvement in nutritional status, weight, tumor response, survival, or quality of life. Weight, appetite, and well-being were improved with megestrol acetate, but nutritional status was not improved. Some exercise studies demonstrated improvements in nutrition-related outcomes, but these were not primary research outcomes.

**Conclusions:** Symptom management of anorexia and cachexia should focus on decreasing energy expenditure or minimizing factors creating a negative energy balance, as well as improving food intake. Increased measurement sensitivity also is needed.

**Implications for Nursing:** Improved nutritional assessment skills are needed with an emphasis on anticipated problems and current status.

### Key Points . . .

- ▶ Anorexia and cachexia are prevalent cancer-related symptoms that have been understudied.
- ▶ Clinical trials focusing on increasing food intake using supplements, counseling, and pharmacologic agents were successful in increasing food intake but were not successful in improving body composition, nutritional status, tumor response to treatment, survival, or quality of life.
- ▶ Multifaceted interventions that focus on increasing food intake, decreasing energy expenditure, and minimizing factors that decrease food intake or increase energy expenditure need to be tested.

Cancer-related anorexia and cachexia were selected for assessment in phase I of the Oncology Nursing Society's PRISM (Priority Symptom Management) Project (Ropka & Spencer-Cisek, 2001) because it was believed that the management of these symptoms has been understudied. The purpose of this systematic review, commissioned by the PRISM project, was to evaluate and synthesize the current evidence regarding management of these symptoms using

### Goal for CE Enrollees

To further enhance the nurse's knowledge regarding the assessment and treatment of cancer-related anorexia and cachexia.

### Objectives for CE Enrollees

On completion of this CE, the participant will be able to

1. Describe nursing implications of assessing cancer-related anorexia and cachexia based on research.
2. Describe pharmacologic and nonpharmacologic treatment for anorexia and cachexia.
3. Describe nursing implications for managing patients with anorexia and cachexia.

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