Healthcare Professionals' Response to Cachexia in Advanced Cancer: A Qualitative Study

Claire Millar, PhD, BSc (Hons), Dip, RN, Joanne Reid, PhD, MSc, BSc (Hons), Dip, RN, and Sam Porter, PhD, BSSc, RN

Cachexia is complex syndrome seen in many chronic illnesses, including cancer. Until 2011, cachexia lacked an accepted definition, but work by a panel of experts has developed a consensus definition, which highlights that cancer cachexia is characterized by progressive lean muscle loss (with or without fat loss) that cannot be reversed by conventional nutritional therapy. The muscle loss is caused by multifactorial metabolic abnormalities, particularly in protein and energy balances because of the underlying illness (Fearon et al., 2011). Cancer cachexia is a major cause of global morbidity and mortality, affecting about 80% of patients with advanced cancer (Tisdale, 2002); in addition, cancer cachexia is the cause of two million deaths worldwide annually (Muscaritoli, Bossola, Aversa, Bellantone, & Rossi-Fanelli, 2006). Research has uncovered that cachexia in patients with advanced cancer has profound biopsychosocial consequences for patients and their families (Reid, McKenna, Fitzsimons, & McCance, 2009a, 2009b). Physically, the loss of muscle mass often leads to extreme weakness and decreased functional ability for the patient (Fearon, Voss, & Hustead, 2006). Psychosocially, cachexia is reported to have negative consequences for the patient's body image, which can result in social isolation and emotional distancing from family and friends (Hinsley & Hughes, 2007). In addition, the accompanying symptom of anorexia often creates tension and distress among patients and their family members, who focus on feeding in an attempt to reverse their loved one's decline (Holden, 1991; Reid et al., 2009b). This may lead to conflict between patients and families at an already emotional time, suggesting that the implications of cachexia extend beyond the patient and into the family unit. Although several treatment modalities for cancer cachexia have been tested (Berenstein & Ortiz, 2005; Dewey, Baughan, Dean, Higgins, & Johnson, 2007; Reid et al., 2012; Reid, Hughes, Murray, Parsons, & Cantwell, 2013), no effective treatment exists for this distressing syndrome.

Purpose/Objectives: To explore healthcare professionals' experience, understanding, and perception of the needs of patients with cachexia in advanced cancer.

Research Approach: A qualitative approach based on symbolic interactionism.

Setting: A regional cancer center in a large teaching hospital in the United Kingdom.

Participants: 34 healthcare professionals who had experience providing care to patients with cachexia in advanced cancer.

Methodologic Approach: Data collection consisted of two phases: focus group and semistructured interviews. Interviews were digitally recorded and transcribed verbatim for analysis. This article reports on findings from the second phase of data collection.

Findings: Analysis revealed that professional approaches to cachexia were influenced by three overarching and interthinking themes: knowledge, culture, and resources. Healthcare professionals commonly recognized the impact of the syndrome; however, for nonpalliative healthcare professionals, a culture of avoidance and an overreliance on the biomedical model of care had considerable influence on the management of cachexia in patients with advanced cancer.

Conclusions: Cachexia management in patients with advanced cancer can be difficult and is directed by a variable combination of the influence of knowledge, culture of the clinical area, and available resources. Distinct differences exist in the management of cachexia among palliative and nonpalliative care professionals.

Interpretation: This study presented a multiprofessional perspective on the management of cachexia in patients with advanced cancer and revealed that cachexia is a complex and challenging syndrome that needs to be addressed from a holistic model of care.

Knowledge Translation: Cachexia management in patients with advanced cancer is complex and challenging and is directed by a combination of variables. An overreliance on the biomedical model of health and illness occurs in the management of cachexia in patients with advanced cancer. Cachexia needs to be addressed from a holistic model of care to reflect the multidimensional needs of patients and their families.