

# Cancer Cachexia

Dr. Joanne Reid  
Lecturer in cancer nursing  
[j.reid@qub.ac.uk](mailto:j.reid@qub.ac.uk)

# Cachexia

- The term cachexia originates from the Greek words 'kakos' meaning bad, and 'hexis' meaning condition
- Is a complex diagnostic picture characterized by progressive nutritional deterioration and wasting
- Occurs in many conditions

# Cancer Cachexia

Affects majority of patients with cancer - up to 80% in terminal stage

Highest incidence is seen in patients with solid tumors:

- Pancreas 83%
- Stomach 83-87%
- NSCL 61%
- SCL 57%
- Prostate 56%
- Colon 54%
- Breast 36%
- Non Hodgkin's 36%

# Cancer cachexia can be divided into

## Primary (metabolic)

Energy Expenditure ↑

Muscle Proteins ↓

Protein turnover ↑ ↑

Ketones used as fuel ↓

Glucose turnover ↑

Cortisol level ↑

Acute phase proteins ↑ ↑

## Secondary (starvation)

Energy Expenditure ↓

Proteins conserved

Protein turnover ↓

Ketone bodies used as fuel ↑

Glucose turnover ↓

Cortisol level ↓

Acute phase proteins ↔

# Impact of cancer cachexia

- Correlates strongly with poor outcomes – contributes significantly to morbidity and mortality
- Cause of death in 20% of patients with advanced cancer
- Reduces quality of life and causes increased psychological distress

# Past research

- Past research has focused on
  - Understanding the biological processes associated with cancer cachexia
  - the pharmacological treatment options for cancer cachexia
- Specific aetiology of cancer cachexia is not understood
- No standardised guidelines for assessment or management
- Under diagnosed

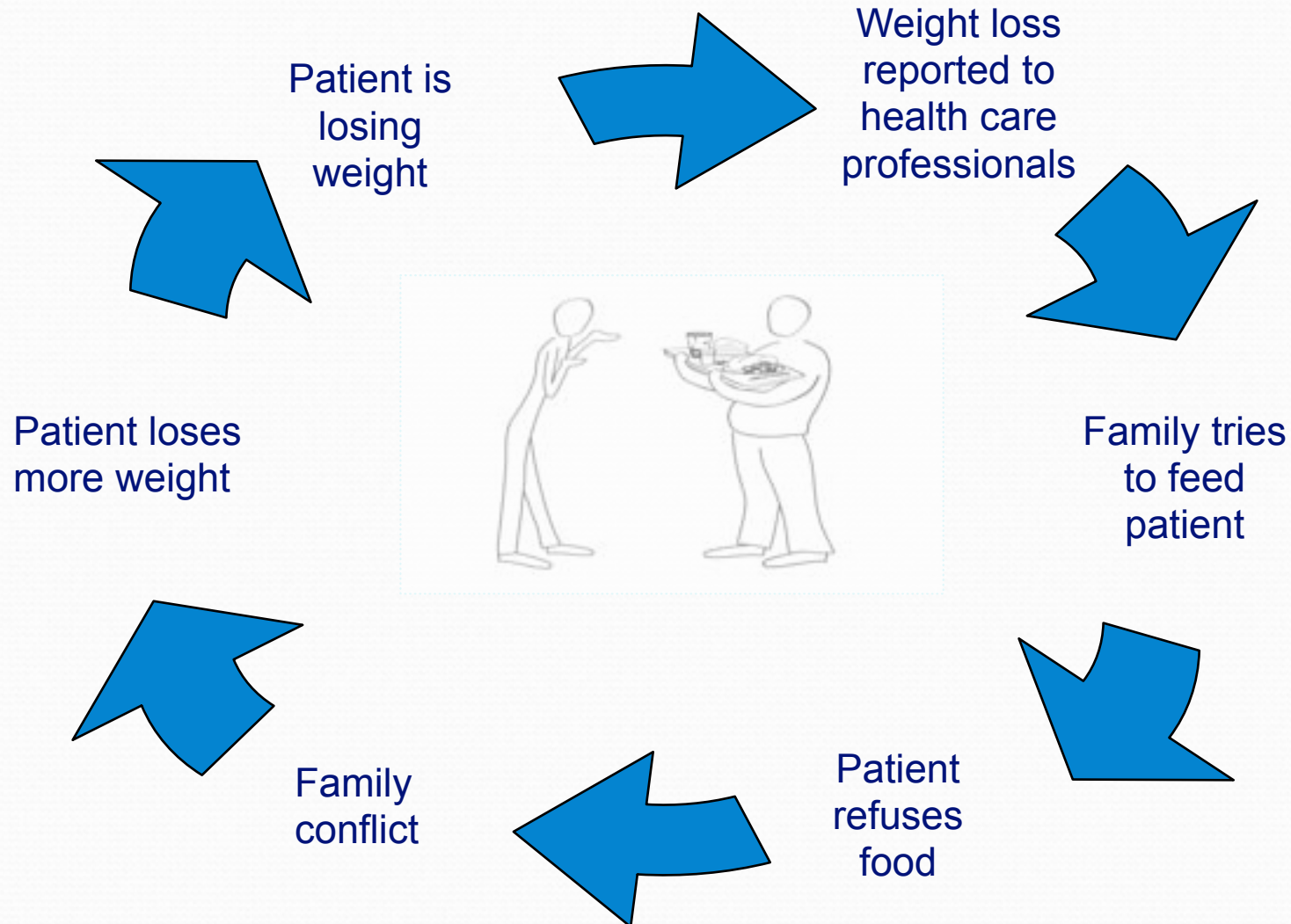
# Clinical complexities of cancer cachexia

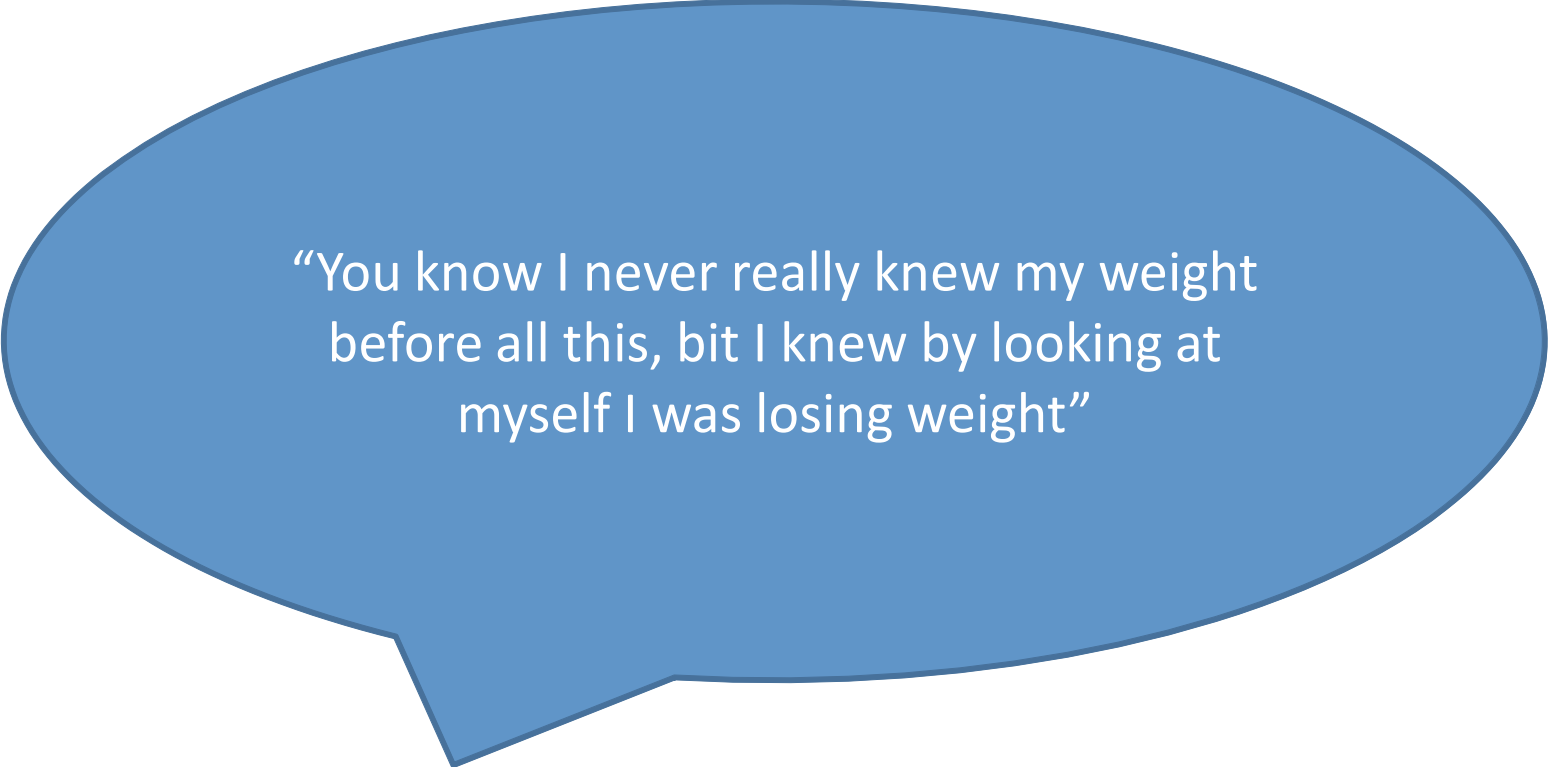
- Complex pathology
- Complex clinical presentation
- No standard operational definition
- Currently no approved curative treatment for cachexia in patients with advanced malignancy
- In order to advance effective symptom management for this life limiting syndrome of advanced cancer, research was called for that understood the totality of this illness experience

# Holistic care

- Encompasses the bio-psycho-social aspects of care
- It is vital that health care professionals understand the total illness experience in order to provide care that recognises and is responsive to the needs of this client group
- The patient's (and significant other's) experience of cancer cachexia has now been formally investigated in Northern Ireland

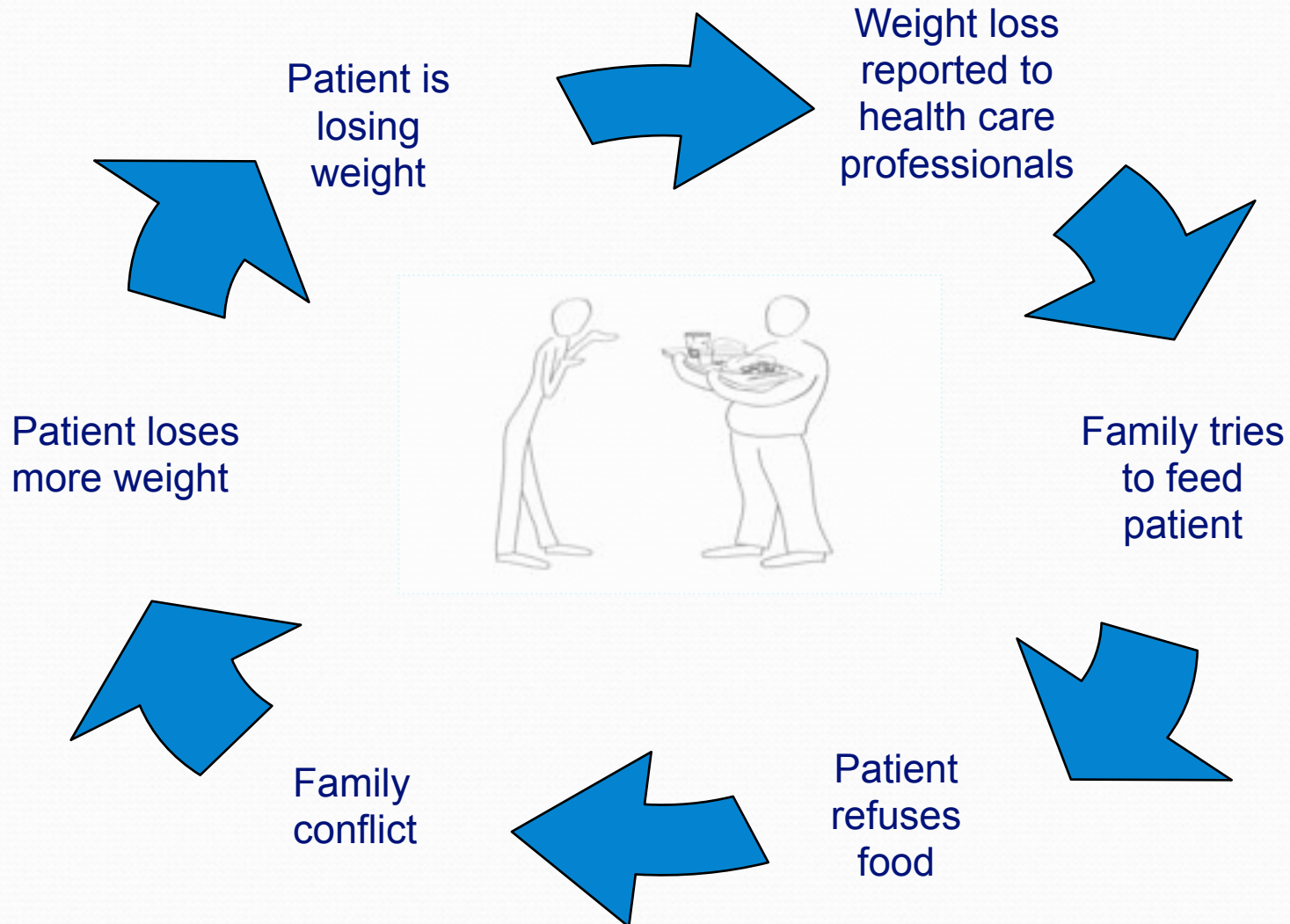
# Patient and family experience

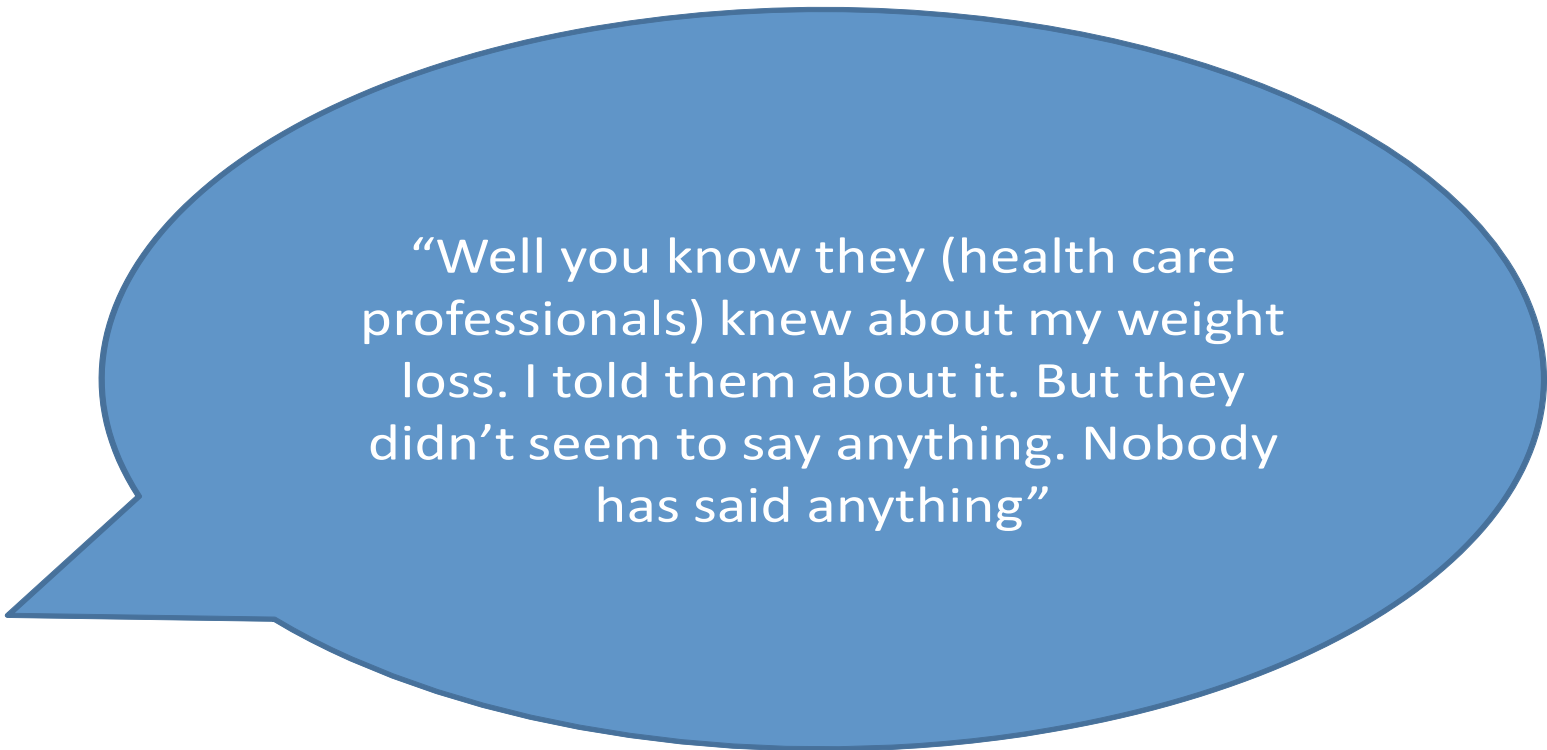




“You know I never really knew my weight before all this, but I knew by looking at myself I was losing weight”

# Patient and family experience

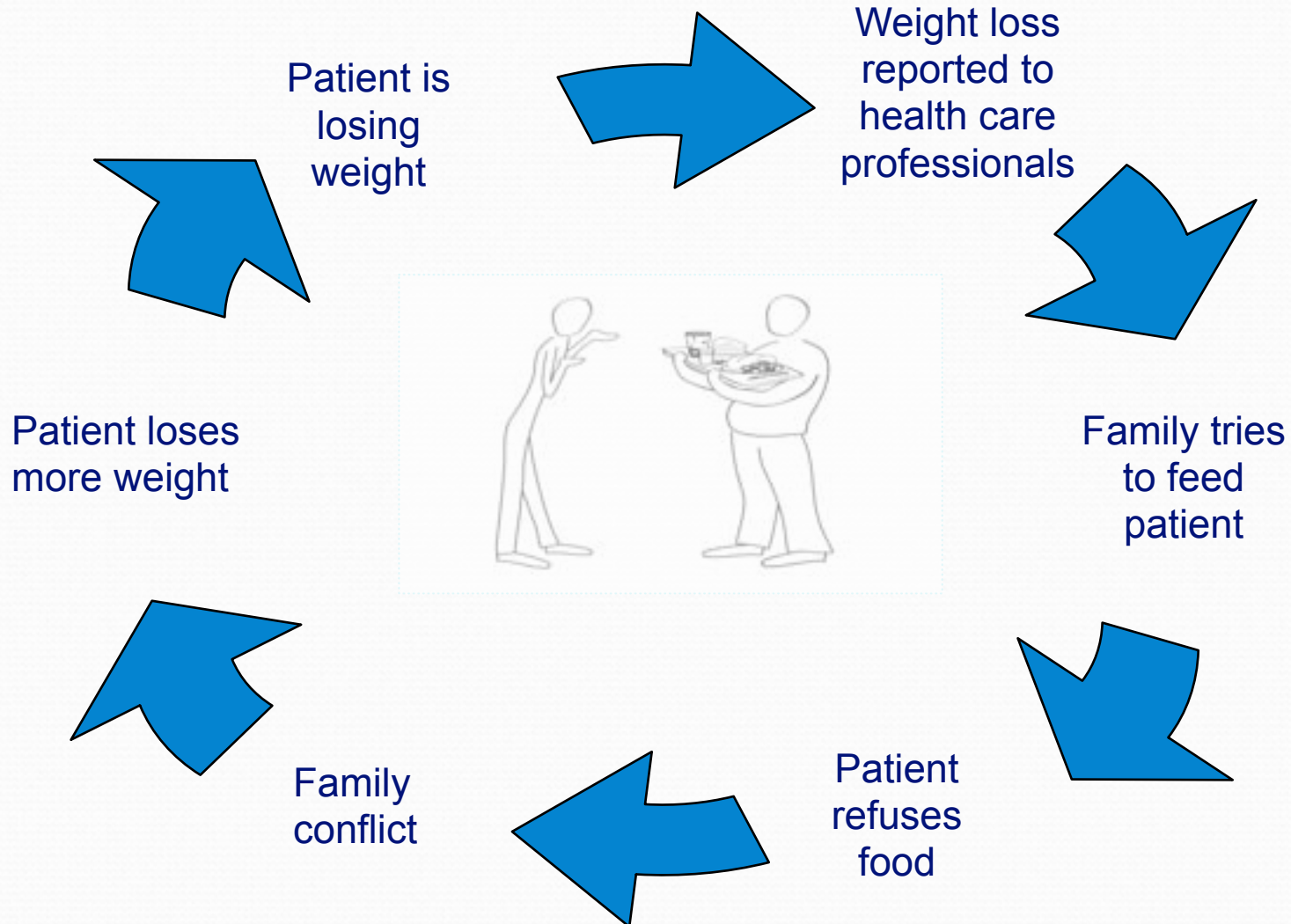


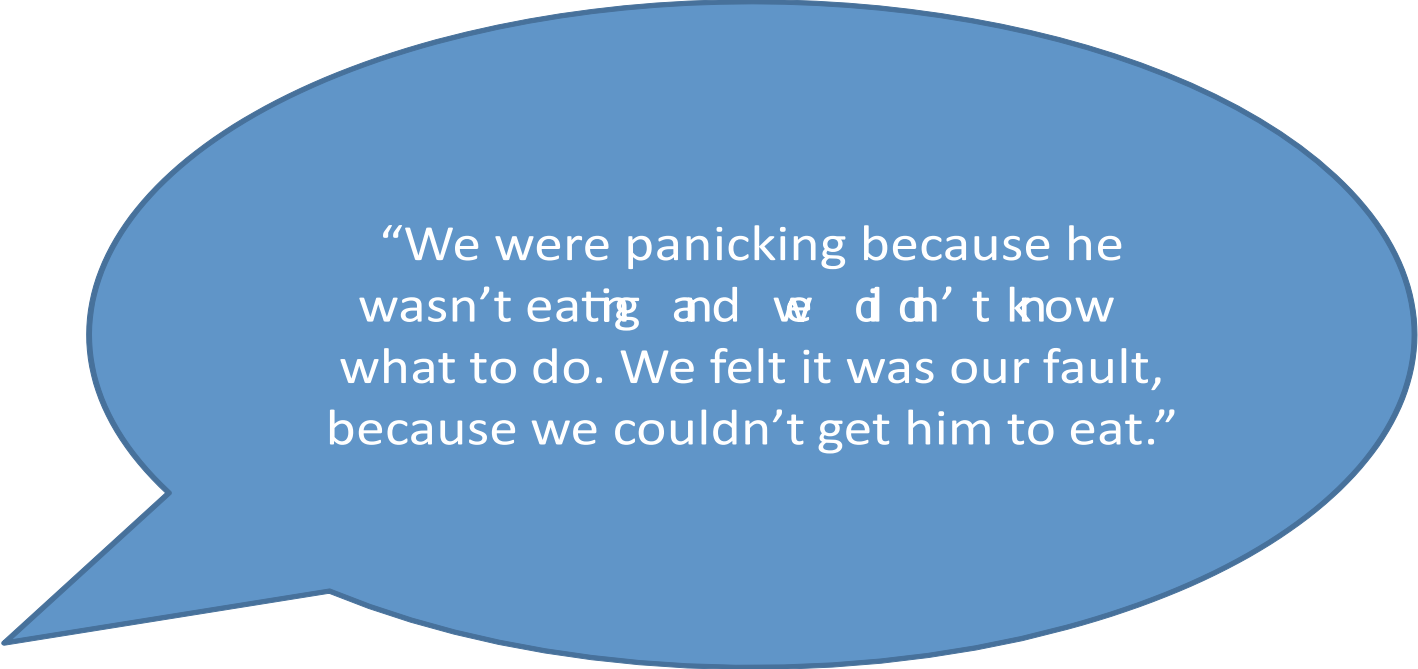


“Well you know they (health care professionals) knew about my weight loss. I told them about it. But they didn’t seem to say anything. Nobody has said anything”

Reid, J., McKenna, H., Fitzsimons, D., and McCance, T. (In Press). An exploration of the experience of cancer cachexia: What patients and their families want from health care professionals. *European Journal of Cancer Care*.

# Patient and family experience

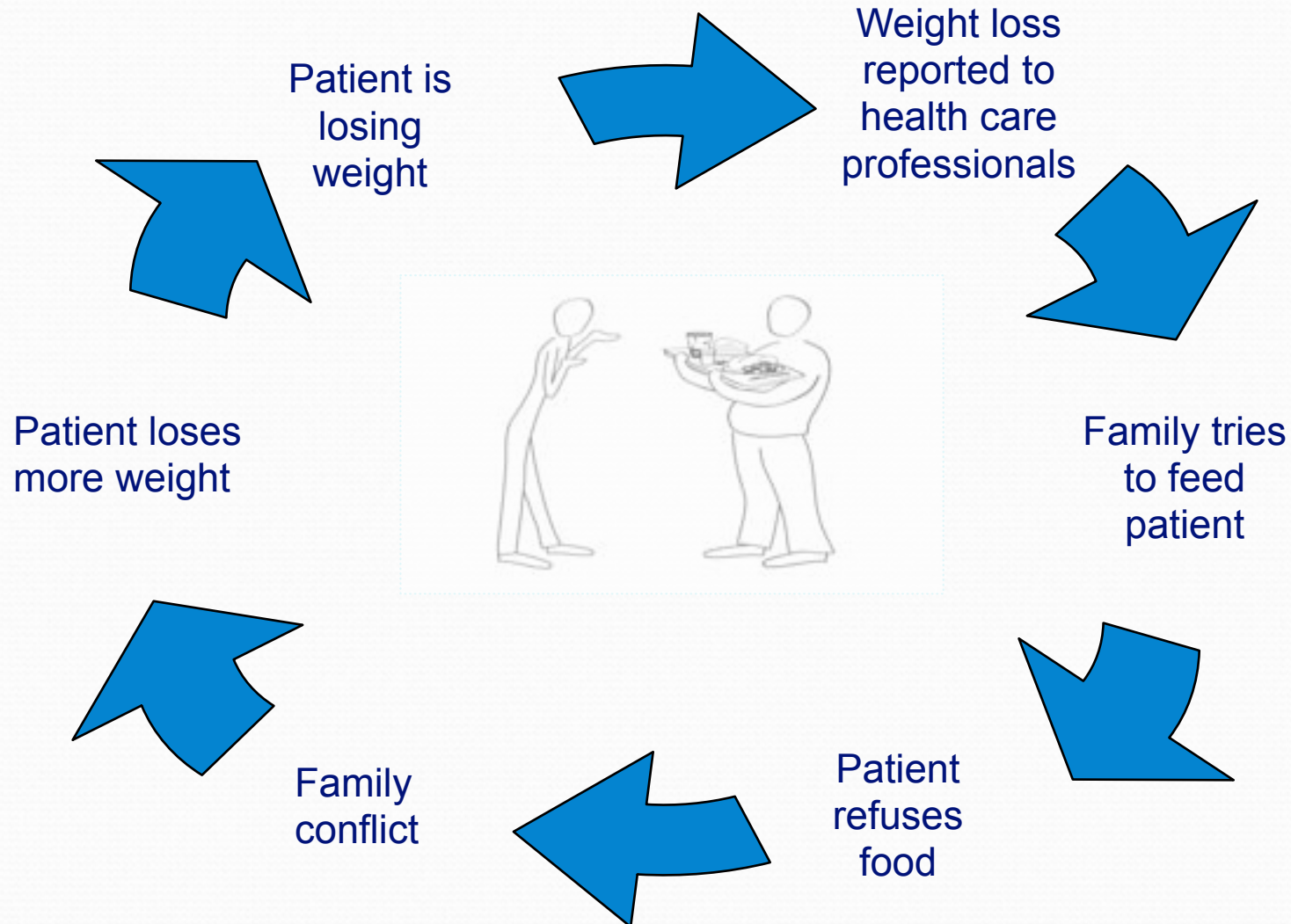


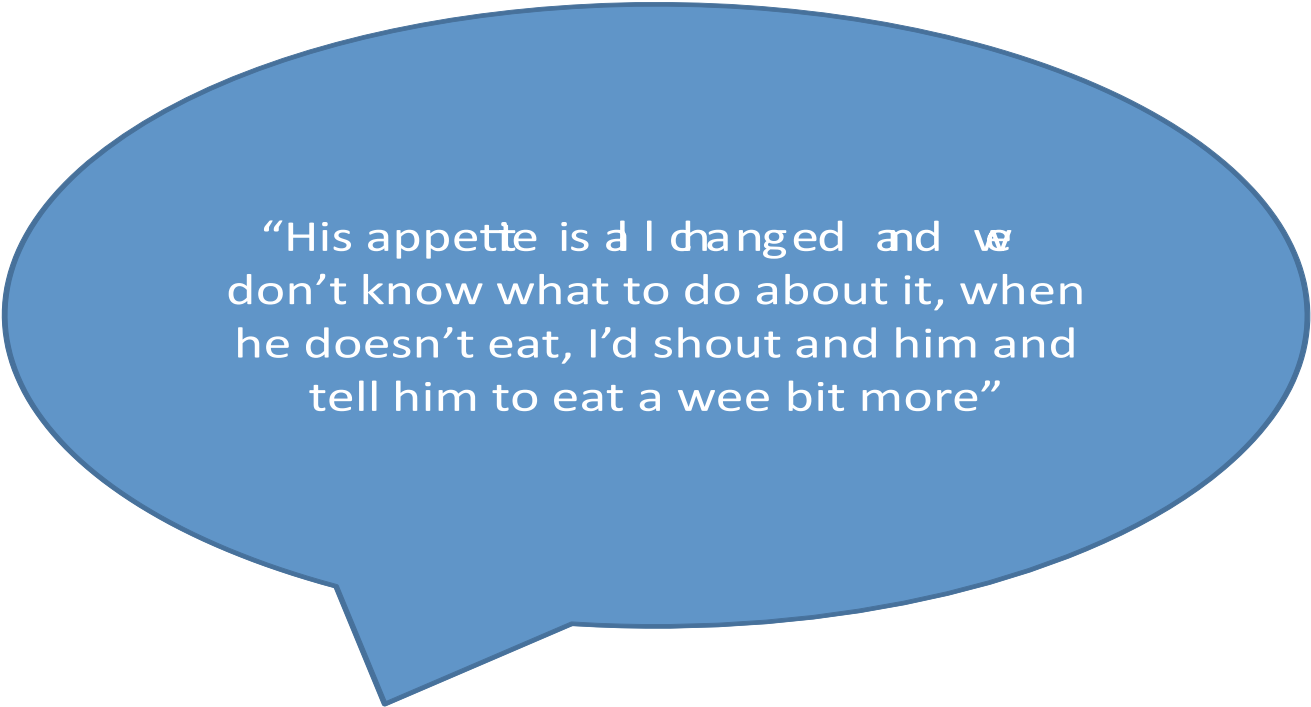


“We were panicking because he wasn’t eating and we didn’t know what to do. We felt it was our fault, because we couldn’t get him to eat.”

Reid, J., McKenna, H., Fitzsimons, D., and McCance, T. (2009). The experience of cancer cachexia: A qualitative study of advanced cancer patients and their family members. *International Journal of Nursing Studies* .46(5): 606-616.

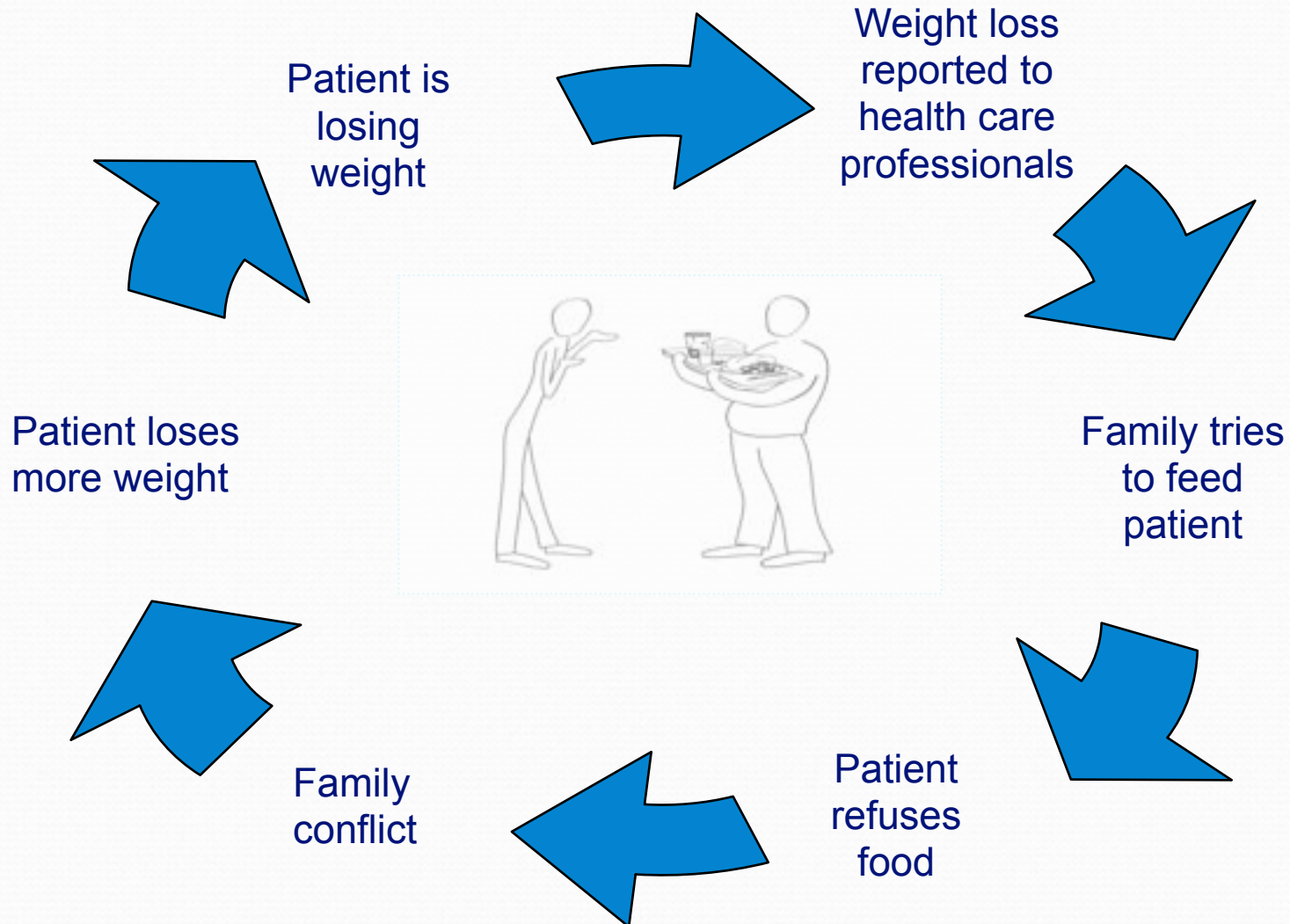
# Patient and family experience

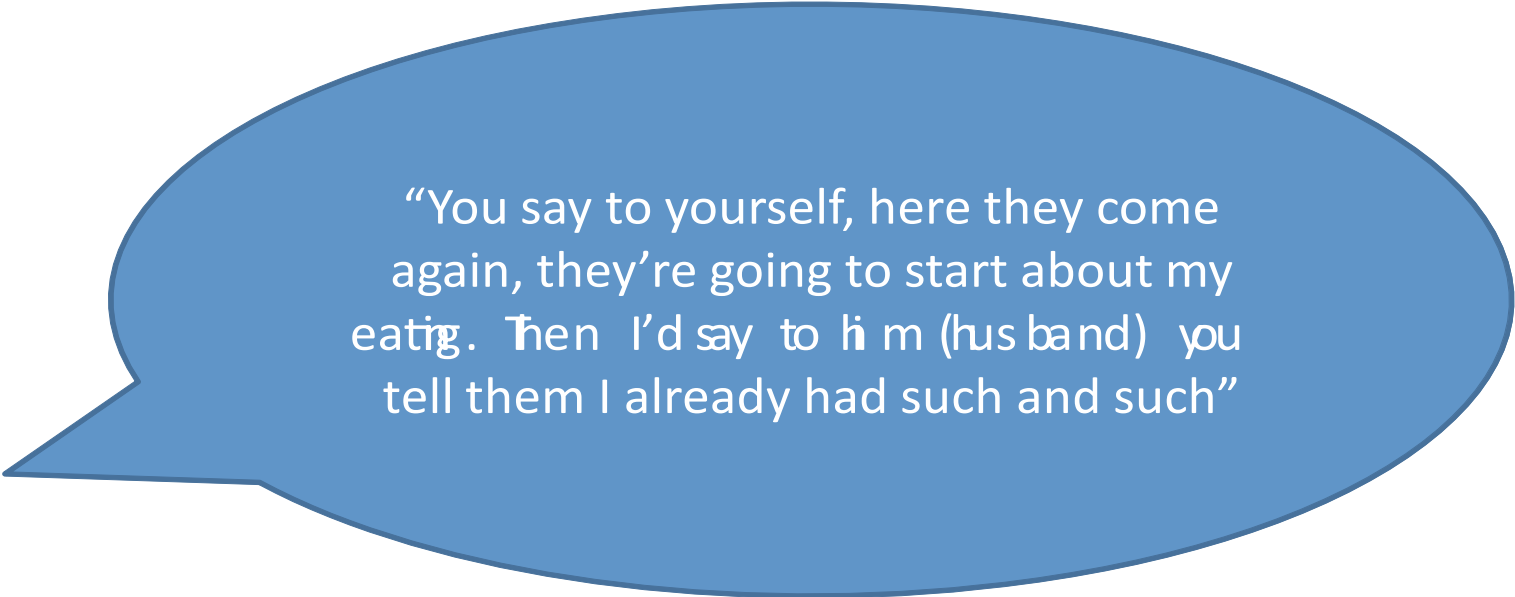




“His appetite is all changed and we don't know what to do about it, when he doesn't eat, I'd shout at him and tell him to eat a wee bit more”

# Patient and family experience

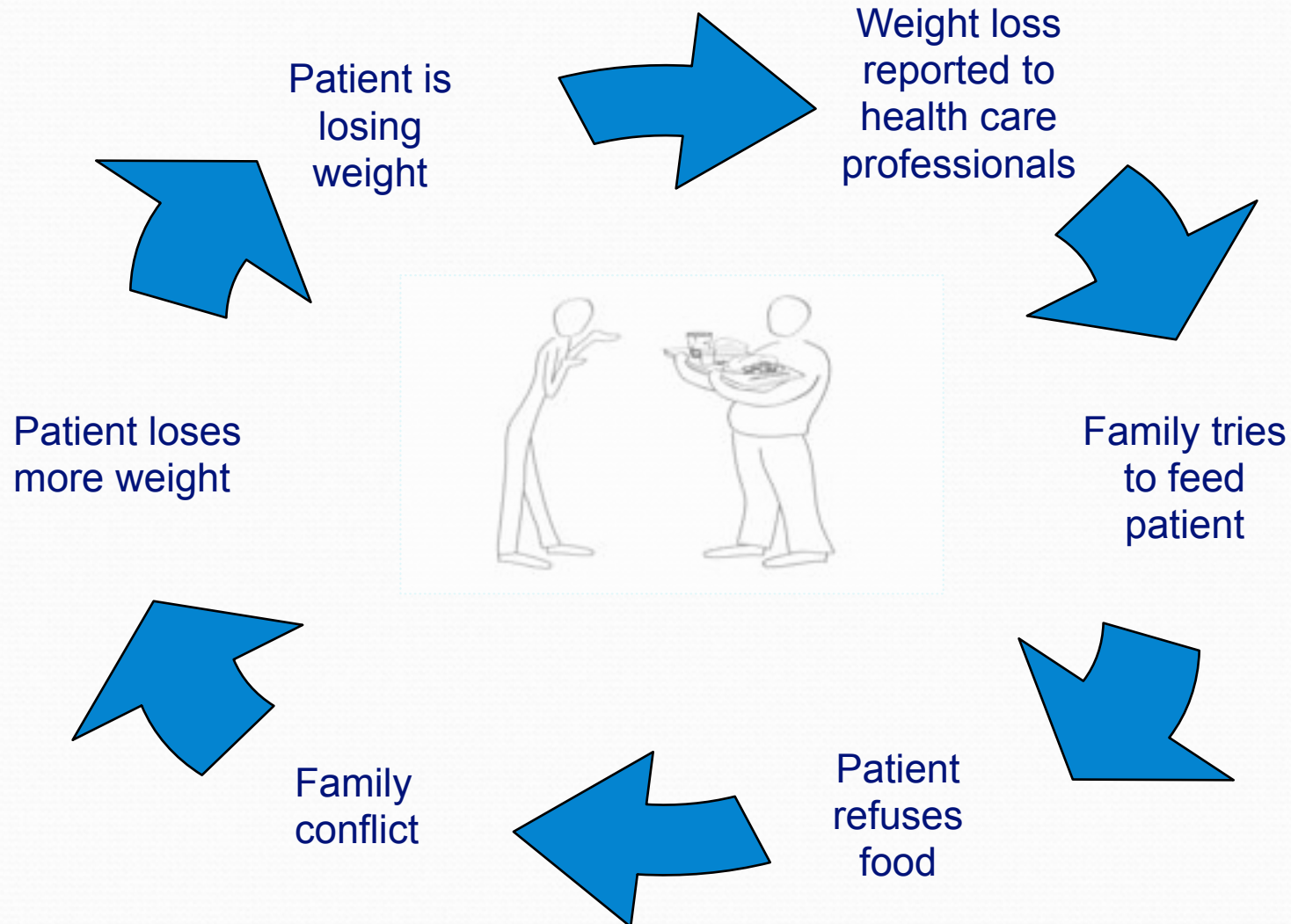




“You say to yourself, here they come again, they’re going to start about my eating. Then I’d say to him (husband) you tell them I already had such and such”

Reid, J., McKenna, H., Fitzsimons, D., and McCance, T. (2009). Fighting over food: Patient and family understanding of cancer cachexia *Oncology Nursing Forum*. 36(4):439-445.

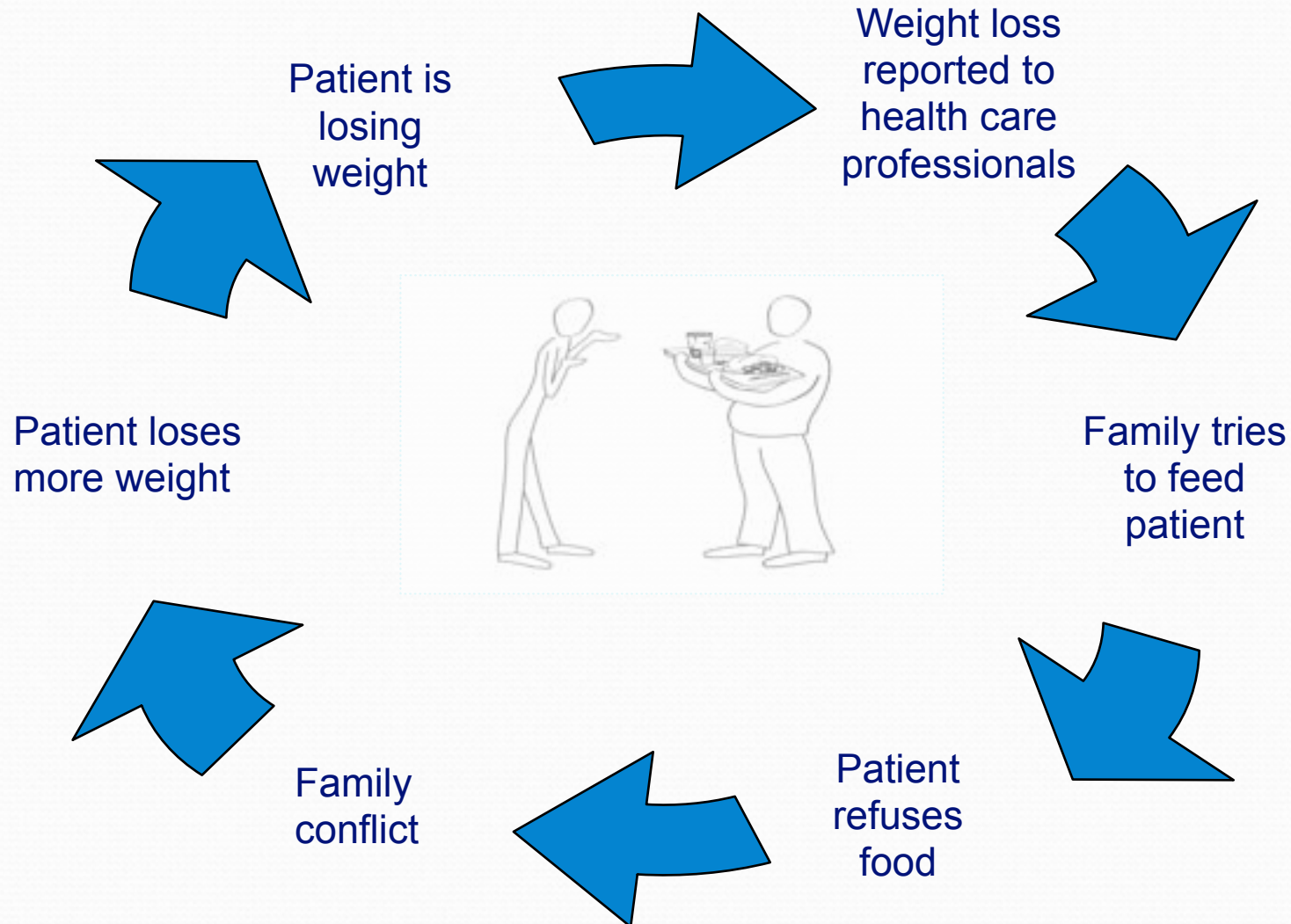
# Patient and family experience



A blue speech bubble with a white outline, centered on a white background. The bubble has a tail pointing towards the bottom left. The text inside is white and reads: "I would say you look like 'Belsen', the look of dying".

“I would say you look like “Belsen”, the look of dying”

# Patient and family experience



# Where to next?

- Clinical management of cancer cachexia is recognised as a formidable task
- Lack of scientific literature. Anecdotal evidence only.
- Multi – professional palliative care should deliver the best possible medical, nursing and allied health care response
- Dearth of research exists on how health care professionals respond to cachexia in advanced cancer and what they perceive the needs of patients with cachexia, and their families, to be
- As the mechanisms of cachexia are slowly unfolding and a deeper insight is gained into its experience, there is a need to examine health care professionals' response to cachexia

# Conclusions

- The needs of patients with cachexia and their families will not diminish and serve to confirm the requirement to establish a holistic approach to cachexia management
- Cachexia is a complex syndrome and palliation is a formidable task





# Questions?

For further information please contact: [j.reid@qub.ac.uk](mailto:j.reid@qub.ac.uk)