

Tips for Nurses: Cachexia, Sarcopenia and Anorexia



What it is: Cachexia is a complex condition related to an underlying illness. It results in weight loss with a loss of muscle with or without loss of fat mass. It cannot be fully reversed by regular nutritional support.

Anorexia is the loss of appetite or reduced nutritional intake.

Sarcopenia is the loss of muscle mass and function associated with ageing.

Why it matters: Anorexia and cachexia are common in people receiving palliative care, and sarcopenia is common in older people.

What I need to know: Both sarcopenia and cachexia result in muscle wasting and weight loss. Loss of muscle mass and strength is common in people aged 65 and over, and is associated with increased dependence, frailty and mortality

Cachexia can indicate a poor prognosis in people with advanced disease. Between 10-40% of people with chronic conditions (heart failure, chronic obstructive pulmonary disease (COPD), cancer, HIV, renal and liver failure) suffer from cachexia.

People with cachexia will often have anorexia or reduced nutritional intake, generalised inflammation, decreased muscle bulk (sarcopenia) and strength, and fatigue.

Anorexia is common among older adults, and in chronic diseases such as chronic kidney disease (CKD), heart failure and chronic obstructive pulmonary disease (COPD). It usually results in malnourishment and weight loss.

Actions

For cachexia, a clear explanation that weight loss is likely due to the disease may help the person and the family to be not so worried about appetite and eating.

For cachexia, the focus may be about adequate fluid intake and eating for pleasure, that is small portions of food and fluids throughout the day that the person enjoys and are easy to eat.

Nursing staff should respond if a person:

- has a change in eating or drinking habits
- stops eating or drinking
- is noticeably less active or is unable to do things
- has difficulty swallowing
- has diarrhoea or constipation
- has nausea or vomiting
- has clothing that becomes ill-fitting.

For poor appetite without cachexia, foods and fluids that maximise dietary intake but are easy to eat and drink, for example, foods that are soft and can be fortified. Speaking with a dietitian may help.

Remember that meals are important for maintaining relationships - the person can continue to be part of daily family routines and events with or without eating.

With changes in weight and in their condition, a client or resident may be concerned about their appearance. Responding respectfully and helpfully can help the person keep their self-esteem and dignity.

Name:

My reflections:

When an older person is losing weight in association with a chronic disease, what allied health professionals could I speak with about encouraging them to eat or building or maintaining physical condition?

Do I or other members of my team check if other team members need assistance to care for clients or residents who have high care needs or increasing care needs?

My notes:

See related palliAGED Practice
Tip Sheets:
Frailty
Nutrition and Hydration
Recognising Deterioration

References used to develop this sheet are available at
www.palliaged.com.au