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 Jean K. Brown, PhD, RN, FAAN, is an associate professor of nursing and nutrition at the University at Buffalo, State University of New York. (Submitted December 2000. Accepted for publication August 30, 2001.) This work was partially supported by an Oncology Nursing Foundation/Chiron Therapeutics Research Fellowship and the PRISM grant from Ortho Biotech Products, L.P. Brown has written this article for the PRISM Assessment Project Team. It is one of a series of articles resulting from PRISM, a project funded through an unrestricted grant from Ortho Biotech Products, L.P., given to the ONS Foundation Center for Leadership, Information and Research.

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

Jean K. Brown, PhD, RN, FAAN

**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®, CANCERLIT®, 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