Cancer cachexia is a complex chronic wasting syndrome in which muscle and fat are lost as a result of metabolic alterations brought about by interactions between the host and the tumor (MacDonald, Easson, Mazurak, Dunn, & Baracos, 2003). This syndrome is present in approximately 50% of patients with cancer (Tisdale, 2009). Cachexia-related weight loss is caused by more than reduced food intake. As a result of metabolic processes, cancer cachexia typically is characterized by nonintentional weight loss and wasting that is not responsive to conventional nutritional support (Tisdale, 1997). Cachexia has serious implications for patients with advanced cancer and can lead to increased risk of adverse events (Wiedenmann et al., 2008), reduced response to treatment modalities (Muscaritoli et al., 2006), and increased mortality (Wigmore et al., 1996). Therefore, this life-threatening syndrome often is debilitating, underdiagnosed, and undertreated in patients with advanced cancer.

Background

Cancer cachexia induces physiologic changes in appetite, thus affecting patients’ ability to eat (Fearon, Voss, & Hustead, 2006). This is known to be a common source of concern for patients and their families (Hawkins, 2000; Hopkinson & Corner, 2006; Strasser, Binswanger, Cerny, & Kesselring, 2007). Because of concerns over eating, the potential for conflict over food between terminally ill patients and their family members has been reported (Hughes & Neal, 2000; Shragge, Wismer, Olson, & Baracos, 2007). A study conducted in the United Kingdom quantified anxiety resulting from reduced appetite in patients with advanced cancer and concluded that, as a result of their anxiety, family members can unwittingly pressure their loved one to eat (Hawkins). That resonates with a Canadian study that examined the nutritional care experiences in advanced cancer cachexia.