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

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Cachexia is a 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 (Muscarioli, 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.