References:

*Esper DH, Harb WA. The cancer cachexia syndrome: a review of metabolic and clinical manifestations. Nutr Clin Pract. 2005 Aug;20(4):369-76.

**Inui A. Cancer Anorexia-Cachexia Syndrome. CA Cancer J Clin 2002; 52: 72 – 91

***Partridge R, Campbell C, (2007) Artificial Nutrition and Hydration – Guidance in End of Life Care for Adults. A joint publication between National Council for Palliative Care and The Association of Palliative Medicine. ISBN: 978-1-898915-53-9

Adapted from the leaflet 'Why won't they eat' produced by St Christopher's Hospice.

Patient Advice and Liaison Service (PALS)

Please contact us if you need general information or advice about Trust services: www.bartshealth.nhs.uk/pals

Large print and other languages

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. For more information, speak to your clinical team.

এই তথ্যগুলো সহজে পড়া যায় অথবা বৃহৎ প্রিন্টের মত বিকল্প ফরম্যাটে পাওয়া যাবে, এবং অনুরোধে অন্য ভাষায়ও পাওয়া যেতে পারে। আরো তথ্যের জন্য আপনার ক্লিনিক্যাল টিমের সাথে কথা বলুন।

Bu bilgi, kolay okunurluk veya büyük baskılar gibi alternatif biçimlerde sunulabilir, ve talep üzerine Alternatif Dillerde sunulabilir. Daha fazla bilgi için klinik ekibinizle irtibata geçin.

یہ معلومات متبادل فارمیٹس میں دستیاب کی جا سکتی ہیں، جیسا کہ پڑھنے میں آسان یا بڑا پرنٹ اور درخواست پر متبادل زبانوں میں بھی دستیاب ہو سکتی ہیں۔ مزید معلومات کے لیے، اپنی کلینکل ٹیم سے بات کریں'۔

Tell us what you think

Tweet us @NHSBartsHealth
Talk to us via facebook.com/bartshealth
Leave feedback on NHS Choices www.nhs.uk

Reference: BH/PIN/908

Publication date: November 2022

All our patient information leaflets are reviewed every three

years.

©Barts Health NHS Trust Switchboard: 020 3416 5000 www.bartshealth.nhs.uk



Why don't they eat?



This leaflet aims to answer some frequently asked questions about appetite and weight loss when the person you are caring for has a progressive illness and is becoming more unwell. It accompanies the one on fluids and artificial hydration in advanced illness and is mainly aimed at carers, however some patients may also find it helpful.

1. Why have they stopped eating?

Many people with advanced illness lose their appetite as they become more unwell. Sometimes there is an obvious cause such as feeling sick or having a sore mouth. Medication may help with this. However, often the progressive illness itself is causing the loss of appetite.

2. Why does this happen?

Many cancers and some other illnesses make the body produce chemicals which break down muscle and fat faster than it should. These chemicals also trick the part of the brain which controls appetite into thinking that the person is full after only a few mouthfuls or even when they have eaten no food at all. These chemical changes will only go away if the underlying illness itself can be treated. Unfortunately, this may not be possible.

3. Won't they starve to death?

No. Changes that occur in the body during a severe illness are completely different from those that happen in healthy people. In advanced illness, people can start to lose weight even when their appetite is still fairly normal because the body is no longer able to use the food taken in to build itself up. This is why the appetite reduces, the body seems to recognise that it can no longer cope with food.

People with advanced illness often live for some time after they have stopped eating completely although it is often one of the signs that they are becoming more unwell.

4. What about drips or tube feeding?

We know from research that neither drips nor tube feeding will make most people with advanced cancer put on weight or live any longer. Feeding via a tube through the nose into the stomach or directly through a hole into the stomach is provided to some people who have an appetite but are not able to eat enough. This is only done in specific circumstances.

Drip feeding into a vein is done very rarely and usually just for a short specific length of time.

5. What happens to someone who is already being fed through a tube?

The patient may ask for feeding to stop and the tube to be removed at any time.

As they become less well and their appetite decreases, decisions may have to be made about whether artificial feeding should be continued. If they are too unwell to make the decision, the doctors and nurses will make an assessment and discuss fully with you the right thing to do at that time. The ultimate responsibility for decision making rests with the most senior doctor responsible for the patient's care.

Sometimes in advanced illness, it can do more harm than good to continue tube feeding. For example, it can cause more nausea and vomiting and the feed may spill over into the lungs causing infection. We call this aspiration.

6. What else might help?

- Try not to make eating and mealtimes a source of conflict and anxiety
- Offer small meals or snacks throughout the day.

- Don't worry too much about a 'balanced diet' at this time
- If you would find it helpful to talk to a dietician about different sorts of meals and foods, please ask the nurse to arrange this
- Food supplements such as Ensure® and Fortisip® can be obtained on prescription.
 These may help if the person you are caring for likes them, but not everyone does
- Alcohol can sometimes help to stimulate appetite. Please check to make sure it will not interfere with medication
- Gentle exercise may help to slow muscle loss
- As the ill person becomes weaker, you may notice that food begins to go down the 'wrong way' causing them to cough and splutter. This may be helped by introducing soft or pureed foods with extra moisture (e.g. gravy, sauces) and ensuring as upright a position as possible while eating. It could also be a sign that they are getting less well.

7. Are there any medicines that might help?

Some medications such as steroids can help boost appetite but often the effect is only temporary. The weight gained by using these medications is usually only fat and fluid not muscle which is the ideal.