

Fighting Over Food: Patient and Family Understanding of Cancer Cachexia

Joanne Reid, RGN, Dip, BSc (Hons), MSc, PhD, Hugh McKenna, PhD, BSc (Hons), RMN, RGN, RNT, DipN (Lond), AdvDipEd, FFN, FRCSEd, FEANS, FRCN, Donna Fitzsimons, RGN, BSc, PhD, NFESC, and Tanya McCance, RGN, BSc (Hons), MSc, DPhil

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

Purpose/Objectives: To investigate tensions over food that exist between patients with advanced cancer with cachexia and their families.

Research Approach: Heideggerian phenomenologic inquiry using unstructured interviews.

Setting: A regional cancer center in the United Kingdom.

Participants: 8 patients with advanced cancer living with cachexia and 8 family members.

Methodologic Approach: Singular unstructured interviews were recorded digitally, transcribed verbatim, and analyzed using thematic and interpretative phenomenologic analysis.

Main Research Variables: Cachexia and advanced cancer.

Findings: A fine line existed between offering food to a patient and forcing a patient to eat; often, conflict arose as a result. Contributors to that conflict focused on reduced dietary intake by the patient and the reaction to food refusal by the family, which frequently led to patients eating to please.

Conclusions: This study highlights the anxiety that surrounds eating and the distress it causes to patients and their families. This strain can escalate into arguments over food, causing negative repercussions for patients and their family members.

Interpretation: This is the first study to uncover tensions about eating as experienced by patients with advanced cancer and cachexia and their families. Nurses must consider this issue when designing and delivering effective care for this patient population.

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