

A guide for patients about nutrition in palliative care

Changes in appetite and food intake are very common in people with serious incurable illnesses. It is an issue that not only affects the person who is ill, but also their family and friends and it is normal to be concerned about how to meet nutritional needs. At this difficult time, it is central to focus on food as a source of pleasure, a way of showing care and of sharing daily life rather than just as nourishment for the body. The aims of nutritional care are to minimise food-related discomfort and maximise food enjoyment. If you or your relative/friend is experiencing a loss of appetite, make sure the Palliative Care Team are aware so that any treatable cause (constipation, nausea, mouth ulcers) can be managed.

What causes a change in appetite?

There are many reasons for this change, some which can be treated but others cannot.

- The psychological effect of being diagnosed with an incurable illness may cause anxiety or depression which can impair food intake.
- Symptoms such as pain, dry mouth, nausea, constipation, diarrhoea or taste changes may be experienced due to the illness, as well as the effects of medications or other treatments, such as chemotherapy or radiotherapy. Drowsiness induced by sedatives or pain relievers may make you more disinclined to eat.
- Worsening symptoms of the disease, particularly if it affects swallowing or the digestive system may cause food intake to be physically difficult and lead to discomfort.
- Some cancers and other illnesses make the body produce chemicals which break down muscle and fat faster than normal. This means that in advanced illnesses people can lose weight even if their appetite and food intake is normal.
- In the final stages of the illness, normal digestive processes may decline and both appetite and the ability to tolerate food can decline.

Are there any medications that can help?

There are various medications that can help in some cases:

- Symptoms such as pain, dry mouth, constipation, nausea or diarrhoea can be treated which may help your appetite.
- Some drugs are appetite stimulants e.g. steroids or megasterol acetate, but they may not always be effective and may have side effects of their own.
- The effect of these medications is only temporary as any weight gained is usually due to a build up of fluid or fat rather than muscle.

How can I increase my intake?

If you do not want to eat at all, that is not a problem. However, when feeling very ill and suffering with a poor intake, you may find the following advice helpful:

- Try to plan meals so that they can be shared with company. If appropriate invite family and friends to enjoy meal-times together in pleasant surroundings so that the pressures of eating can be reduced.
- Try to present meals attractively and avoid large portions of food which can be off putting.
- Try to have drinks after meals rather than with to avoid filling up on liquids. However, if you are suffering from a dry mouth, you may find that having a drink with your meal helps.
- You may find that foods with stronger flavours are more appealing.
- Have tiny amounts of desired foods/treats and whatever drinks are wanted.
- Don't worry about a balanced diet; it's never too early for pudding or too late for breakfast.
- Food is a source of pleasure not just because of smell, texture and taste but because of the memories it evokes, therefore, concentrate on variety, appeal and small but more frequent meals.



- Occasionally the smell of foods cooking can cause nausea; therefore the microwave can be used to reduce smells from cooking. Similarly cold foods e.g. cheese on crackers, ice-cream etc tend to generate fewer smells.
- If your mouth is dry try ice cubes, ice lollies, fruit flavoured sweets, moist foods or artificial saliva to help encourage increased saliva production. Ask the hospice team or palliative care nurse to show you or your carer how to clean and hydrate the mouth with swabs or a wet flannel.
- If you are concerned about swallowing or any other symptoms please speak to your GP or consultant.

Can I be fed by a tube or drip?

On rare occasions, some people have found that being fed through a tube or drip is beneficial for their condition. However, the complications of this can often outweigh the benefits; therefore this may only be considered in specific circumstances. If you or your relatives have any questions regarding this, please discuss with either your dietitian or palliative care team.

If you have any concerns regarding food or supplements please do not hesitate to contact your GP for a referral to the dietitian.


Remember food is about caring, sharing and enjoying. In palliative care especially, food is about comfort.

Contact the Community Nutrition Service (CNS)

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Fax	01227 594723	01304 828702
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Address	Queen Victoria Memorial Hospital King Edward Avenue Herne Bay CT6 6EB	Unit 2 Whitfield Court Honeywood Close Whitecliffs Business Park Dover CT16 3NY

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Phone: 0300 123 1807, 8am to 5pm, Monday to Friday
Please ask if you would like the team to call you back
Text: 07943 091958 **Email:** kcht.cct@nhs.net

Address: Customer Care Team, Kent Community Health NHS Trust, Trinity House, 110-120 Upper Pemberton, Eureka Park, Ashford, Kent, TN25 4AZ **Web:** www.kentcht.nhs.uk

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Page 2 of 2

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