INTRODUCTION

- Cachexia: multifactorial syndrome with skeletal muscle mass loss & ↓ functional status
- Associated with ↓ quality of life and ↓ survival
- Early assessment & intervention may influence quality of life and symptom burden
- Many barriers to assessment in palliative setting

AIM

Examine hospice practice in cachexia assessment
Based on international consensus definition
- Patient weight and weight change
- Food intake and nutrition impact symptoms
- Catabolic drivers (C-Reactive Protein, CRP)
- Functional status (Palliative Performance Status, PPS)

METHODS

- Data collection draft & pilot study (n=6 records)
- Retrospective review of 214 healthcare records
- Consecutive cancer admissions
- First 7 days of admission

RESULTS

DEMOGRAPHICS

- Gender: Male 55%; Female 45%
- Median length of stay: 10 days (Range: 0-74)
- Median age: 65 (Range: 34-96)

CANCER

- 26% Lung
- 22% Colon
- 22% Genitourinary
- 15% Upper GI
- 10% Lower GI
- 5% Breast

OUTCOME OF ADMISSION

- Death 23%
- Discharge 75%
- Transfer 2%

WEIGHT AND WEIGHT CHANGE

- 13% (n=27) asked about weight change
- 24 / 27 reported ↓ weight

FOOD INTAKE AND NUTRITION IMPACT SYMPTOMS

- Asked about food intake: 71%
- Anorexia: 68%

CATABOLIC DRIVERS

- CRP recorded: 60%
- Median CRP 4.8 mg/L (Range: 0.6-456.6 mg/L)

FUNCTIONAL STATUS

- Function documented: 35% admissions
- Median PPS: 40% (Range 10-80%)

CONCLUSIONS

- Documented assessment was rarely comprehensive
- High prevalence of abnormalities consistent with cachexia
- Population with advanced illness, subgroup may benefit from intervention
- A standardised screening tool should be considered
- A prospective study of medical admissions is needed

References
1. Fearon K et al 2011. Lancet Oncology
2. Andrew IM. et al 2009. Palliative Medicine

Acknowledgements
Dr L Balding, Dr S Higgins, Dr N O’Leary
Staff of Our Lady’s Hospice and Care Services