Anorexia, cachexia and fatigue

Tim Peel

The conference was divided into a morning of anorexia/cachexia and an afternoon of fatigue, interspersed by the Bertram Louis Abrahams lecture, delivered by Professor Declan Walsh from Cleveland, Ohio, entitled 'Mechanisms of fatigue in advanced disease'.

In the morning the prevalence of anorexia and cachexia, and how the latter is in part related to poor nutritional intake, but also, importantly, metabolic abnormalities resulting in the breakdown of skeletal muscle to form acute phase proteins, was discussed. This in turn impacts on symptoms and survival. Management strategies were described in the following three presentations and included appropriate nutritional support, drug treatments and a more practical approach aimed at listening to the patient's needs and responding to them as they arise. No clear 'gold standard' drug treatment has yet been identified.

Declan Walsh treated us to a clear and evidence-based description of the mechanisms of fatigue. He introduced the concepts of central and peripheral fatigue, and how different diseases were predominantly of one mechanism or the other. The beneficial effect of exercise in fatigue was highlighted, and can also be explained in terms of its central and peripheral effects.

In the afternoon session the assessment of fatigue was discussed. This includes the impact of fatigue on quality of life by sympton scores of physical and emotional effects, as well as functional assessments such as fatiguability and actigraphy. The Cochrane review of drug treatments showed that methylphenindate may have a useful role for some patients, but as always more research is needed.

In the final session two practical models were described, including a hospice-based multidisciplinary exercise programme and a cancer centre-based psychological support team.

The day demonstrated the major impact that the symptoms of anorexia, cachexia and fatigue have on patients. While historically these have been poorly understood, assessed and managed, it became clear that advances in all aspects are being made, though much remains to be done.

Tim Peel, consultant in respiratory and palliative medicine, North Tyneside General Hospital

This joint Royal College of Physicians (RCP) and Association for Palliative Medicine conference was held at the RCP on 26 November 2009.

Conference programme

ANOREXIA AND CACHEXIA IN ADVANCED DISEASE Chair: Dr Bee Wee, Churchill Hospital, Oxford

Setting the scene – the size and nature of the problem Dr Andrew Wilcock, University of Nottingham

Mechanisms

Dr Robert Milroy, Stobhill Hospital, Glasgow

Nutritional management strategiesDr Mike Stroud, University of Southampton

Drug management strategies

Dr Florian Strasser, Cantonal Hospital, St Gallen, Switzerland

Theory in action: the Durham cachexia pack
Dr Colette Hawkins, University Hospital of North Durham

Chair: Professor Ian Gilmore, president, Royal College of Physicians

BERTRAM LOUIS ABRAHAMS LECTURE
Mechanisms of fatigue in advanced disease
Professor Declan Walsh, Cleveland Clinic Taussig Cancer
Institute, Cleveland, USA

FATIGUE IN ADVANCED DISEASE

Chair: Dr Christina Faull, Glenfield Hospital, Leicester

Assessment of fatigue

Dr Paddy Stone, St George's University of London

Drug treatment of fatigue

Dr Ollie Minton, St George's University of London

Physical therapies for fatigue

Ms Karen Livingstone, Wythenshawe Hospital, Manchester

Managing the emotional impact of fatigue

Dr Donald Sharp, University of Hull and Hull & East Yorkshire Hospitals NHS Trust

Address for correspondence: Dr T Peel, North Tyneside General Hospital, North Shields, Tyne and Wear NE29 8NH. Email: tim.Peel@northumbria-healthcare.nhs.uk