

**StChristopher's**  
More than just a hospice

Eating and drinking  
when ill

**INFORMATION FOR PATIENTS,  
CARERS AND FAMILIES**

This leaflet aims to answer frequently asked questions about appetite, weight loss and the need for fluids or artificial hydration (fluid intake given by a drip) if you, or the person you are caring for, become very ill.

## **Why don't I feel like eating or drinking?**

Many people with serious illnesses lose their appetite and stop feeling thirsty as they become more unwell. Sometimes there is an obvious cause like feeling sick or having a sore mouth, which medication can help. However, very often the illness itself causes the loss of appetite or thirst.

Sometimes it can be difficult for others to accept if you don't feel like eating or drinking, and this can make people feel bad. Carers can try to gently encourage eating and drinking without forcing; there are some tips at the end of this leaflet. It may also help to talk to your nurse or doctor about how it makes you feel.

## **Why does this happen?**

As the body weakens and systems start to work less well, there is less and less need for fluids and food. 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 that controls appetite into thinking that the person is full after only a few mouthfuls or even after no food at all. These chemical changes will only go away if the underlying illness is successfully treated.

It is important to remember that it is the illness which is making body systems fail, not lack of fluid or food.

## **What will happen without eating or drinking?**

Changes that occur in the human body during severe illnesses are completely different from those that happen in healthy people who have been forced to go short of fluid or food.<sup>1</sup> 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 it is given to build itself up. This is why the appetite gets smaller – the body seems to recognise that it can no longer cope with food or fluids as well; this doesn't mean someone will be feeling hungry.

People with advanced illness often live for a while after they have stopped eating and drinking completely, although it is often one of the signs that the person is becoming less well.

## **What can I do about having a dry mouth?**

A dry mouth can be a very common problem at any stage of illness and this feeling is quite different from feeling thirsty. Ask our medical or nursing staff about this as medicines such as special saliva sprays, gels and chewing gum may be helpful. They can also show you how to use mouth care brushes dipped in water (or a favourite drink) to help with a dry mouth.

## Are there alternative feeding methods? What about ‘tube’ or ‘drip’ feeding?

Sometimes doctors and nurses may feel that fluid given via a drip may help, particularly if there is a suggestion that someone is thirsty. This option would be regularly reviewed to check if it is helping and that there are no side-effects. Feeding into a vein is done very rarely, however, and usually for just a short time in acute illness, where the person is expected to recover. It is not helpful to people with advanced illnesses.<sup>3</sup>

Feeding via a tube through the nose into the stomach (nasogastric tube) or directly through a hole into the stomach (gastrostomy) is possible for some people who have an appetite but are not able to eat properly, but this is only done in certain specific circumstances.

We know from research<sup>2</sup> that neither drips nor tube feeding will make most people with advanced cancer put on weight or live any longer. For most people with only hours or days to live, their body systems are shutting down and thirst and hunger is not a problem. Drips often do not help and good mouth care is the most important way to offer comfort.

## Can drips be used at home if they might help?

The use of a drip to give fluids at home will be weighed up very carefully. Such decisions can be very difficult and are always tailored to your own situation and in accordance with guidance published by the National Council for Palliative Care.<sup>3</sup>

It can be difficult to give drips at home as a nurse needs to be present regularly to monitor them. In addition, in the last few hours or days of life the body cannot handle fluid as efficiently as before. This means giving drips can sometimes make things worse by overloading the delicate fluid balancing mechanisms of the body. If this happens 'chestiness' or noisy breathing, as well as swelling of the arms or legs might be experienced, as the fluid from the drip isn't properly processed by the body.

## What will happen if I am already fed by tube? Will this be stopped?

As someone becomes less well, their appetite may get smaller and their body becomes unable to process food as well. Regurgitation, sickness and food spilling over into the lungs ('aspiration') can also occur and become harmful. At this point decisions may have to be made about whether artificial feeding should be stopped.

Of course, if you are able to make your own decisions you have the right at any time to say that you want to stop being artificially fed.<sup>3</sup>

If you become too ill to make that decision, our doctors, nurses and dietitian will make a careful assessment and discuss with any family the right thing to do. The ultimate responsibility for decisions about starting and stopping artificial feeding rests with the senior doctor who is caring for you.

Remember, no decision is final and any decision that is made can always be reviewed. Our doctors and nurses will always monitor the situation and discuss it on a regular basis.

## **Are there any medications that can help with appetite or weight gain?**

Some medications, such as steroids and progestogens, can help boost appetite. Often the effect is only temporary. However, any weight gained in this way is only fat or fluid and not muscle (which is the most useful).

Things that can help:

- Try small meals or snacks spread out over the day rather than large meals, which can be off-putting and more difficult to manage
- Don't worry too much about balanced meals, you should eat what you feel like having
- It might be helpful to talk to our dietitian about different sorts of meals and foods. Ask your nurse or doctor if this would help
- The dietitian may recommend food supplements such as Ensure® and Fortisip® which are obtained on prescription. These supplements can help if you, or the person you are caring for, like them
- If our staff feel it is safe to do so, you can continue drinking liquids, but often just a few sips at a time is all that is wanted
- A favourite drink can be frozen as an ice-lolly or ice chips - this can be easier to suck on than trying to drink liquids
- Alcohol can sometimes help to stimulate appetite and will not usually interfere with medication (but please check first with your doctor or nurse)

- Gentle exercise can help and slow muscle loss; a physiotherapist may be able to advise you further so please ask your nurse
- As someone who is ill becomes weaker, you may notice that food or fluids begin to go down the 'wrong way' causing coughing and spluttering. This may be a problem that can be solved by changing the texture of the food and by ensuring as upright a position as possible while eating. Our speech and language therapist can advise on this so please ask your doctor or nurse. It could also be a sign of getting less well, but there are usually strategies available that can help.

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

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

**3** 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

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If you would like this information in a different format, such as audio tape, braille or large print, or in another language, please speak to the Communications Team on **020 8768 4500** or email **communications@stchristophers.org.uk**.

St Christopher's Hospice is a charity and our continued work is only made possible by your generous donations. Please consider making a one-off donation or becoming a regular donor. To find out more about how you can help, please visit **stchristophers.org.uk/donate**.

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