

EVALUATION OF THE EFFICACY OF A NOVEL DIET IN CONTROLLING ANOREXIA
AND IMPROVING QUALITY OF LIFE IN PATIENTS RECEIVING CANCER CHEMOTHERAPY

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Anorexia, nausea and vomiting are frequent and distressing problems accompanying cytotoxic drug treatment of cancer, and impair quality of life. One challenge in the management of cancer patients is to identify techniques which can alleviate these symptoms and enhance the quality of life and perhaps survival of these patients. Three factors are known to play a role in the development and persistence of chemotherapy-induced anorexia : (1) learned food aversions (Bernstein and Bernstein 1981) (2) alterations in food preferences (Vickers et al. 1981) (3) anticipatory nausea and vomiting (Fetting et al. 1978). Intestinally toxic chemotherapy induces learned aversions to foods consumed just prior to therapy (Bernstein and Bernstein 1981). A reduction in appetite loss may be possible by altering the stimulus association between food and gastrointestinal discomfort. We propose to (1) evaluate the effect of cancer chemotherapy on the development of these three factors, and the effect these factors have on dietary intake, nutritional status and quality of life (2) assess the impact of a novel diet on these factors in a randomised manner and (3) develop dietary procedures which ensure optimal nutritional support of patients during cancer treatment.

The methodologies involved include symptom analysis, physical and biochemical assessment of nutritional status, linear analogue scales of quality of life, a food aversion questionnaire and 4-day weighed food records. One linear analogue scale (appetite) and the aversion questionnaire have required a pilot evaluation. The linear analogue (appetite) scale showed a mean \pm SD of 5.3 ± 0.5 in healthy people, 4.8 ± 2.1 in patients on adjuvant chemotherapy, 3.7 ± 1.5 in cancer patients on no treatment and 4.0 ± 1.5 in cancer patients on chemotherapy, (for each group $n=10$). The aversion questionnaire evaluation has shown that healthy people have a mean \pm SD of 1.6 ± 1.9 aversions, whereas patients receiving adjuvant chemotherapy have 7.2 ± 9.5 , patients with advanced cancer on no treatment have 6.4 ± 6.6 and patients on chemotherapy for cancer have 11.9 ± 8.3 aversions.

In June 1989, we began a randomised study in patients receiving adjuvant chemotherapy for early breast cancer, to evaluate the introduction of novel foods to the diet around the time of intravenous drug administration. These foods are high kilojoule, low micronutrient foods which the patient likes and which they normally take infrequently. Dietary instruction will be re-enforced monthly and evaluation using the above methodologies will be undertaken before, midway and at the end of treatment.

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