

“Food elicits emotions; a reflection on eating for people with advanced cancer”

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Basingstoke and North Hampshire Hospital
Royal Hampshire County Hospital

What do we know?

Poor or deteriorating *nutritional status* is frequently related to a reduced Quality of Life

Ovensen et al 1993;
Davidson et al 2004;
Couch et al 2007; Roe et al 2007.

Carer or patient *perception of poor food intake* appears to negatively affect quality of life

McGrath 2002;
Hopkinson et al 2006; Cooper et al 2015

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Cachexia, loss of appetite and weight

- Studies in cancer populations suggest:
 - 60% of patients rank anorexia as one of the most challenging symptoms (Behl and Jatoi 2007)
 - Weight loss predicts poor prognosis (Dewey and Dean 1980)
 - Chemo response rates are lower in patients with weight loss (Andreyev et al 1998)


Psychological aspects of food intake

- Visible weight loss can highlight:


“Because I can't be persuaded to eat anything else, there is an atmosphere in this house”



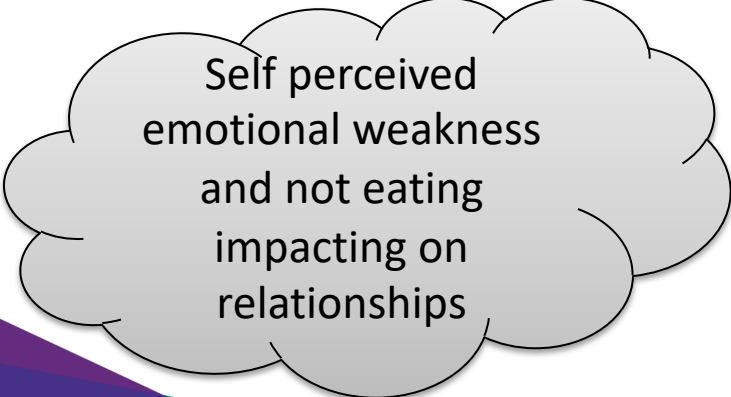
Ideas and beliefs about death



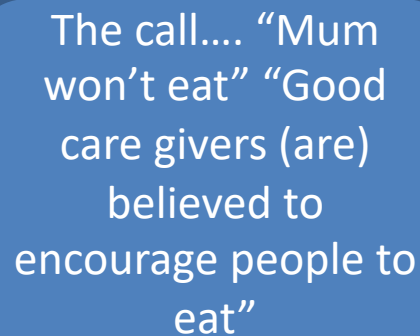
Personal responsibility for weight and cultural values. Rewarding the care giver



Cancer taking over and limitations on how patient/carer can influence this



Self perceived emotional weakness and not eating impacting on relationships



The call... “Mum won't eat” “Good care givers (are) believed to encourage people to eat”

What does food *mean*?

- Comfort/pleasure
- Displeasure/conflict/guilt
- Loved ones/family
- Memories
- Hope
- Self action/Fight against disease
- Nutrients



Foods can make you feel emotions through sight/smell/taste



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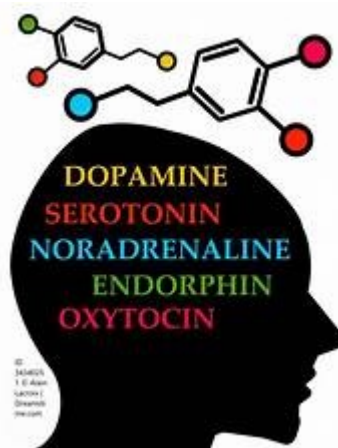
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Endorphins and other neuro transmitters

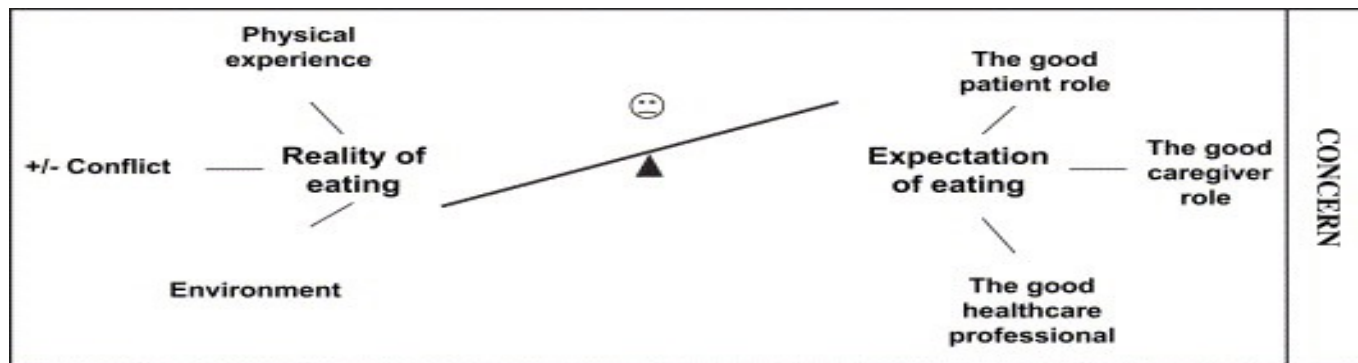
- Endorphins: a group of hormones secreted by the brain and nervous system mimic action of opiates producing feelings of pleasure, well-being and relief from pain



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Patient Response to concerns

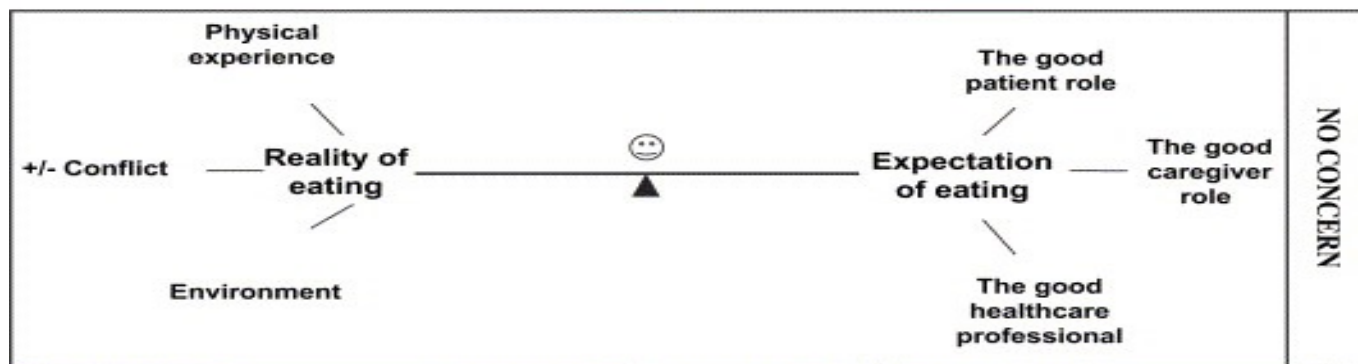
- Acceptance
- Self Action- diet manipulation:
 - to continue with daily activities “One thing that (my specialist nurse) put me on to was this energy drink. That's absolutely magic. (...) I feel as though I couldn't do without it. I have one of those every day.” (Albert).
 - Choosing not to eat to gain control “(I would like to ask my specialist nurse) what would happen if I were to go on hunger strike? (...) I cannot get rid of these chains of events that I am condemned. (Healthcare professionals) have to follow the rules of the game. You cannot do anything on your own because you are condemned by society to react in a very established way.” (Paul)



RESPONSE

SELF-ACTION

ACCEPTANCE



Patient experience of living with changing eating habits and advanced cancers (Hopkinson and Corner 2006)

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Span acceptance to self action

- “Sit down and talk to me properly.... Talk to me about my eating habits, rather than saying right we've got these nutritional supplements; try these (....) There's things you learn... You know your own body, your likes and dislikes. So surely they can say ‘Lets start from what you like.... Start with a survey of my life?’”
(Steven)

Enable the continuum

- Little is known about which health behaviours lead to optimal outcomes in terms of quality of life for patients known to be approaching the end of life.
- In the case of eating, while there is no evidence that activities such as dietary manipulation are of benefit, there is also [no evidence of adverse outcomes](#).
- There may be as yet unproven psychosocial benefits of dietary manipulation and other self-actions.



Marmite ✓

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Maybe we should change our name to Calm-mite? A small study has shown that eating Marmite (rich in B vitamins) could help reduce stress and anxiety. Please note we're not actually medics, so if you need help for anxiety, please seek proper professional guidance and don't take medical advice from the makers of yeast extract on the internet. [#HatersNeedCalmmite](#)



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THANK YOU FOR YOUR TIME

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