



Service Priorities and Programmes Electronic Presentations

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Appetite Stimulants for Cancer Patients - Integrated Chinese-Western Medicine Pilot Programme

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Introduction

Loss of appetite was one of the most common problems in cancer patients. Reduced food intake could cause weight loss. Studies had found that not only do decreased appetite and weight loss negatively impact on a patient's quality of life, but they also increase morbidity and mortality in patients. In the Integrated Chinese-Western Medicine (ICWM) Pilot Programme, over 63% palliative cancer patients had a problem of appetite loss in Tuen Mun Hospital and Chinese Medicine was used as a complementary health approach to improve appetite of cancer patients.

Objectives

To achieve the best quality of life for cancer patients To maximize the complementary effects of Western and Chinese Medicine To gain experience for the first Chinese Medicine Hospital in Hong Kong

Methodology

Symptoms and signs were analyzed by syndrome differentiation. The main mechanism of poor appetite was due to "spleen-stomach weakness", which means lack of energy in the gastrointestinal system. According to the clinical presentation of patients, different Traditional Chinese Medicine (TCM) syndromes were considered including "spleen-stomach yin or yan deficiency", "cold-heat complex syndrome", "syndrome of liver qi invading stomach". In cancer patients, most of them could finally have a certain degree of "kidney deficiency". In TCM theory, chronic illness could exhaust human's energy which affects essence storage function in kidneys. Chinese Medicine formulas were prescribed according to the mechanism of syndrome differentiation, for example Ginseng & Atractylodes Formula, Citrus & Crataegus Formula and Pinella Combination. On average, patients received two cups of herbal medicine formulas daily for 8 days in wards.

Result

The pre and post outcome measurements developed by the European Organization for Research and Treatment of Cancer (EORTC) Quality of Life Group (EORTC QLQ-C15-PAL) were conducted (n=128). There was a significant decline in symptom scores of appetite loss from 46.9 to 39.8 (P=0.03, 95% CI 0.42-13.6). For those who had moderate to severe appetite loss (n=75) had a greater improvement. The symptom scores decreased from 54.7 to 40.4 (P<0.01, 95% CI 0.69-21.6). Maintaining a normal body weight was important to cancer patients as their bodies should be able to tolerate invasive treatments like radiotherapy and surgery. The ICWM programme can create a complementary effect by appetite control. To further alleviate the appetite loss and “spleen/kidney deficiency” after discharge, nurses would provide education programme of herbal soups and acupressure in the Phase III of ICWM programme.