

This quick view provides very brief information from the ONS PEP resources. Full ONS PEP information for this topic and description of the categories of evidence are located at <http://www.ons.org/Research/PEP/Topics> and Eaton, L.H., & Tipton, J.M. (Eds.), (2009), *Putting evidence into practice: Improving oncology patient outcomes*, Pittsburgh, PA: Oncology Nursing Society. **Users should refer to these resources for full dosages, references, and other essential information about the evidence.**

**Definition and incidence:** *Anorexia* is loss of appetite. The incidence of anorexia is reported to be as high as 70%–80% in late stages of cancer, and can lead to weight loss and malnutrition.

---

## Evidence-Based Interventions for Anorexia

### RECOMMENDED FOR PRACTICE

- Corticosteroids
  - Dexamethasone, methylprednisolone, and prednisolone for *short-term* treatment. Most effective dose and route are not established. Long-term use is associated with significant toxicities.
- Progestins
  - Megestrol acetate with dosage ranges from 160–1,600 mg per day

### LIKELY TO BE EFFECTIVE

- Individualized dietary counseling

### BENEFITS BALANCED WITH HARMS

- Cyproheptadine (antihistamine)
- Eicosapentaenoic acid (omega-3 fatty acid present in fish)
- Erythropoietin
- Ghrelin
- Metoclopramide
- Oral branched-chain amino acids
- Pentoxifylline
- Thalidomide

### EFFECTIVENESS UNLIKELY

- Cannabinoids
- Hydralazine sulfate
- Melatonin