



Anorexia

Clinical Practice Guidelines Table

(Literature search completed through May 2008)

Guidelines Author	Summary of Guidelines	Conclusions and Implications
Standards, Options, and Recommendations for the use of appetite stimulants in oncology		
<p>Desport, Gory-Delabaere, Blanc-Vincent, Bachmann, Beal, Benamouzig, et al. 2003</p>	<p>A multidisciplinary group was established by the French National Federation of Cancer Centers to review the literature on use of appetite stimulants in oncology. The group conducted a literature search of four databases (Medline, Cancerlit, Embase, and Cochrane Library) using search words: appetite stimulants or anorexia/drug therapy or cachexia/drug or appetite associated with neoplasms. The search yielded 55 reports of RCTs published between 1990 and 1999 evaluating appetite-stimulating effect of corticosteroids, synthetic progestogens, or other drugs.</p> <p>The group defined “Standards,” “Options,” and “Recommendations,” for use of appetite stimulants.</p> <p>Standards=clinical situations for which there exist strong indications or contraindications for a particular intervention.</p> <p>Options=identify situations for which there are several alternatives without clear superiority one over the other</p> <p>Recommendations=additional information to enable the available options to be ranked using explicit criteria with an indication of the level of evidence</p> <p>Definitions of level of evidence: A=high standard, meta-analysis or several high standard RCTs with consistent results B=good quality evidence from randomized trials or prospective or retrospective studies with consistent results C= weak methodology of studies or inconsistent results D=lack of scientific data or case study reports only Expert Agreement=data do not exist for the method</p>	<p><i>Corticosteroids: effective appetite stimulants</i> Level of Evidence: B1 (good quality evidence from randomized trials) but optimal dose and scheduling information lacking</p> <p><i>Synthetic progestogens:</i> <u>Megesterol acetate</u>: effective appetite stimulant (Level B1) and beneficial effect on body weight (Level B1). Minimum effective dose is 160 mg/day (Level B1). Optimal dose is 480 mg/day (level C). No greater efficacy seen with doses higher than 480 mg/day (Level B1).*</p> <p><u>Medroxyprogesterone acetate</u>: effective appetite stimulant (Level B1). Effect on weight not confirmed (Level C). Recommend more clinical trials to establish optimal dose and duration of therapy.</p> <p><u>Cyproheptadine</u>: may be appetite stimulant but adverse effects reported (Level C)</p> <p><u>Dronabinol, metoclopramide, nandrolone, pentoxifylline</u> have not shown any appetite-stimulating effects (Level C). It should be used only in the setting of RCTs.</p> <p><u>Hydrazine sulfate</u>: not an appetite stimulant (Level A)</p> <p><i>Summary:</i> Corticosteroids and progestogens can be used in treatment of anorexia in patients with cancer, especially in patients with advanced disease and with any type of cancer. Hydrazine sulfate should not be used.</p> <p>*Data from trials done after 1999 establish the safety and efficacy of higher dose of megesterol acetate.</p>



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	<p>concerned, but the experts are unanimous in their judgment</p> <p>The primary outcome used in analysis of study results is anorexia. Secondary outcomes are: improved quality of life, increase in body weight, increased food consumption, decrease in nausea and/or vomiting, and improvement in anthropometric and biological parameters.</p>	