

**TAPM Audio Series 2006**  
**Module 6: Cachexia, Anorexia, and Fatigue**  
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**Module Objectives**

1. Discuss the cachexia-anorexia syndrome with attention to pathophysiology, clinical assessment, nonpharmacological interventions and pharmacological interventions
2. Discuss fatigue and end of life, with attention to pathophysiology, assessment and management

**Post-test Answers**

The correct answer for each question is bolded below.

1. Which of the following statements is *incorrect*?
  - a. Cachexia is present at the time of cancer diagnosis almost one-quarter of the time.
  - b. Terminal cancer is associated with cachexia in four of five cases.
  - c. Characteristics of cachexia-anorexia syndrome include progressive weight loss, lipolysis, loss of protein and profound anorexia.
  - d. **The cachexia-anorexia syndrome is most commonly associated with renal and breast cancers.**
2. Which of the following is *not* a cytokine associated with primary cachexia-anorexia?
  - a. Tumor necrosis factor
  - b. **Interleukin-1**
  - c. Interleukin-2
  - d. Interleukin-6
3. Which of the following is *not* a potentially correctable cause of cachexia-anorexia?
  - a. Psychological factors
  - b. Ill-fitting dentures
  - c. **Hyperthyroidism**
  - d. Malabsorption
  - e. All of the above are correct
4. Which of the following pharmacologic interventions is *incorrectly* matched?
  - a. Prokinetic agents – metoclopramide
  - b. Cannabinoid – dronabinol
  - c. **Anticholinergic – cyproheptadine**
  - d. Progestin – medroxyprogesterone
5. Which of the following statements is correct?
  - a. **Fatigue is the most common symptom in patients with advanced cancer.**
  - b. Asthenia is the weariness or exhaustion resulting from physical or mental exertion.
  - c. Fatigue is reduced vitality, energy or vigor.
  - d. Fatigue rarely impacts quality of life.