

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

Each question has one correct answer. Please record your answers on the separate answer/evaluation sheet and submit to TAPM if credit is desired.

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.