

Anorexia in Older People and its Treatment: a Systematic Review

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Introduction

Appetite loss in older people, often termed ‘Anorexia of Ageing’ (AA), is common.

Recognised associations include undernutrition, sarcopenia, frailty, and in-hospital increased length of stay, morbidity and mortality.

There is currently no guidance for the identification and management of AA in clinical practice.

Aim- To systematically review the literature to identify interventions for AA with reported effects on appetite.

Methods

Following PRISMA recommendations; searches in MEDLINE, EMBASE, CINAHL databases, hand searching of reference lists and citing works. Two researchers independently screened for eligibility and assessed study quality

Population	Older people (mean age >65 years) in any setting; not defined by a specific health condition
Intervention	Treatment for anorexia of ageing or undernutrition via any method
Comparator	Any; or no, comparator considered
Outcome	Appetite assessment via any method

Results

Authors screened 8729 titles, 16 studies were included.

The quality of included studies were mostly good with one conference abstract rated poor (less information).

Settings: own home (n=7), care home (n=5), rehabilitation (n=2), acute hospital (n=5). Three studies combined settings.

The interventions were categorised (Table 1). Five intervention types had favourable effects on appetite (flavour enhancement, fortified food, amino acids, ONS, medication) but in single datasets only.

Appetite was assessed by different methods (Table 2), predominantly Likert (n= 8), or visual analogue scales (n=5).

Heterogeneity of methodologies and interventions made pooling of results for statistical analysis unachievable.

Table 1: Interventions for anorexia of ageing

Intervention category	Intervention type	N studies	Effect on appetite
Education	Nutritional counselling post hospital discharge	1	No effect
Exercise programme	12 week community based programme	1	No effect
Supplementation	Oral nutritional supplement	7	Mixed results
	Amino acid precursor-ornithin oxoglutarate	1	Increased
	Fortified food	1	Increased
Drug therapy	Megestrol acetate	2	Increased
Meal adjustments	Flavour enhancement	1	Increased
	Increased variety of components	1	No effect
	Mealtime assistance	1	No effect
Combinations	Education and exercise	1	No effect
	Exercise and oral nutritional supplement	1	No effect
	Oral nutritional supplement and drug therapy – nandrolone decanoate	1	No effect

Table 2: Methods of appetite assessment

Type of assessment	Examples of range of questions
Likert scale -Differing number of scale points	Overall appetite, hunger, thirst fullness/satiation, prospective consumption, desire to eat.
Visual analogue scale -Different reported lengths: 10 or 100 scale points	Overall appetite, hunger, fullness, desire to eat, prospective consumption, preoccupation with food, thirst.
Qualitative	Semi-structured interviews
Undefined	Yes/no question to ‘appetite’

Conclusions

Few studies have measured appetite with an intervention for AA or undernutrition.

There was no standardised method of appetite assessment in older people receiving an intervention for AA or undernutrition.

Single studies signal potential intervention candidates for AA. These need further exploration, with standardised assessment.