

Cancer Caregiver Perceptions of Patients' Unintentional Weight Loss: Practical and Psychosocial Considerations

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Background

- Unintentional weight loss can accompany cancer and its treatment, yet caregivers' experiences in managing unintentional weight loss are not well understood

Aims

- The objective of this study was to examine the psychosocial impact of patient unintentional weight loss on caregivers

Methods

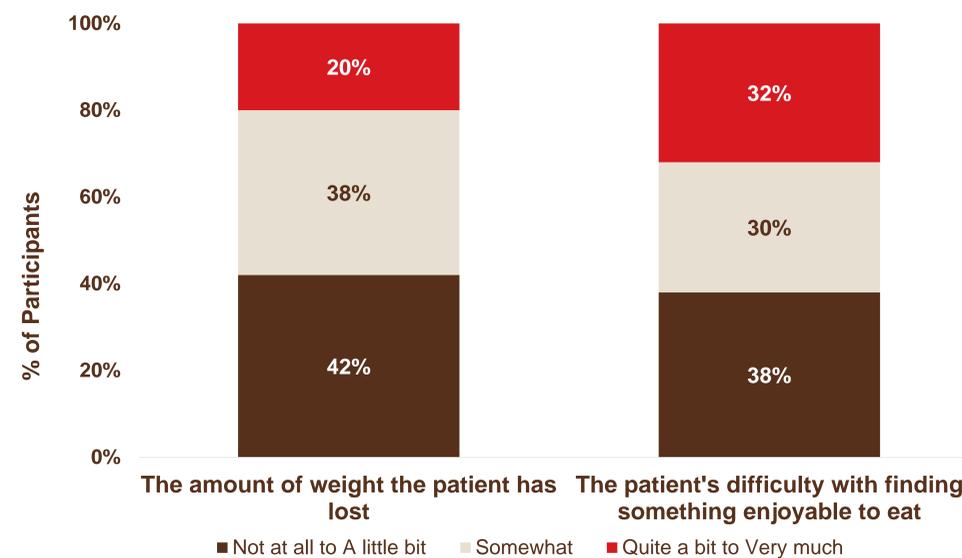
- 125 current caregivers completed an online survey and provided demographic, caregiving, and patient unintentional weight loss history; concern about the amount the patient eats; difficulties with food preparation; and perceived causes of eating problems
- 56 participants (47%) reported the patient they care for experienced unintentional weight loss in the past 6 months; statistical analyses focused on this subset of participants
- We used hierarchical multivariate linear regressions to explore predictors of caregivers' concern about the amount of food the patient eats

Participants

	N = 56	Mean / n	SD / %
Age (years)		55.6	14.1
		Range: 29 – 83	
Female		37	66%
Non-Hispanic white		45	87%
Relationship to patient			
Spouse or partner		37	66%
Parent or parent-in-law		7	13%
Adult child		11	20%
Neighbor		1	2%
Identify as primary caregiver		42	79%
Hours per week spent caring for patient		34.7	26.2
		Range: 2 – 135	
Patient BMI		25.1	5.1
Underweight		3	6%
Healthy Weight		19	37%
Overweight		24	46%
Obese		6	12%
Amount of weight patient lost in past 6 months (pounds)		16	11.7
		Range: 2 – 60	
Patient diagnosis			
Hematologic		14	25%
Breast		6	11%
Lung		5	9%

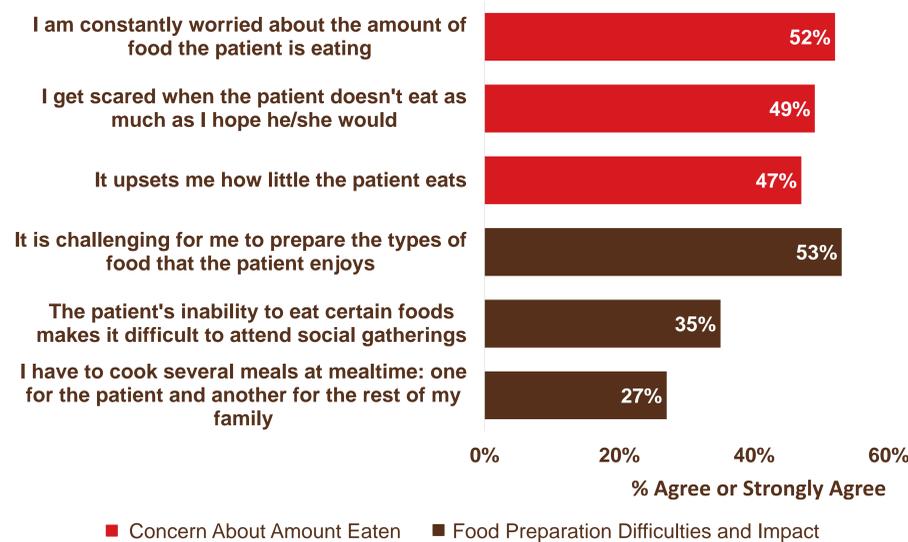
Results

Caregiver Distress from Patient Weight and Appetite Changes



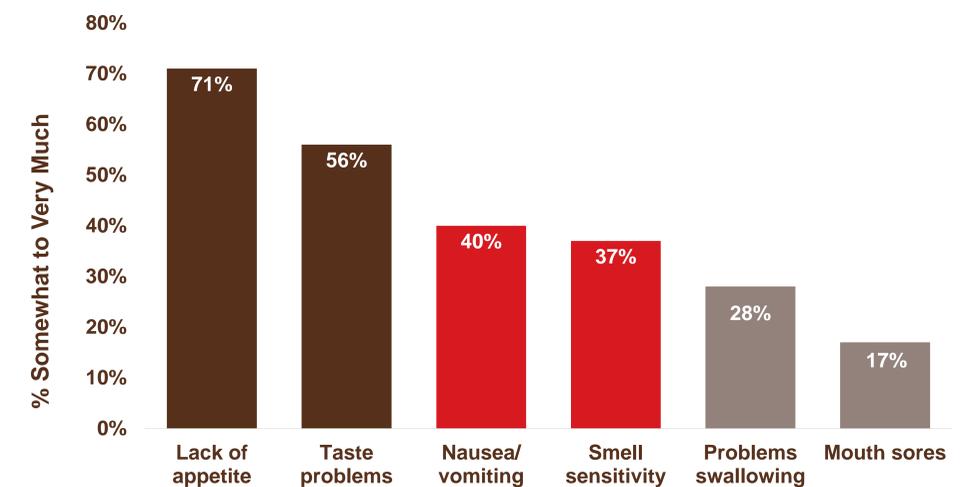
- 58% of caregivers were *somewhat to very much* concerned about the amount of weight the patient had lost; 52% about the patient's difficulty with finding something enjoyable to eat

Caregiver Experience with Patient Weight and Appetite Changes



- 52% worried (*agree or strongly agree*) about the amount of food the patient eats. 53% reported difficulty preparing food the patient enjoys; 35% believed eating problems interfered with social gatherings; 27% prepared different meals for the patient and the rest of the family

Caregiver Views on Patient Eating Interference



- 71% believed *somewhat to very much* that eating difficulties were due to lack of appetite; 56% to changes in the way food tastes; 40% to nausea/vomiting; 37% to sensitivity to food smells; 28% to problems swallowing; 17% to mouth sores

Concerns about Patient Eating are Associated with Difficulty Preparing Food and Belief that Nausea/Smell Sensitivity Impedes Eating

Step and Predictor	Model F	ΔR^2	β	t	Part r
Step 1	4.46	.168			
BMI			-.32	-2.36	-.32*
Step 2	6.01	.306			
Nausea/Sensitivity to smells			.35	2.03	.23*
Food preparation difficulty			.29	2.07	.24*

Total $R^2 = 0.474$, $p < .001$

* $p < .05$, ** $p < .01$

Significant associations only displayed; associations controlled for patient BMI and general health

- In multivariate analysis, nausea/smell sensitivity and food preparation difficulties were associated with caregivers' concern about the amount of food the patient eats

Implications and Conclusions

- Caregivers to patients with unintentional weight loss experience concern about eating and report difficulty providing food that meets patients' needs
- Concerns about patient eating are associated with difficulty preparing food and belief that nausea/lack of appetite impedes eating
- Advocacy organizations can play an integral role in teaching caregivers how to provide food that appeals to patients with eating difficulties

Acknowledgments

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