



Nutrition and Hydration Information for Families

“ ... a struggle can be avoided by allowing patients to eat and drink *what* and *when* they want to.”

Nutrition and hydration are important parts of our lives from the time we take our first breaths as an infant. Our culture places much importance on food and drink. Often, providing nutrition and hydration for a loved one is a way of communicating love, concern and caring in a direct and non-verbal way. In terminally ill patients, decrease of appetite and thirst is a natural progression of the body slowing down. It is important to keep in mind that decline in oral intake, whether food or water, is expected at the end of life.

Whenever anyone is ill, their oral intake decreases, whether the illness is the flu, an injured ankle or a cancer-related process. The body's needs for calories, protein and water are altered because of decreased activity, exercise and general metabolic rate.

We believe a struggle can be avoided by allowing patients to eat and drink what and when they want. When faced with a terminal illness, an individual begins adjusting the priorities of life, and may desire to spend energy on activities and relationships, rather than on eating and drinking. Our bodies are much wiser than we give them credit for and will give us messages about what we need to do to sustain life. The sustaining value of food and fluids is often not important to the terminally ill person. Many times the disease process alters taste buds, making foods taste bland, salty, sour or water to have a metallic taste.

Diminished hunger and thirst (and resulting weight loss) is part of the ongoing disease process and assists in adapting the body toward a peaceful and comfortable death. There is no evidence that increased oral intake (food or fluids) prolongs life or relieves suffering in individuals with terminal illnesses. The patient will naturally limit the intake of food and fluids as his or her condition deteriorates and less energy is needed. Expect changes in level of alertness as the body slows and nutrition needs decrease. Dehydration has been observed to actually decrease the symptoms of nausea/vomiting, incontinence, pressure from edema, congestion, shortness of breath and cough. Dehydration also may cause the body to release chemicals which decrease pain. Therefore, using artificial means of hydration, such as IVs or tube feedings, can actually lead to more side effects and discomfort.

Factors that Decrease Appetite and Fluid Intake

- Change in taste of foods and fluids
- Nausea and vomiting
- Constipation
- Bowel tumors and/or obstruction
- Liver and pancreatic cancer
- Pain
- Weakness and fatigue
- Chemotherapy and radiation
- Breathing problems
- Medications (narcotic and non-narcotic)
- Bleeding gums and/or dental problems
- Difficulty swallowing



Suggestions and Helpful Hints

- Offer small, frequent meals throughout the day rather than maintaining a three-meals-a-day routine. Five or six meals a day of light food are more easily tolerated.
- Maintain hydration through small, frequent sips of fluid throughout the day.
- Serve small portions so the patient does not feel overwhelmed or a sense of failure because he or she cannot clean the plate.
- Alter the time of meals to when the patient is pain-free and has the most energy (e.g., morning, mid-afternoon and after pain medications).
- Puree (mix in a blender) family meals for patients who have a hard time swallowing.
- Don't force food or fluids at any time. This can develop into a struggle where family feels rejected and the patient feels ungrateful or guilty. Forcing foods and/or fluids will cause both physical and emotional discomfort.
- Liquid meals are often best when the person is nauseated or in pain.
- Ice chips or flavored freeze pops may relieve the feelings of dryness and discomfort when the patient no longer wants to eat or drink. You can also offer products containing electrolytes, such as Pedialyte or Gatorade.
- Baby foods sometimes satisfy the need for soft, bland foods. You can make these foods more appetizing with spices and seasoning.
- Cups with lids, such as travel mugs, allow a weak person to drink by him or herself without worry or spillage.
- If the patient is unable to sit at the table for meals, and if the patient so desires, try having the family use trays and eat meals with the patient wherever he or she is most comfortable.