



We are part of the community and through partnerships, we support and facilitate the provision of quality care for people with life-limiting conditions.

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Appetite Changes in Advanced Illness

Loss of appetite

Loss of appetite is normal with advanced illness. Although we can address some of the causes, sometimes we can't reverse them.

If you tell your doctor or nurse about any of these symptoms they may be able to improve them. Some causes may include:



Feeling sick (nausea) or vomiting: before, or after food, or unrelated to food



Sore mouth: can be caused by many things including ulcers, medications etc.



Medications: effect on taste and appetite



Change in taste of food: is quite common and can be caused by infection in the mouth that can be treated



Changes to sense of smell: simple strategies can be effective



Tiredness: there are simple strategies that can help conserve energy and make eating and drinking less like hard work

Informed by:

St Christopher's Hospice leaflet 'Why won't they eat?' (Harris HospisCare with St Christopher's).

Raijmakers, N.J.H., Clark, J.B., van Zuylen, L., Allan, S., van der Heide, A. (2013). Bereaved family members' perspectives of the patient's oral intake towards the end of life. *Palliative Medicine*, 27(7) 665–672.

Impact of these changes

The impact of these changes is often an added emotional stress for the carer and the person who is unwell. There are many reasons why a decreased oral intake is a source of distress, including:

- The enjoyment of food has gone
- Food is a source of energy and strength
- Food is a large part of everyday life including celebrations
- Mealtimes are part of structure and normal daily routine
- When you have made something special that no longer appeals your carer can feel hurt
- When someone has made you something special and it no longer appeals (even if it did 5 minutes ago) you can feel pressured to 'try'.

Making tempting and special foods means a lot to carers, providing a way to express caring and love. Therefore it is understandable that it is distressing when a person's interest in food changes. As disease progresses so does the weakening of muscles that coordinate swallowing and the ability to absorb what we eat and drink.

Weight loss

Weight loss is a common problem that is involuntary, and seen in around 80% of people with advanced illness. This can be distressing for the person, and the family/whānau.

In a few cases a solution to weight loss can be found but generally the focus on enjoying some food and fluids becomes a priority, rather than weight.

Food and emotions

We know that food is important in our everyday life, and symbolises social gathering, routine and tradition.

A lack of interest in food is a source of distress and emotional strain for both carers, who take the time to prepare the meals, and the seriously ill person who is not able to enjoy the meals. Talking about this together may help.

In advanced illness, people can start to lose weight even when their appetite is still normal. Losing the interest and ability to eat and drink is part of advancing illness. This is a natural progression as the person's wellness declines.

Many cancers and some other illnesses make the body produce chemicals which break down muscle and fat faster than usual. These chemicals also 'trick' the part of the brain that controls appetite into thinking that the person is full after only a few mouthfuls or even after no food at all.

Things that may help

- Discuss any concerns with a doctor or nurse, including if you would like information on supplementing your diet
- Let the person eat as much or as little as they want whenever they want
- Frequent small meals or snacks
- Put small amounts on a bigger plate.
- Keep food soft and moist so it's not hard to eat and swallow