

DISCLAIMER

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Unintentional Weight Loss

By: David Horner, MD & Jerry Hizon, MD

Unintentional weight loss

- Rapid weight loss over days suggest gain or loss of fluid
- Long term change involves loss of fat or muscle weight
- Harbinger of underlying disease
- Gradual weight loss over age 80 can be normal
- Loss of 5% body mass over ≤ 6 months requires investigation

Causes of Unintentional weight loss

- Malignancy: **tumors** use a lot of energy to grow
- Chronic inflammation or infection: **HIV**, GI or autoimmune disorders
- Metabolic disorders: diabetes, hyperthyroid,
- Chronic disease: heart, liver, kidneys, lungs, anemia, stroke
- Psychiatric disorders: **depression, dementia**, alcoholism, body image
- Loss of sense of smell or taste, poor fitting dentures, dental problems

Diagnosis of Unintentional Weight Loss

- **Clinical diagnosis:** weight loss, change in clothing fit/ belt size, circumstance leading up to weight loss
- Swallow study
- Pulmonary function tests
- Thyroid and adrenal gland tests
- Tests for diabetes and HIV
- Cancer screen: CT chest/ abdomen/ pelvis, sometimes head and neck
- ESR, CRP CMP, CBC, glucose, lactate dehydrogenase, urinalysis, FOBT, stool studies

Treatment of unintentional weight loss

- Fix the underlying cause!
- Occupational and speech therapy, dietitian, social worker
- Diet modification: food consistency, frequency of meals, added flavors
- Nutritional supplements should provide extra calories but not replace scheduled meals
- Appetite stimulants: Megestrol, Mirtazapine, Cyproheptadine, Dronabinol all have potential for benefit and risk for side effects
- PEG tubes increase aspiration pneumonia and do not increase nutrition except for certain situations