**Cachexia: (Course 1: Other eating disorders)**

While our focus is on the discussion of EDs as psychiatric conditions, similar symptoms can occur as a complication of medical conditions. Weight loss occurring with ongoing disease is called *cachexia*, which increases mortality for individuals with cancer, AIDS, kidney failure, and other diseases (Morley, Thomas, & Wilson, 2006). In contrast to other forms of weight loss, cachexia is associated with muscle wasting in addition to loss of fat mass and is mediated inflammatory immune system responses (Morley et al.). Cachexia is particularly common in cancer, impacting up to half of patients and responsible for over one fifth of cancer deaths (Tisdale, 2009). Cachexia is not always accompanied by loss of appetite, as the cancer tumor and treatment for the cancer both contribute to the wasting (Tisdale, 2009). Similarly, cachexia associated with AIDS is an important prognostic factor, though causes of AIDS wasting include AN, medications, depression, and coinfection with gastrointestinal disease (Morley et al.). Though similar, the decreases in appetite, body fat, and body weight in advanced age are expected and sometimes referred to as AN of aging even in the absence of other medical problems (Hays & Roberts, 2006). The causes are multifactorial, as both physiological sources like decline in chemosensory pleasantness of food and decreased hunger, and non-physiological issues such as social isolation contribute. Ruling out the presence of a cachexia from other medical conditions is an important step in assessment of individuals presenting with the symptoms of AN.

Hays, N.P. & S.B. Roberts (2006), ‘The anorexia of aging in humans’, *Physiology & Behavior,* 88: 257-266.

Morley, J.E., D.R. Thomas, & M-M.G. Wilson (2006), ‘Cachexia: pathophysiology and clinical relevance’, *AJCN,* 83: 735-743.

Tisdale, M.J. (2009), ‘Mechanisms of cancer cachexia’, *Physiology Reviews,* 89: 381-410.

**Instructor Suggestions:**

* The following two videos provide general background information about cachexia:
	+ Cancer anorexia-cachexia syndrome: <https://www.youtube.com/watch?v=sqWTt4k3PAI>
	+ From ImedexCME: <https://www.youtube.com/watch?v=2bfjsbfGpyg>
* Cachexia can open discussions about disordered behavior with organic origins compared to disordered behavior without identifiable physical underpinnings.
	+ Particular examples can be highlighted or provided to students.
	+ Ask students how public acceptance of disordered eating varies on its types of causes (e.g., related to physical disease versus psychological reasonings).
	+ Ask students to consider how treatment varies based on the causes of disordered eating.
* Bring together content and ideas from various chapters of the book to use the topic of cachexia as a meaningful way to connect various themes:
	+ Research Methods: What questions about cachexia would you want to investigate? If given indefinite resources, what study would you design and conduct to answer these questions?
	+ Evolutionary Psychology: How can disorders like cachexia, that contribute to wasting and fatality, be reconciled with evolutionary theory?
	+ Sensation and Perception: What roles do taste and smell during illness play in cachexia?
	+ Biological Psychology: What changes in the brain and gut occur during illness that are connected to cachexia?
	+ Developmental Psychology: How might early life experiences with illness create patterns or templates for people’s eating during illness as adults?
	+ Behavioral Psychology: What contexts and consequences may trigger and/or support cachexia-related behaviors?
	+ Socio-cultural Psychology: What ecological and personal relatedness variables may be involved in a person’s propensity for cachexia? What social factors may be protective against cachexia?