



Eating with a low appetite

There are many reasons why your appetite might be affected if you are recovering from bowel cancer treatment. Understanding what the problems are can help you get your appetite back.

Speak to your GP, your specialist nurse and let your family know how you are feeling. They can support you with ideas and give you the practical help you need to maintain a balanced diet too.

Common problems that affect eating and drinking

- » Mouth infections, ulcers or cold sores
- » Dry tongue, mouth and lips or a lack of saliva
- » Difficulties in chewing and/or swallowing food or fluids
- » Shortness of breath or a persistent cough
- » Badly fitting dentures; loose, decaying teeth or toothache
- » Hyper-sensitivity to hot and cold food/fluids – associated with the side effects of *Oxaliplatin* (a drug used in chemotherapy treatments)
- » Nausea, vomiting, or taste changes in your mouth
- » Indigestion and heart burn or pain after eating
- » Hyper-sensitivity to particular strong smells
- » Low mood, anxiety, fear and stress can also affect your interest in food
- » Uncontrolled, severe or chronic pain
- » Uncontrolled bowel movements, such as diarrhoea associated with eating and drinking
- » The side effects of medications used to treat other medical conditions – including depression, diabetes and hypertension
- » Feeling bloated and full after just a few mouthfuls of food



tips

Ideas to boost your appetite if you don't feel hungry

- 1** Go out for **some exercise** before meal times. The exertion and fresh air before a meal can really help to stimulate your appetite, even when energy levels are low
- 2** Establish a **regular structure** to your days so you are eating at similar times each day, then your appetite will start to adjust to these times and you will start to look forward to planned meal times
- 3** Plan **five or six smaller meals** each day rather than eating three large meals, especially if you have a small appetite or feel full after just a few mouthfuls
- 4** If food **smells** make you nauseous, keep the kitchen door closed and try to stay away from the kitchen and cooking wherever this is practical
- 5** Use **herbs and spices**, condiments, pickles and sauces to add flavour and colour to foods and to perk up your appetite and taste buds
- 6** Foods that can be eaten **cold** or which are **pre-prepared** (chilled or frozen meals) can provide a useful alternative to cooking a full meal if time is limited, or you are not able to cook for yourself. *(Make sure they are reheated properly before eating)*
- 7** Dishes that can be made in large **portions** but eaten in smaller bites e.g. Shepherd's pie or lasagne, mean that if after a small portion you want more, you can go back to it
- 8** If you find you get full quickly, avoid drinking fluids within 30 minutes of eating a meal, and drink more **liquids between meals**

What other personal and social factors can affect eating and drinking?

- » Old habits and preferences for specific foods
- » Increased age and/or a reduced awareness of hunger and thirst
- » Social isolation and a lack of motivation in cooking for one
- » A lack of practical support for shopping and preparing meals
- » Financial worries or a low income
- » The weather, the season and feeling hot or cold
- » Your social culture, religious practices and living arrangements/ environment

Are you are experiencing difficulties with getting enough to eat and drink?

You can speak to your GP, your practice nurse, district nurse or social worker about your concerns and ask them to help you find a local solution that will work for you.

If you are reading this and are concerned for someone else, you can also speak to a healthcare professional on their behalf.



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