

## Weight Loss and “Malnutrition” in Nursing Home Patients

Many LTC residents have weight loss, cachexia or Protein-Calorie Malnutrition with estimates ranging from 5 to 65%! It is routinely reported to the CDPHE and reviewed during surveys. Rapid weight loss is associated with an increased risk for death, infections and other problems. Identifying and tracking is easy, which may be why we focus on it so often. Finding a treatable underlying reason(s) and reversing it is usually not so simple.

From peer-reviewed literature, we know Megace leads to an increase in mortality while **not** leading to increased weight compared to controls. It blunts beneficial effects of progressive muscle strength training. When weight gain does occur, it is predominantly *fat*, not muscle.

As an overview...

### Megace / Megestrol...

- are *only* approved for AIDS and some cancers, *not* for use in seniors for weight gain
- is likely associated with *higher mortality* even when used for approved indications
- acts as a partial steroid agonist and may lead to adrenal suppression. In men, it decreases testosterone, resulting in muscle loss and is associated with an increased risk of DVT and other thrombotic events (e.g., MI, CVA)

### Mirtazapine / Remeron...

- is an antidepressant that antagonizes serotonin and histamine (H1) receptors
- only leads to weight gain in about **12%** of patients *using it for depression*. Increased serotonin may lead to cachexia, as increased CNS levels lead to early satiety
- **No literature suggests it leads to weight gain in the absence of depression**
- Adding it to other SSRIs / SNRIs comes with a special FDA warning: “*The risk for **serotonin syndrome** may increase when mirtazapine is used in combination with other serotonergic agents. This possibility should be taken into account when it is prescribed for appetite stimulation along with other serotonergic agents.*”

Intervention with Megace or Remeron often begins before reviewing other potential causes of weight loss. Normal aging and adverse effects of other drugs are the most common causes. Stopping meds that can cause weight loss is much more effective than starting drugs that *may* induce weight gain. Drugs commonly causing weight loss include the cholinesterase inhibitors, any drug with anticholinergic properties (see Magellan Anticholinergic list), SSRIs (especially Prozac), SNRIs, stimulants, Digoxin, Amiodarone, Aldactone, iron, potassium, calcium carbonate, NSAIDs, ASA, bisphosphonates, laxatives, bile acid sequestrants, PPIs and supplemental thyroid.

In summary, please rethink using *any* agent to induce weight gain. Look at existing drugs to find candidates to stop before adding drugs that contribute to polypharmacy, are costly and unlikely to help, and raise the risk for death and morbid events.