

Journal Watch

Validation of a Simplified Anorexia Questionnaire

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Abstract:

Objective: We compared the reliability at one point in time, sensitivity to change over time, and prognostic accuracy of a two-item questionnaire with the Functional Assessment of Anorexia and Cachexia Therapy shortened 12-question version (A/CS-12).

Methods: Individuals with cancer, who were cognitively intact and verbally agreed to participate, completed a two-item questionnaire and A/CS-12 in random order and again seven days later. We compared the direction of response to the summated two-item questionnaire to the validated A/CS-12 score at a single point in time, then intra-patient changes over a seven-day period of time. Scores of both questionnaires were divided into poor, moderate and good appetite and compared to survival using Kaplan-Meier curves. Bootstrapping was used to construct confidence intervals for estimated probability agreement. Survival analysis also used hazard ratios from a Cox Proportional Hazards model.

Results: One hundred seventeen individuals from a single institution participated, who were either admitted to an inpatient palliative unit or seen in an outpatient/palliative medicine unit. Median age was 58.8 (range 10.7-87.1 years). Agreement at one point in time was 0.64 (95% confidence interval [CI] 0.63 – 0.66). Agreement over time was 0.53 (CI 0.41 – 0.64). The A/CS-12 predicted survival based on scores on Days 1 and 7 ($P < 0.0001$), ($P = 0.0003$) (HR 0.97 day 1, HR 0.95 day 7), whereas the simplified questionnaire failed to predict survival.

Comments:

Strength/Uniqueness:

This is the first study to examine a short questionnaires' performance as a screen for anorexia in comparison to the previously validated Functional Assessment of Anorexia/Cachexia Cancer Therapy (ACS-12), and as a tool for prediction of survival.

Weakness:

Limitations regarding the applicability of the results of this study include the relatively small sample size drawn from a single institution, a large proportion of patients (75/185) who were excluded for unknown reasons (possibly cognitive impairment and language), and a relatively skewed distribution of cancer diagnoses. It is also questionable to rely on the subjective symptom of lack of appetite as a sole predictor of survival.

Relevance to Palliative Care:

The anorexia/cachexia syndrome is a rather complex and multisystem syndrome that requires attention to various factors when being assessed and diagnosed. The simple questionnaire is a convenient way for both patients and clinicians to screen for symptoms; however, it may not provide sufficient information for use as a survival predictor.