# LOSS OF WEIGHT

***Look out!!*** Involuntary weight loss, either with decreased or increased appetite, is nearly always a sign of a serious medical or psychiatric illness

**History:** magnitude of the loss of weight loss?

* Clinically significant weight loss is 10 lbs or more, or 5 % of baseline body weight over 6-12 months
* Get their past history – from family members, i.e.: changes in eating habits, old growth charts,
* Previous variations in weight during adult life?
* Voluntary or involuntary weight loss?
* Appetite ↑ or ↓?
* Time course of weight loss?
* Diabetic - weight loss and increased appetite indicator of poor diabetic control
* Type 1 diabetes (ask especially in young patients) may purposely decrease their insulin dose in an attempt to lose weight
* Recent changes to medications
* Herbal products

**Differential Diagnosis**

***Involuntary weight loss with ↑’d appetite***

* Hyperthyroidism, uncontrolled diabetes mellitus, malabsorption syndromes, pheochromocytoma,
* Marked ↑ in physical activity (relatively fewer causes of weight loss with ↑’d appetite – it’s either increase caloric expenditure or loss via the gut/kidneys)
* Hyperthyroid elderly patients may manifest anorexia (apathetic hyperthyroidism) rather than ↑’d appetite

***Involuntary weight loss with ↓’d appetite***

* Medical disorders, malignancy, endocrinopathies, chronic illness, COPD, GI disease, psych d/o (depression, manic phase, etc.), chronic drug use, alcohol, opiates, amphetamines/cocaine, other meds topiramate and zonisamide, SSRI, levodopa, digoxin, metformin, NSAID’s drugs, anticancer drugs)
* Cancer anorexia-cachexia syndrome – weight loss due to cancer occasionally is the only manifestation of cancer
* HIV infection - Muscle wasting and weight loss are common in patients with HIV
* Endocrinopathies – Hyperthyroidism
* Adrenal insufficiency
* Hypercalcemia
* Diabetes
* Cardiac cachexia – weight loss in a patient with advanced congestive heart failure and COPD
* GI diseases - weight loss with loss of appetite occurs either directly or indirectly by:

Dysphagia

Sensation of satiety

Vomiting and regurgitation

Abdominal pain or discomfort

Chronic inflammation

Malabsorption

Spontaneous and surgical fistulas and bypasses

* Herbal products

***Voluntary weight loss/ intentional ↓’d food*** ***intake***

* Treatment of obesity, intentional use of anorexic drugs – amphetamines and derivatives, anorexia nervosa and bulimia, distance runners, models, ballet dancers, gymnasts
* Psych: bipolar illness during manic phase, depression, Munchausen syndrome – as a mechanism for getting attention, delusional/paranoid disorders – ideations about food, neuroleptic withdrawal cachexia (chlorpromazine, thioridazine, haloperidol), cannabis withdrawal syndrome (sudden discontinuation of the “munchies”)

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| ***Possible CCFP Key Features:***   1. ***Involuntary weight loss often indication of a serious underlying medical/psychiatric condition (i.e. cancer).*** 2. ***Determining if there is an increase or decreased appetite can help differentiate a cause.*** 3. ***Various chronic diseases (Cardiac, Endocrine, GI, Pulmonary, Infectious, Psych) can often lead to weight loss by different mechanisms.*** 4. ***A review of medications is essential since the use of some medications or the withdrawal of others can cause involuntary weight loss.*** 5. ***There are relatively fewer causes of involuntary weight loss with ↑’d appetite compared to ↓’d appetite. Appetite increases when either there is an increase in caloric expenditure or there’s a loss, i.e. via GI/kidneys*** 6. ***Obese patients may exaggerate weight loss and patients with underlying organic cause may try to minimize the weight loss.*** |

**Ref**: Uptodate