

# Geriatric Optimization

## Megestrol Acetate (Megace®)

### WHY IS THIS MEDICATION INAPPROPRIATE?

- Megestrol Acetate (MA) is only approved for AIDS-associated weight loss and is not FDA-approved for appetite stimulation in older adults.
- Use of MA by adults over the age of 65 is associated with<sup>1</sup>:
  - Minimal effect on weight gain or appetite stimulation
  - Deep vein thrombosis
  - Swelling and redness in extremities
  - Sudden difficulty breathing
  - Toxic reactions in those with impaired renal function
  - Death
- In a meta-analysis of 35 trials comparing MA to placebo or to other drug treatments, MA gave only 1 in 12 patients a slight weight improvement of an average of 4 pounds in patients with AIDS, cancer, or an underlying condition compared to placebo, but not to other drug treatments. Additionally, there was no improvement in quality of life or mortality, and **1 in 23 patients** experienced an adverse event leading to death<sup>2</sup>.
- Side effects are more common with MA compared to other nutrition methods or drug therapies<sup>3</sup>.

### APPROACH TO OPTIMIZATION

- Most therapies are for 12 weeks of MA, 480-800 per day, and can be stopped without tapering due to its long half-life<sup>4</sup>.
- If treatment is longer than 12 weeks adrenal suppression can occur. If a patient has developed a Cushingoid appearance due to severe adrenal insufficiency, abrupt withdrawal of MA could lead to an Addisonian crisis<sup>4</sup>. To treat the crisis, saline fluids and glucocorticoid replacement therapy should be initiated as soon as possible<sup>6</sup>.
- Mirtazapine, cyproheptadine, and dronabinol have been used to improve appetite and weight gain, but also are not approved for older adults and have displayed their own adverse effects as well.

**GOAL: Full discontinuation**

*The guidance, best practices, and guidelines (referred to as “best practices”) provided to you are presented for your consideration and assessment only. They were selected from among best practices published by various associations and organizations or discussed in studies and articles on the subject. Please assess whether the described best practices are appropriate for you. There are no requirements that you use the best practices, and the best practices are not required for any Highmark program or initiative. Please note that the successful implementation of any program or initiative depends upon many factors and variables. Therefore, Highmark makes no representation with respect to the described best practices and whether the practices will positively impact your reimbursement, value-based payment or performance under a Highmark program or initiative.*

*The best practices are not intended to situate Highmark as a provider of medical services or dictate the diagnosis, care or treatment of patients. Your medical judgment remains independent with respect to all medically necessary care to your patients.*

*The information provided is general information only and not intended to address specific circumstances; and the provision of such information does not constitute endorsement of any specific third-party vendor.*

*This information is issued on behalf of Highmark Blue Shield and its affiliated Blue companies, which are independent licensees of the Blue Cross Blue Shield Association. Highmark Inc. d/b/a Highmark Blue Shield and certain of its affiliated Blue companies serve Blue Shield members in 21 counties in central Pennsylvania and 13 counties in northeastern New York. As a partner in joint operating agreements, Highmark Blue Shield also provides services in conjunction with a separate health plan in southeastern Pennsylvania. Highmark Inc. or certain of its affiliated Blue companies also serve Blue Cross Blue Shield members in 29 counties in western Pennsylvania, 13 counties in northeastern Pennsylvania, the state of West Virginia plus Washington County, Ohio, the state of Delaware and 8 counties in western New York. All references to Highmark in this document are references to Highmark Inc. d/b/a Highmark Blue Shield and/or to one or more of its affiliated Blue companies.*

## ADDITIONAL BEST PRACTICES

- Ensure patient evaluation with “Meals on Wheels” to determine treatable causes of weight loss<sup>5</sup>

### Meals on Wheels

- **M**edication Effects
- **E**motional problems (e.g., depression, anxiety)
- **A**norexia tardive, Alcoholism
- **L**ate-life paranoia
- **S**wallowing disorders
- **O**ral Factors (e.g., poorly fitting dentures, cavities)
- **N**o money (poverty)
- **W**andering and other dementia-related behaviors
- **H**yperthyroidism, hypothyroidism, hyperparathyroidism, hypoadrenalism
- **E**nteric problems (e.g., malabsorption)
- **E**ating problems (e.g., inability to feed self)
- **L**ow salt, low cholesterol diet
- **S**ocial problems (e.g., isolation, inability to obtain foods)

- Involving dietitians, speech therapists, and social services personnel can be extremely valuable because they can provide many strategies to increase food intake and navigate potential barriers to proper nutrition<sup>3</sup>.
- Initiate high protein or high caloric nutritional supplements.
- Consider discussions around palliative care if appetite and weight loss do not improve.

## REFERENCES

1. American Geriatrics Society 2019 Updated AGS Beers Criteria® for Potentially Inappropriate Medication Use in Older Adults. *J Am Geriatr Soc.* 2019; 67(4): 674-694.
2. Ruiz-Garcia V, Lopez-Briz E, Megestrol Acetate for Treatment of Anorexia-Cachexia Syndrome. *The Cochrane Library.* 2013
3. Huffman G, Evaluating and Treating Unintentional Weight Loss in the Elderly. *American Family Physician.* 2012, Vol 65. Issue 4.
4. Yeh S, Schuster M. Megestrol Acetate in cachexia and anorexia. *Int J Nanomedicine* 2006. 411-416
5. Morely JE. Undernutrition in older adults. *Fam Pract.* 2012; 29(suppl 1):89-93
6. Rathburn K, Addisonian Crisis. StatPearls Publishing. July 2021.