Helping your child to eat (children with brain tumours)

If your child is going through, or has recently had brain tumour treatment, such as chemotherapy or radiotherapy, their appetite may be affected for a variety of reasons.

This can be very worrying for you as a parent, particularly when combined with so many other things you have to think about.

This fact sheet gives some practical suggestions for helping your child to eat. It is also a good idea to speak to a member of your child’s health team, such as a dietitian, if your hospital has one, or your child’s clinical nurse specialist for further advice.

In this fact sheet:

- Why does my child not feel like eating?
- How can I help my child to eat?
- Other frequently asked questions
- Resources

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I’m finding that food is no fun
There’s nothing that I want to eat
Food just tastes like big chunks of nothing
And chocolate’s a trial, not a treat

I really don’t want to eat anything
Can I chuck all my food in the bin?
I feel like I’m chewing on metal
Or it’s like I am licking a tin

Sometimes my throat is so sore
It feels like I’m swallowing a big pill though
It may be a small bit of sandwich but
It’s more like I’m chewing a pillow

I would like a big raspberry sundae
Or a colossal roll that’s got ham in
But nothing appeals and now it just feels
That I’m facing a favourite food famine

And if food was a computer
I’d be pressing the button ‘delete’
For all the things that I usually love
But now I just can’t bear to eat

I know it’s all part of my treatment
And though I find eating a feat
When I am well I will run to a café
And I’ll eat and I’ll eat and I’ll eat!

Kate Snow
**Why does my child not feel like eating?**

It is not uncommon for children undergoing treatment for a brain tumour to experience a reduction or temporary loss of appetite.

This could be due to:

- Stress and anxiety
- Side-effects of treatment.

The side-effects of chemotherapy or radiotherapy, which may make your child feel less like eating, include:

- Vomiting or feeling sick
- ‘Oral mucositis’ (inflammation of the lining of the mouth)
  - This can lead to a sore throat, dry mouth, ulcers on the mouth/tongue/lips, or difficulty swallowing
- Changes in taste
  - Chemotherapy can make things taste more salty or as having a ‘metallic’ or bitter taste
- Diarrhoea or constipation
- General lack of appetite
  - (without the side-effects above)

(Some children may develop an increased appetite, particularly if they are also taking steroids.)

These changes should fade gradually after treatment finishes. If they persist, or you are concerned about any changes to your child’s appetite or weight, please speak to a member of their health team.

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For more information about steroids, please see our *Steroids for children* web page and fact sheet.
How can I help my child to eat?

Different children will find different things helpful, but here are some suggestions you could try:

If my child is feeling sick or vomiting

- Foods that are very greasy can worsen nausea, as can some dairy products. It may be useful to keep a food diary of what your child has eaten, and how they felt, to help identify which foods are best to avoid.

- Some children undergoing treatment may prefer to eat food cold rather than hot, particularly if they are experiencing nausea. In a similar way, some children find ice lollies help with nausea and are a good way keeping hydrated.

- Ginger (for example, gingerbread men or ginger biscuits) can help to settle the stomach.

- Try to give your child snacks to eat ‘little and often’ rather than trying to get them to eat three ‘regular’ meals each day.

If my child has a sore throat or dry mouth

- Give them soft foods (such as pasta, shepherd’s pie, yoghurt and ice cream) and foods with sauces, which are easier to swallow. If they are very uncomfortable, you may find soups help, or you could try chopping their dinner into much smaller pieces than normal.

- Avoid serving food while it is very hot.

- Avoid salty foods (such as crisps), acidic foods (such as fruit juices) and spicy food (such as curry) as these can cause further irritation to the mouth.

- Sucking on ice cubes or ice lollies can help to relieve discomfort

- Supplements (such as nutritious milkshakes) can be helpful.
You should always seek advice from your child’s doctor before giving them supplements or vitamins, as some could interfere with treatment. This also applies to painkillers such as paracetamol.

**If my child’s taste has changed**

- Foods such as pineapple, mints and boiled sweets can leave a sweet and pleasant taste in the mouth, particularly if your child finds that other foods taste bitter.

- Some children find that chewing gum after taking chemotherapy tablets can help reduce the initial after-taste.

- Try adding sauces or herbs to flavour food, if your child is not enjoying the taste of foods they usually would. You may find they begin to like stronger flavours than they have in the past, as they override the flavour left by medication.

- Some parents find that giving positive attention (praise, hugs or enjoyable conversation) immediately after their child has eaten something, however small, or has tried a new food, is helpful in encouraging desired eating behaviours.

**If my child is constipated or has diarrhoea**

- If your child has diarrhoea, it can make them dehydrated. It is important that your child keeps up their fluid intake - try offering them their favourite drinks, or foods with plenty of liquid, such as soups. Anti-diarrhoea medicines may help.

- If your child is constipated because of their treatment, high fibre foods may not help (as they often would otherwise) and may make your child more uncomfortable and blocked. Speak to your child’s health team about laxatives to help with this.
If my child has a reduced appetite

- Avoid putting your child under too much pressure to eat, which can be distressing. Try not to make mealtimes a battle and, if they become overly upset, accept your child not eating.

- Try giving your child smaller snacks more frequently and letting them eat when they want to, rather than insisting that they stick to three regular meals each day.

- Give your child foods that they enjoy and do not become too focused on the nutritional value of each meal. Food that you may not usually encourage them to eat will have some nutritional value and will be better than not eating or eating very little of what are traditionally considered to be ‘healthy foods’.

- Although you may intuitively wish to give your child lots of fruit and vegetables, you may wish to avoid this as they tend to be low in energy and can fill your child up quickly.

- Try to involve your child in what they eat – for example, give them a choice of two or three different meals (but take care not to overwhelm them with too many choices). Perhaps involve them in planning what food the family is going to have that week.

- Plan in treats that they can look forward to in order to make mealtimes more enjoyable.

- Try to take advantage of your child’s appetite at times when it is greatest.

- Meal supplement drinks can be a good way to increase your child’s nutritional intake. These come in a range of flavours. Your doctor/dietitian will be able to recommend a good brand that they feel will meet your child’s needs.
Before giving any supplements to your child, you should always seek advice from their doctor, or dietitian if they have one, as some could interfere with treatment.

- Avoid allowing your child to fill up on drinks before mealtimes.
- It can be helpful for you to keep a diary of exactly what your child is eating.
  You may be surprised that they are actually eating more than you had thought and it may help you identify when they seem to be hungriest and serve meals or snacks at these times.
  Seek guidance from your child’s doctor/clinical nurse specialist/dietitian about whether they are eating enough.

If my child’s appetite has increased and they are putting on large amounts of weight

- Try to get them to fill up on fruit and vegetables.
- Encourage your child to eat filling foods like pasta and bread.
- Try to limit the fat and sugar content of foods.
- Try giving smaller portions at mealtimes and snacks throughout the day to keep them going.
- Seek guidance from your child’s doctor/clinical nurse specialist/dietitian.
Other frequently asked questions

I’m concerned that my child only wants to eat ‘junk food’

You may find that your child only wants to eat ‘junk food’, for example, fast-food burgers. As a parent, you may be used to trying to get your child to eat more healthily. It may reassure you to remember, however, that all foods have some nutritional value and ‘unhealthy’ foods are often high in energy. As your child’s appetite gradually begins to return to normal, try to introduce other, more nutritious foods.

Should I give my child dietary supplements or vitamins?

As a general rule, it is usually best for us to get the vitamins our bodies need through a balanced diet. Your child’s illness, or the treatments they are having, however, may make this difficult.

If this is the case, their doctor may suggest that they take additional supplements or vitamins. Nutritional drinks or shakes can be a good way of helping your child get the nutrients they need, particularly as they tend to come in a wide range of flavours.

Before giving any supplements (nutritional or herbal) or vitamins to your child, or any products prescribed by alternative or complementary therapists, you should always seek advice from their doctor, or dietitian if they have one, as some could interfere with treatment.

We don’t yet know how these supplements/vitamins may interact with various chemotherapy drugs, and some could be harmful, or at least make the chemotherapy less effective.
Is it true that my child has an increased risk of food poisoning?

Being unwell and having treatment, particularly high doses of chemotherapy, can mean that your child has a higher chance of developing food poisoning from the bacteria ‘listeria’.

One reason for this is that chemotherapy can lower the number of white blood cells, which play a key role in fighting infection. It is, therefore, best to avoid giving your child soft cheeses, eggs with a runny yolk and pâtés.

It is important to take good care to avoid food-borne infections by ensuring that food is cooked thoroughly and is not used past its ‘use by’ date.

It is also good practice to ensure that your child is washing their hands after using the toilet and before eating to limit the chance of infection and you may want to keep a small bottle of hand wash in your bag for when you are out and about.

For more information about preventing food poisoning, see the NHS Choices website page.

nhs.uk/Livewell/homehygiene/Pages/Foodpoisoningtips.aspx

Should I see a dietitian or nutritionist?

A dietitian or nutritionist can help to assess your child’s nutritional requirements and give dietary advice.

The NHS describes a dietitian as ‘an expert in diets and nutrition’ who can provide advice on special diets for medical conditions. Your child’s hospital may have a dietitian, who you can ask to speak to.

A slightly different role is that of a nutritionist, who is qualified to give advice about general healthy eating, but NOT about special diets for medical conditions.
You may wish to ask for a referral to one of these specialists if your hospital does not have one and you are finding it difficult to get your child to eat, or you are concerned about the amount of weight they are losing or gaining.

**Resources you may find helpful**

Although your child may not have a high grade or ‘cancerous’ tumour, some books written for people with cancer can provide useful tips, advice and recipes that will help with the side-effects of the treatment your child may be having.

You may find the following websites and publications helpful:

- **Helping your child to eat: A practical guide for parents and carers of children with cancer**
  
  This booklet, published by CCLG, is free of charge to download. [cclg.org.uk/write/MediaUploads/Publications/PDFs/Helping_your_child_to_eat_(May_14).pdf](http://cclg.org.uk/write/MediaUploads/Publications/PDFs/Helping_your_child_to_eat_(May_14).pdf)

- **Betty Crocker’s Living with Cancer Cookbook**
  
  Crocker, B, 2001. Though not aimed specifically at children, this book contains 130 recipes, including ones that may help when experiencing nausea, dry mouth and lowered immunity. ISBN-10 0764565494

- **What to eat during cancer treatment :100 great tasting, family-friendly recipes to help you cope**
  
  Besser, J, 2009. The recipes in this book are intended to help with the side-effects of cancer treatment. ISBN-10 1604430052
• The Great Ormond Street Hospital website
  Contains information about coping with problems your child may have in relation to eating when they are having chemotherapy.
  gosh.nhs.uk/medical-information-0/procedures-and-treatments/coping-eating-problems-when-your-child-having-chemotherapy

Disclaimer:
The Brain Tumour Charity provides the details of other organisations for information only. Inclusion in this fact sheet does not constitute a recommendation or endorsement.

Where can I go for further advice?
Speak to a member of your child’s health team – their clinical nurse specialist, doctor or dietitian would be a good first port of call. Sometimes, medication can help with issues such as nausea, sore throat, dry mouth and constipation or diarrhoea.
What if I have further questions or need other support?

You can contact our Information and Support Team in the following ways:

0808 800 0004
(Free from landlines and most mobiles: 3, O2, EE, Virgin and Vodafone)

support@thebraintumourcharity.org

Live Chat
Get in touch with us online via
thebraintumourcharity.org/live-chat

Join one (or more) of our
closed Facebook groups:
bit.ly/FBSupportGroups

thebraintumourcharity.org/getsupport

About this information resource

The Brain Tumour Charity is proud to have been certified as a provider of high quality health and social care information by The Information Standard - an NHS standard that allows the public to identify reliable and trustworthy sources of information.

Written and edited by our Information and Support Team, the accuracy of medical information in this resource has been verified by leading health professionals specialising in neuro-oncology.

Our information resources have been produced with the assistance of patient and carer representatives and up-to-date, reliable sources of evidence.

We hope that this information will complement the medical advice you have already been given. Please do continue to talk to your medical team if you are worried about any medical issues.

If you would like a list of references for any of our information resources, or would like more information about how we produce them, please contact us.

We welcome your comments on this information resource, so we can improve. Please give us your feedback via our Information and Support Team on 0808 800 0004 or support@thebraintumourcharity.org

Disclaimer: This resource contains information and general advice. It should not be used as a substitute for personalised advice from a qualified specialist professional. We strive to make sure that the content is accurate and up-to-date, but information can change over time. Patients must seek advice from their medical teams before beginning or refraining from taking any medication or treatment. The Brain Tumour Charity does not accept any liability to any person arising from the use of this resource.
We rely 100% on charitable donations to fund our work.

If you would like to make a donation, or find out more about other ways to support us, including leaving a gift in your Will or fundraising through an event, please get in touch:

Visit thebraintumourcharity.org/get-involved
call us on 01252 749043 or email fundraising@thebraintumourcharity.org

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