



InfoSheet

GASTROINTESTINAL PROBLEMS PART I :

Managing nausea and vomiting associated with myeloma and its treatment

Novel therapies used to treat multiple myeloma may cause complications such as gastrointestinal (GI) disturbances. Notably, nausea, vomiting, diarrhea, and constipation are very common side effects in myeloma patients

This first section will cover nausea and vomiting issues involving your stomach, which can affect your day-to-day while you are going through treatments. We will see how they can lead to more serious conditions and learn how to prevent and manage these side effects to allow you to receive the best treatment for your multiple myeloma.

Definition and causes of nausea and vomiting

Nausea is a feeling of queasiness, unease and discomfort in the throat and upper stomach, with a feeling like you need to vomit or actually vomiting. They can also cause symptoms such as dizziness, excessive sweating and clamminess, or dry mouth.

Nausea and vomiting are common side effects of chemotherapy drugs, such as cyclophosphamide and melphalan, other anti-myeloma drugs, such as bortezomib (e.g., Velcade), or supportive treatments, that can disrupt your digestive process.

They can be due to a number of other reasons:

- Certain bacterial and viral infections (people living with myeloma have a higher risk of developing infections)
- Strong emotions, in particular stress, anxiety and nervousness
- Hypercalcemia (higher level of calcium in the blood)
- Pain resulting from myeloma itself or its treatment
- Other illnesses and conditions (e.g. diabetes or travel sickness)

Complications

Severe or persistent vomiting can lead to:

- Dehydration
- Stomach pain
- Unintended weight loss
- Damage to the throat

Note: If you find blood (either bright red or dark and sometimes could look like coffee grounds) in your vomit you should seek medical advice immediately.

How are nausea and vomiting treated?

Nausea and vomiting are usually treated with antiemetics (e.g. metoclopramide, granisetron and ondansetron). They will be prescribed along with your myeloma treatment to prevent, reduce, or minimise these side effects.

If your nausea and/or vomiting are not directly caused by your myeloma treatment, you may be given other treatments such as painkillers, antibiotics, or relaxation aids like complementary therapies.

Your doctor may also prescribe antacid/gastric protection medication (pantoprazole or other), as some oral chemotherapy treatments can irritate the stomach.

Tips for self-management

There are many things you can try to help prevent nausea and vomiting or reduce its severity. Here are a few suggestions, including nutritional advice to improve your appetite or reduce nausea and vomiting:

- Drink enough water and other fluids as vomiting can dehydrate you.
- Begin appropriate anti-nausea medications before chemotherapy.
- Eat small, frequent meals. Do not eat spicy, fatty, or acidic foods and avoid strong odors. Keep healthy snacks handy.
- Ask the dietician on your healthcare team for recommendations.
- Consult one of the many cancer cookbooks for patients combating side effects.
- Ginger may help settle your stomach – try ginger tea, non-alcoholic ginger beer/ale, or ginger biscuits.
- Mint can also help with nausea – try mint tea, mints, or chewing gum.
- For metal bitter taste, try marinated meat or swap beef for other protein-rich foods such as chicken, dairy products, ham, eggs, fish, nuts, seeds, legumes, tofu, or soy.
- To stimulate your appetite, take a walk or do some

exercise before your meal. Do not exercise after eating. Wear loose clothing.

- Use relaxation, breathing exercises, acupuncture, biofeedback, and/or guided imagery.
- If hospital smells make you feel sick, try putting light perfume onto a handkerchief that you can use to help mask the smell. Certain scents like lavender may help.
- Get some fresh air – try sitting outside or near an open window.

Precautionary measures

- If you vomit once, keep taking your nausea medications as prescribed.
- For 2 to 5 episodes of vomiting in 24 hours, or if you experience a decreased ability to eat or drink, see your physician for a physical examination and evaluation. New medications, oral or through the vein, may be needed.
- If vomiting is severe, fluid can be replaced by special preparations available through your GP or from a pharmacist. For example, if you can't face eating solid food, high calorie drinks may be more tolerable.
- If you are experiencing 6 or more episodes of vomiting in 24 hours, or if you are unable to eat or drink, contact your physician immediately. Hospitalization may be required to assess fluid status and to rule out bowel obstruction.
- Do not stop or adjust medications without discussing it with your healthcare provider. They may change your dose or schedule of medication to help reduce your discomfort.
- It is extremely important that you speak to your haematologist before taking any kind of supplement or alternative treatment that they have not prescribed, including herbal, traditional or natural medicines and remedies, and vitamins or wellbeing supplements. They have the potential to cause problems when taken alongside your prescribed treatment.

Use Myeloma Canada's **Myeloma Monitor** to help you store, organize, and track your symptoms. Access the Myeloma Monitor App [here!](#)

To learn more about nausea and vomiting, consult Myeloma Canada's "**Managing Pain and Fatigue**" InfoGuide in the Resource library at www.myeloma.ca. Your healthcare team, pharmacist, and nutritionist are also there to support you. It's important to share your symptoms with them.

Myeloma Canada wishes to acknowledge and thank Marie-Pier Lecours-Cyr, nurse and hemato-oncology research coordinator specializing in multiple myeloma at Maisonneuve-Rosemont Hospital (QC), for her contribution. The information disclosed in this InfoSheet is based on existing Myeloma Canada publications reviewed by healthcare professionals and other publications from our sister myeloma organizations: the International Myeloma Foundation (IMF) and Myeloma UK. This information is not meant to replace the advice of a medical professional; they are the best people to ask if you have questions about your specific medical/social situation.