Taste dysfunction is a significant but underestimated issue for patients with cancer. Impaired taste results in changes in diet and appetite, early satiety, and impaired social interactions. Nurses can play a key role in educating patients and families on the pathophysiology of taste dysfunction by suggesting interventions to treat the consequences of taste dysfunction, when available, and offering psychosocial support as patients cope with this often devastating consequence of treatment. Taste recognition helps humans identify the nutritional quality of food and signals the digestive tract to begin secreting enzymes. Spoiled or tainted foods typically are recognized by their bad taste. Along with the other sensory systems, taste is crucial for helping patients treated for cancer feel normal. This article will review the anatomy and physiology of taste; define the different types of taste dysfunction, including the underlying pathophysiologic basis related to cancer treatment; and discuss potential nursing interventions to manage the consequences of taste dysfunction.

Anatomy of Taste

Taste receptor cells are found in the back of the throat and in the upper one-third of the esophagus, but most are located on the tongue. The anterior surface of the tongue is covered with tiny dome-shaped projections called papillae. Taste receptor cells are found inside the taste buds located on the taste papillae. Four different types of taste papillae are found on the tongue: fungiform, foliate, circumvallate, and filiform (see Figure 1).