

# Cancer Related Fatigue

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# Fatigue

Cancer-related fatigue is a distressing, persistent, subjective sense of physical, emotional and/or cognitive tiredness or exhaustion related to cancer or cancer treatment that is not proportional to recent activity and interferes with usual functioning.

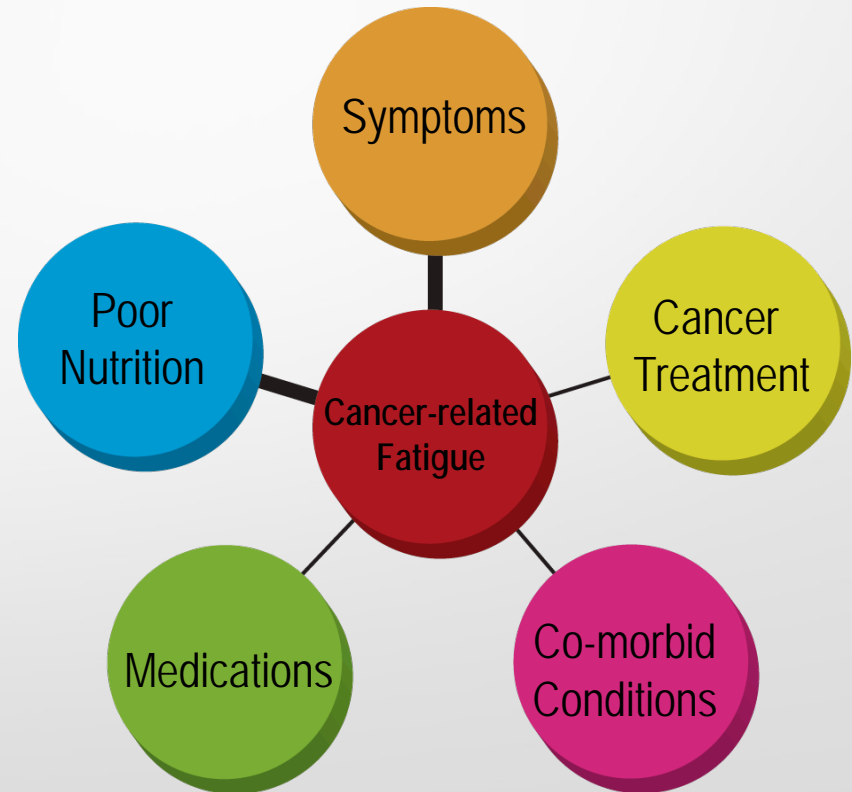


- Most common complaint of cancer patients.
- Most distressing symptom reported.
- Up to 30% of cancer survivors report fatigue years after completion of treatment.
- Often patients are unprepared for this symptom.

# Causes of Cancer-related Fatigue

**Cancer-related fatigue correlates with:**

- Decreased daytime activity
- Increased nocturnal wakefulness



# Medical Conditions Causing Fatigue

- Uncontrolled diabetes
- Thyroid disorders
- Heart disease
- Lung disease
- Rheumatologic disorders and many others

# Sleep Disorders in Cancer Patients

- Approximately 30% to 88% of cancer patients have sleep disorders.
  - Lack of sleep is associated with depression, anxiety, decreased cognitive function, an impaired immune system, and reduced quality of life.
- Poor sleep can last far beyond cancer treatment.
  - Sleep apnea is more common among cancer patients than the general population.
  - Cancer patients are twice as likely as people without cancer to experience insomnia.

# Evaluation of the Fatigued Patient

- History
  - ❖ Includes complete medication list
- Physical Examination
- Diagnostic laboratory evaluation
- Measurement of fatigue, pain, depression, anxiety, sleep disturbance

# Fatigue Score

0-3	None to mild
4-6	Moderate
7-10	Severe



# History

## **In-depth fatigue assessment:**

- Onset, pattern, duration
- Change over time
- Associated or alleviating factors
- Interference with function

# UT MDACC CRF Clinic

- Started in 1998 – Multidisciplinary Effort
- Dedicated to evaluating and treating cancer related fatigue
- Dr. Carmen Escalante and Dr. Ellen Manzullo
- Internal/External Patients
- Comprehensive Evaluation


## **Fatigue Clinic**

Location: Mays Clinic, 6<sup>th</sup> Floor

713-563-7100

# CRF Clinic Assessment Packet

Assessment Tool Name	Entity Assessed
Brief Fatigue Inventory (BFI)	Fatigue
Brief Pain Inventory	Pain
Beck Depression Inventory II (BDI – II)	Depression
Patient-Generated Objective Global Assessment of Nutrition (PG-SGA)	Nutrition
Brief Sleep Disturbance Scale (BSDS)	Sleeping habits
M.D. Anderson Cancer-Related Symptom Inventory (MDASI)	Multiple cancer-related symptoms
Functional Status Index (FSI)	Physical function or mobility
SF-12 Health Survey Standard Scoring	Patient opinions on his/her health
Beck Anxiety Inventory	Anxiety
Eppworth Sleepiness Scale	Sleep



**Cancer related fatigue frequently  
has several causes in an  
individual patient.**



# Managing Fatigue



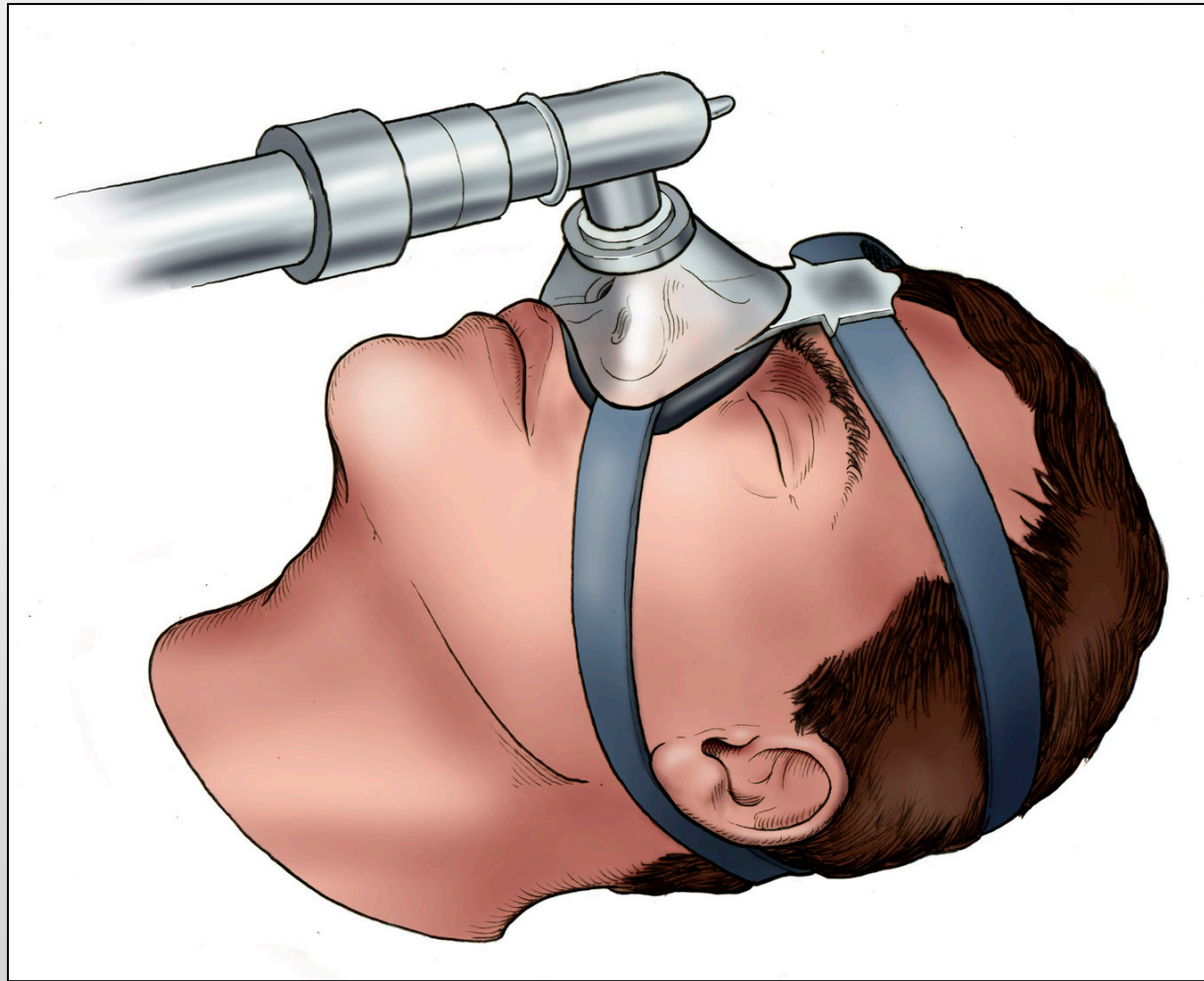
**Optimize the treatment of any  
existing medical condition**

# Reversible causes of fatigue

- Anemia
- Hypothyroidism
- Sleep apnea
- Other poorly controlled medical conditions (i.e., heart disease, diabetes)

# Obstructive Sleep Apnea Treatment:

Positive Airway Pressure (CPAP/BiPAP)





# Treatment

## Depression

- It has been found that depression correlates with the degree of fatigue in cancer patients.
- Some patients benefit from antidepressants.
- Exercise can also have a positive effect on depression.

## Pain

- What is the severity of the pain?
- Prescription of medication to alleviate the pain
- Possible referral to Pain Clinic



# Prescribed Stimulants

- Methylphenidate
- Modafinil
- Armodafinil

\* The use of these medications will have to be discussed with your physician after a full medical examination

# General Strategies

- Energy Conservation
  - ❖ Set priorities
  - ❖ Pace yourself
  - ❖ Delegate chores
- Schedule activities at times of peak energy

# Energy Conservation

- Postpone nonessential activities
- Naps that do not disrupt night-time sleep
- Structured daily routine
- Attend to one activity at a time

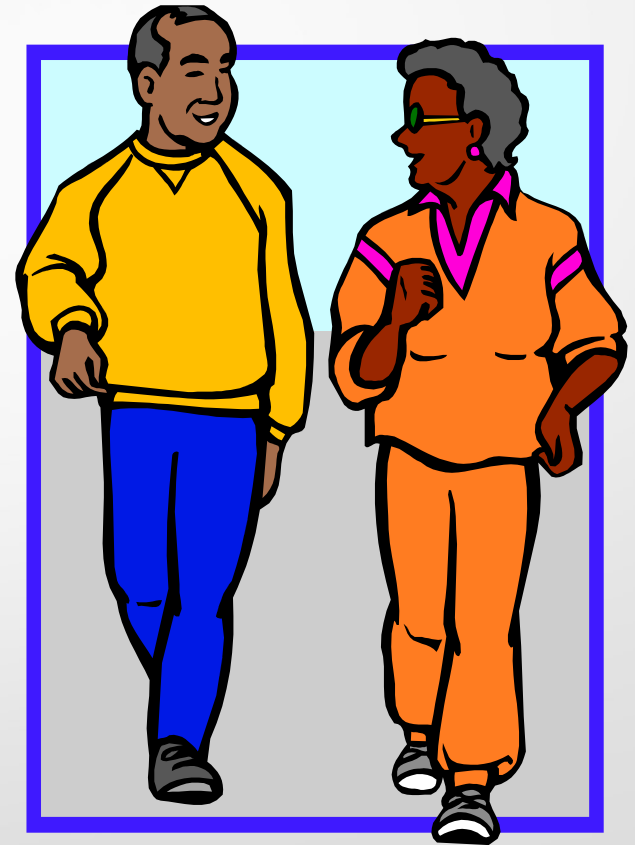
# Exercise



- Exercise may improve a patient's functional performance, thus decreasing fatigue.
- An exercise program should be individualized for each patient.
- A good goal is 30 minutes of exercise 5 days per week.

# Walking

- Walking is one of the best forms of exercise for cancer patients for several reasons.
- Safe, convenient, cheap, stimulates energy, maintains balance & mobility, major component of ADL



# Good Sleep Hygiene



- **Set a constant sleep schedule**
  - ❖ Go to bed at the same time and wake up at the same time.
- **Regular bed time rituals**
  - ❖ Same activity every night before bedtime like a warm bath, listen to music, reading an inspirational book.
- **Get regular exercise**
  - ❖ At least 2 hours before bedtime.
- **Healthy Diet**
  - ❖ Avoid large meals before bedtime. A small snack tends to promote sleep.

# Good Sleep Hygiene



- **Limit Caffeine**

- ❖ Limit intake to less than 2 servings per day and don't drink after noon.

- **Avoid Nicotine**

- ❖ Tobacco users who stop smoking are able to fall asleep faster and sleep better once withdrawal symptoms subside.

- **Avoid alcohol 4 to 6 hours before bedtime.**

- **Limit afternoon naps to less than 30 minutes.**

- **Use your bedroom for sleep only.**



# Relaxation & Self Hypnosis

- New alternative therapy for the treatment of fatigue
- Provides: tranquility, less pain , concentration, hope, healing, love oneself, etc.



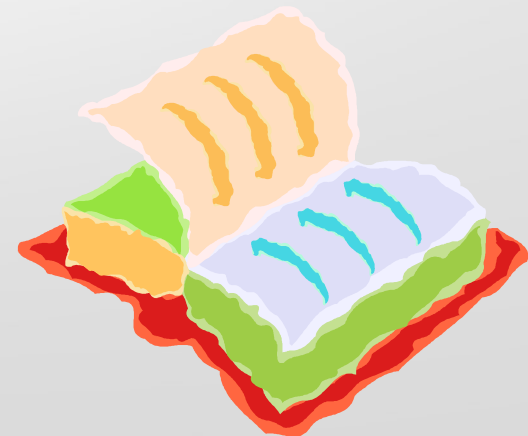
# Nutrition

- Efforts to improve or maintain nutrition can decrease or prevent fatigue.
- Minimize gastrointestinal side effects of cancer treatment: nausea, vomiting, and diarrhea.



# Education

- All cancer patients should be educated about cancer-related fatigue with respect to their cancer treatment.
- Fatigue does not necessarily mean the cancer has gotten worse or has recurred.



# What about our caregivers?

## Tips:

- Take some quality time for yourself: schedule off a day at home
- Watch for signs of stress
- Don't be afraid to ask or accept help from friends
- Use resources
- Ventilate your feelings



# Resources

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