

# Cancer Related Fatigue

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## Definition and prevalence

Fatigue is a subjective unpleasant symptom, which incorporates total body feelings ranging from tiredness to exhaustion creating an unrelenting overall condition that interferes with individuals' ability to function to their normal capacity (Ream and Richardson, 1996).



Cancer related fatigue has recently been recognised as a diagnosis in the International Classification of Diseases 10 th Revision Clinical Modification (see below for diagnostic criteria).

Criteria for cancer related fatigue (Cella et al, 1998)

The following symptoms have been present every day or nearly every day during the same 2-week period in the past month:

- Significant fatigue, diminished energy, or increased need to rest, disproportionate to any recent change in activity level

*Plus 5 (or more) of the following:*

- Generalised weakness or limb heaviness
- Reduced levels of concentration
- Decreased motivation or interest in engaging in usual activities
- Insomnia
- Sleep is unrefreshing
- Perceived need to struggle to overcome inactivity
- Marked emotional reactivity (e.g. sadness, frustration, or irritability) to feeling fatigued
- Difficulty completing daily living tasks attributed to feeling fatigued
- Perceived problems with short term memory

The prevalence of cancer related fatigue is extremely high. For example a study by Vogelzang et al (1997) reported that of 419 randomly selected patients, 78% experienced fatigue at least once a week.

## Causes

The causes and mechanisms of fatigue are still unknown. The potential predisposing factors or aetiologies of cancer related fatigue are outlined below (Portenoy and Miaskowski 1998);

### Physiological

- Underlying disease.
- Treatment for disease e.g. chemotherapy, radiotherapy, surgery. Prevalence of fatigue following chemotherapy and radiotherapy has been reported to be as high as 96% (Irvine et al 1991) with fatigue peaking after a few days with chemotherapy and after a few weeks with radiotherapy due to the cumulative affects. However in some people, fatigue can persist for several months following treatment.

- Systemic disorders e.g. anaemia, infections, pulmonary disorders, renal insufficiency, malnutrition and dehydration.
- Sleep disorders
- Immobility and lack of exercise
- Chronic pain
- Use of centrally acting drugs e.g. opioids

## Psychosocial

- Anxiety disorders
- Depressive disorders

## Assessment

There are a variety of validated assessment tools available to assess the severity and impact of fatigue. However Portenoy and Itri (1999) suggested that a simple verbal rating scale (e.g none, mild, moderate, severe or 0-10) could be as useful to ascertain the severity of fatigue. Piper (1998) suggested that the routine use of three simple questions can give an indication of the severity and impact over time:

- Are you experiencing any fatigue?
- If yes, how severe has it been, on average, during the past week, using a 0-10 scale?
- How is the fatigue interfering with your ability to function?

## Management

Fatigue management can be divided into three broad categories (Cella et al, 1998)

### Treatment of underlying causes of fatigue

- Anaemia - treatment may include a blood transfusion.
- [Depression](#) fatigue can be a significant feature of depression and if the depression is treated then the fatigue may also resolve.
- Dehydration/malnutrition advice from a dietician may be required, together with correction of fluid/electrolytes.
- Review medication.
- Treat infection.

### Treating fatigue directly

- Energy conservation and restoration The use of a patient diary of daily activities and energy levels can be useful for both the patient and the health professional to identify times and activities that impact upon fatigue levels (Portenoy and Itri, 1999). Concept such as pacing of activities by balancing activity with rest, planning ahead, using labour saving techniques and equipment, delegating to others can then be introduced
- Sleep hygiene E.g. limiting stimulants such as caffeine, reducing interruptions at night, ensuring symptoms are controlled at night & maintaining a regular sleep/wake routine
- Exercise Bed rest and decreased levels of activity will increase weakness and fatigue and exercise is now thought to be a valuable intervention to help people cope with the effects of



fatigue (Porock, 2000)

- Pharmacological intervention e.g. low dose corticosteroids

## Managing the consequences of fatigue

**Maintain important activities** This involves prioritising activities so that there is sufficient energy to complete those activities which are most meaningful to the individual and eliminating those activities which are not necessary

**Facilitate adjustment to limitations** Potter (2004) found that one of the most useful interventions that participants in her study experienced was the opportunity to discuss their fatigue and the impact on their lives, this in turn helped them adjust to their limited lifestyle.



**Restructure goals and expectations** Some people may require support and advice to change their goals and plan realistic targets taking into consideration their fatigue and limited life expectancy.

**Sustaining a sense of meaningfulness** goal setting is a vital part of this. Supporting an individual through this crisis to a position from which they can start planning goals and develop their roles is a vital part of managing fatigue.



## General points to consider

- The need to regularly ask patients whether they are experiencing fatigue as many people accept it as an inevitable and untreatable symptom of cancer and its treatment.
- Screen for reversible causes of fatigue.
- Rule out the possibility of depression.
- Give patients advice on managing their fatigue such as the basic advice above. BACUP produce a useful booklet outlining basic measures to address fatigue.
- Refer to other health care professionals for their input e.g. dietician, occupational therapist, physiotherapist, fatigue management group if available (there may be one available at the Neil Cliff Cancer Centre based at Wythenshawe hospital)

## References

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