



Oncology Patient Evidence-Based Notes (OPEN): Cancer-Related Fatigue

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Introduction

Oncology Patient Evidence-Based Notes (OPEN), the new format of this column, will present a clinical oncology question followed by a review and synopsis of relevant evidence-based guidelines.

What is the best treatment for cancer-related fatigue?

Summary

Fatigue is a common, significant problem in patients receiving cancer treatment. About 80%–100% of patients with cancer report some degree of fatigue (Nail, 2002; Ream & Richardson, 1999). Similar to pain, fatigue is a subjective, complex experience. Patients may report feelings of fatigue despite the use of erythropoietin therapy to increase or maintain their hemoglobin levels.

In an effort to better understand and treat fatigue, the National Comprehensive Cancer Network (NCCN) convened a panel of experts to review the literature on cancer-related fatigue and develop evidence-based clinical practice guidelines. The initial guidelines were published in 2000 and revised in 2003. The guidelines include a definition of cancer-related fatigue, standards of care, screening and primary evaluation, and interventions for fatigue during active treatment, long-term follow-up, and end-of-life care (NCCN, 2003).

Cancer-related fatigue is defined as “a persistent, subjective sense of tiredness related to cancer or cancer treatment that interferes with usual functioning” (NCCN, 2003, p. 2). Because of the subjective nature of fatigue, patients’ self-reports are a key component of

adequate, thorough assessments. Other sources of data include patient history and physical examination, laboratory studies, and family or caregiver information.

The guidelines stress the importance of initial screening followed by ongoing assessment, monitoring, documentation, and evaluation. During the initial screening process, quantitative assessment (e.g., Likert scale) is critical to document the level or severity of fatigue so that all healthcare professionals involved may better understand and recognize fatigue. Initial evaluations should include patients’ disease status; comorbidities; medication lists, including prescribed, over-the-counter, and supplemental medications, vitamins, and herbs; pain level; type and length of treatment; and treatment response. Comorbidities (e.g., cardiac, pulmonary, renal, neurologic, and hepatic disease; infection; thyroid dysfunction) may predispose patients to fatigue even before the initiation of cancer treatment. Many medications also may cause side effects such as sedation or drowsiness. Specific issues pertaining to fatigue include onset; duration; contributing or alleviating factors; interference with daily activities, work schedules, sleep patterns, and exercise and activity levels; physical and emotional symptoms; and nutritional patterns, including weight changes and dietary and fluid intake.

Treatment for cancer-related fatigue for patients receiving treatment focuses on patient and family education and counseling and nonpharmacologic and pharmacologic interventions (see Figure 1). Patients and family members should be informed about treatment-related fatigue and its usual length and general characteristics. Patients experiencing fatigue may fear that they are not tol-

erating treatment as expected or that the disease is progressing. Education and support may facilitate an understanding that fatigue is normal and should be monitored and reported to healthcare providers. Patients and family members also should be educated about symptoms of depression and anxiety that may occur. These symptoms (e.g., general malaise, lack of concentration, decreased desire to participate in daily or social activities, altered sleep patterns) must be differentiated from symptoms associated with cancer-related fatigue.

Basic strategies to manage fatigue focus on conserving energy. Patients should be instructed to set priorities, limit all unnecessary activities, delegate responsibilities when possible, and perform activities during expected high-energy periods. Frequent rest periods that do not interfere with nighttime sleep and activities that produce distraction (e.g., socializing, listening to music, reading) also may be helpful in alleviating fatigue.

Nonpharmacologic Interventions

Nonpharmacologic approaches to alleviate cancer-related fatigue include physical activity, psychosocial interventions, sleep therapy, and nutritional counseling. Patients should be encouraged to maintain normal

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