



# Coping with Cancer-Related Fatigue

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Educational Forum

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# Disclosure

- No relevant financial relationships/conflicts of interest to disclose.

Well those 122 hospital visits weren't in vain ...We've identified the cause of your fatigue as stress related to to little leisure time!



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# Objectives

- Review Palliative Care
- Define cancer-related fatigue
- Review the complexity, prevalence and pathophysiology of fatigue
- Discuss management strategies for cancer-related fatigue

# Definition of Palliative Care

An approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

World Health Organization, 2014

# Palliative Care vs. Hospice

- Hospice

- Prognosis of 6 months
- Medicare / Insurance benefit
- Limited diagnostics
- Limited hospitalization
- Goals are often defined
- Provides care at home
- Provides equipment
- Provides medications
- Symptom focused
- Care for patient and family

- Palliative Care

- Starts at time of diagnosis
- Not an insurance entity
- Concurrent with disease-directed care
- Hospitalization
- Assist with defining goals
- Limited home care
- No provision for DME
- No provision for medications
- Symptom focused
- Care for patient and family

# Continuum of Care

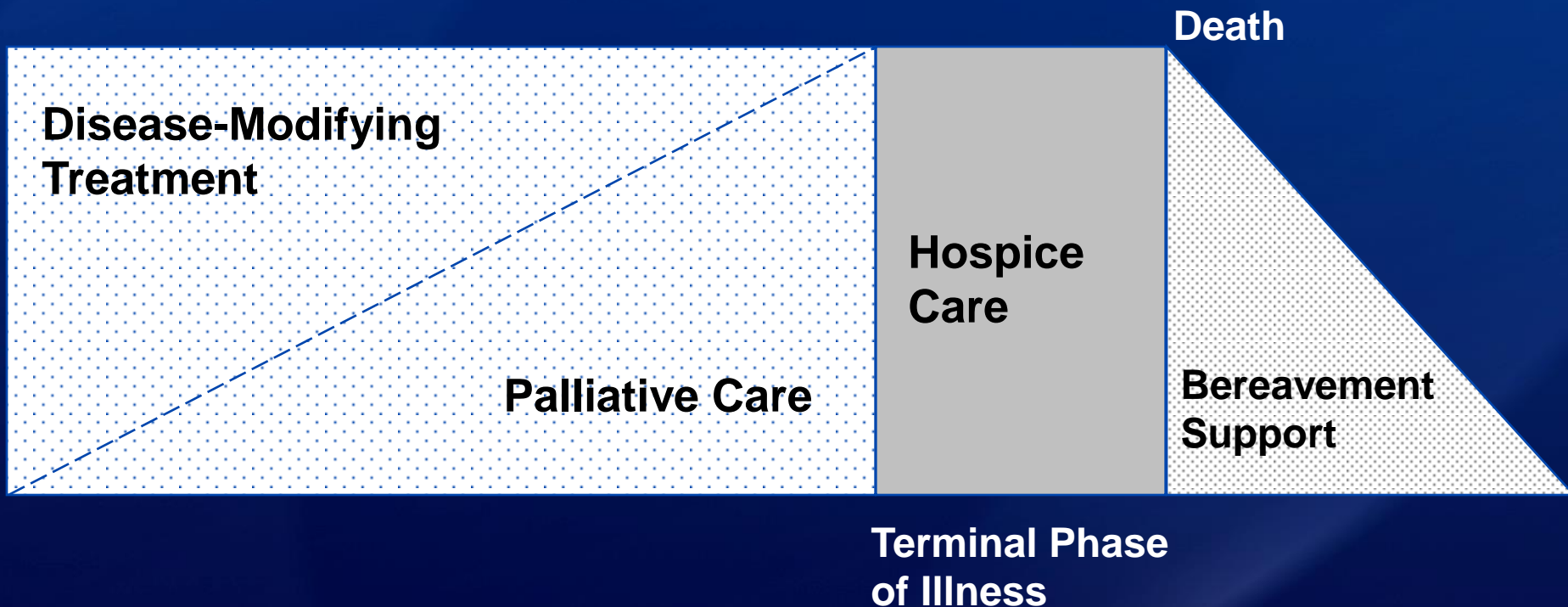


Image obtained from ELNEC Core Curriculum

# Symptoms and Suffering

- Symptoms create suffering and distress
- Requires interdisciplinary teamwork
- Ongoing assessment and evaluation
- Psychosocial intervention is key to complement pharmacologic strategies



# Common Symptoms

- Shortness of Breath
- Anxiety/Depression
- Fatigue
- Poor Sleep
- Loss of Appetite
- Nausea/Vomiting
- Constipation



Image obtained from ELNEC Core Curriculum

# Cancer-Related Fatigue

Who? What? Where? Why? How?

# Definition of Cancer-Related Fatigue

- “A persistent, subjective sense of physical, emotional, or cognitive tiredness related to cancer or its treatment that interferes with usual functional capacity”
- Different from fatigue of daily life
- Complex, multidimensional
- Can span all stages of cancer
  - Diagnosis
  - Treatment
  - Disease free survival
  - Advanced and end stage disease

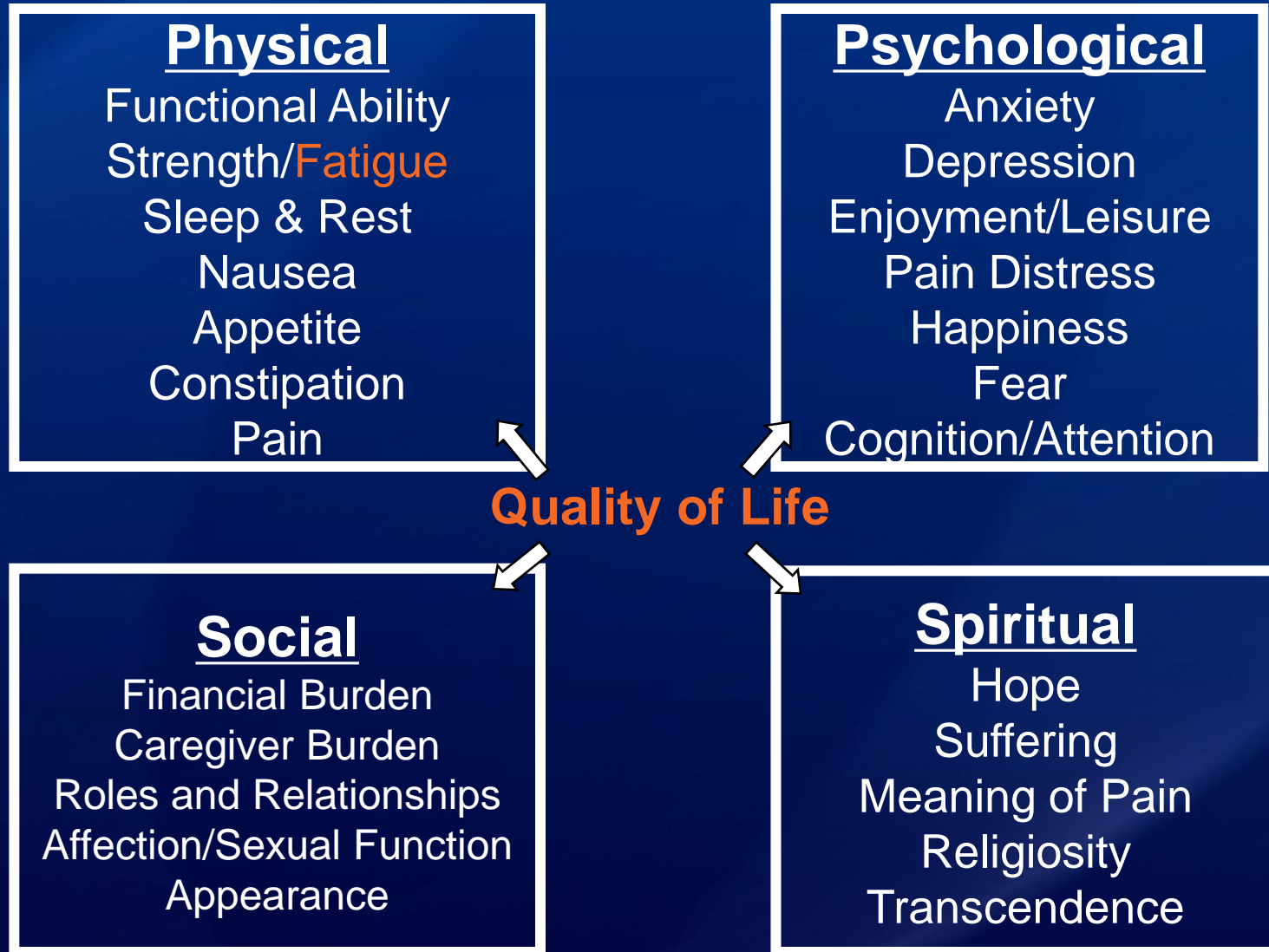
ACS, 2016c;  
Campos et al., 2011

# Prevalence

- Reported in 60-98% of patients with malignancy
- All cancer is not the same
  - Variability of cancer populations and span of disease
  - Variability of treatment—chemotherapy, radiation
  - Comorbidities
  - Deconditioned
  - Inadequate income or insurance

Donnelly et al., 1995;  
Berger, 2007

# Quality-of-Life Model



# Causes of Fatigue

- **QUESTION:**

- Is fatigue a bad sign??

- **MANY....**

- Tumor byproducts
- Biological response modifiers
- Chemotherapy/radiation effect
- Cachexia
- Deconditioning/muscle loss
- Drug effect—opioid-induced sedation
- Hypothyroidism
- Hypogonadism
- Electrolyte abnormalities
- Chronic infection
- Emotional distress
- Cognitive changes
- Anemia
- Sleep disturbances
- Pain
- Nutritional issues
- Alcohol/substance abuse

# Signs of Cancer-Related Fatigue

- Persistent
- Lasting weeks
- Interferes with ability to complete everyday tasks
- Feeling weak, tired, exhausted
- Unrelated to activity
- More tired than usual during an activity
- Impaired ability to perform daily activities
- Doesn't improve with rest
- Spending more time in bed than up
- Symptom doesn't get better, keeps coming back or becomes severe
- **SPEAK UP** 😊

# Assessment Tools

- Edmonton Symptom Assessment Scale

**Edmonton Symptom Assessment System: (revised version) (ESAS-R)**

Please circle the number that best describes how you feel NOW:

No Pain	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Pain
No Tiredness (Tiredness = lack of energy)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Tiredness
No Drowsiness (Drowsiness = feeling sleepy)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Drowsiness
No Nausea	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Nausea
No Lack of Appetite	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Lack of Appetite
No Shortness of Breath	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Shortness of Breath
No Depression (Depression = feeling sad)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Depression
No Anxiety (Anxiety = feeling nervous)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Anxiety
Best Wellbeing (Wellbeing = how you feel overall)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Wellbeing
No _____ Other Problem (for example constipation)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible _____

Patient's Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Completed by (check one):  
 Patient  
 Family caregiver  
 Health care professional caregiver  
 Caregiver-assisted

Bergh et al., 2013

- Functional Assessment of Chronic Illness Therapy - Fatigue

**Functional Assessment of Chronic Illness Therapy (FACIT) Fatigue Scale (Version 4)**

Below is a list of statements that other people with your illness have said are important. Please circle or mark one number per line to indicate your response as it applies to the past 7 days.

		Not At All	A Little Bit	Somewhat	Quite a Bit	Very Much
1	I feel fatigued	0	1	2	3	4
2	I feel weak all over	0	1	2	3	4
3	I feel listless ("washed out")	0	1	2	3	4
4	I feel tired	0	1	2	3	4
5	I have trouble starting things because I am tired	0	1	2	3	4
6	I have trouble finishing things because I am tired	0	1	2	3	4
7	I have energy	0	1	2	3	4
8	I am able to do my usual activities	0	1	2	3	4
9	I need to sleep during the day	0	1	2	3	4
10	I am too tired to eat	0	1	2	3	4
11	I need help doing my usual activities	0	1	2	3	4
12	I am frustrated by being too tired to do the things I want to do	0	1	2	3	4
13	I have to limit my social activity because I am tired	0	1	2	3	4

Scoring: Items are scored as follows: 4=Not At All; 3=A Little Bit; 2=Somewhat; 1=Quite A Bit; 0=Very Much, EXCEPT items #7 and #8 which are reversed scored. Score range 0-52. A score of less than 30 indicates severe fatigue. The higher the score, the better the quality of life.

Item Number	Reverse Item?	Item Response	Item Score
1	4	-	=
2	4	-	=
3	4	-	=
4	4	-	=
5	4	-	=
6	4	-	=
7	0	+	=
8	0	+	=
9	4	-	=
10	4	-	=
11	4	-	=
12	4	-	=
13	4	-	=

Sum individual item scores: \_\_\_\_\_  
 Multiply by 18: \_\_\_\_\_  
 Divide by number of items answered: \_\_\_\_\_

FACIT, 2010





# Testing

- Rule out reversible causes
  - Anemia
  - Thyroid dysfunction
  - Electrolyte abnormalities
  - Poor sleep
  - Depression
  - Pain
  - Existential distress

# Testing

- Physical exam
- Medical history
- Treatments received
- Current medications
- Blood tests
  - Complete blood count
  - Comprehensive metabolic panel

# Treatment

- No gold standard treatment
- Recommendations are based on active treatment vs survivorship
- **QUESTION:**
  - Does exercise IMPROVE or WORSEN fatigue?

# Treatment

- Physical activity/exercise
- Energy conservation techniques
- Psychosocial
- Mind-body
- Cognitive behavioral therapy
- Nutritional consultation
- Pharmacological options
- Education

Bower, 2014;  
Tomlinson et al., 2014

# Physical Activity & Exercise

- Less emotional distress
- Decreased sleep disturbance
- Improved functional capacity
- Better quality of life
  
- *Moderate aerobic exercise – 150 minutes per week*
  - Fast walking, cycling, swimming
- *Strength training – 2 – 3 sessions per week*

# Get MOVING 😊



# Energy Conservation

- “Money bank”
- Pace yourself
- Alternate between periods of activity and rest
- Prioritize
- Focus on things you enjoy doing
- Be realistic with yourself

Escalante, 2017;  
UpToDate, 2017b;  
ACS, 2016a

# Sleep Hygiene

- Too much/too little
- Consistent sleep routine
- Limit naps: 30 – 60 minutes
- Address contributing factors
- Relaxation techniques
- Sleep aids

UpToDate, 2017a;  
Escalante, 2017



# Stress Reduction

- Massage/healing touch
- Guided imagery
- Relaxation breathing
- Cognitive behavioral therapy
- Meditation
- Support groups

Escalante, 2017;  
ACS, 2016a

# Meditation Activity

- CALM app
  - 5 minutes



# Pharmacological Options

- Psychostimulants
  - *Methylphenidate (Ritalin)*
  - *Modafinil (Provigil)*
- Steroids
  - *Dexamethasone*
  - *Prednisone*
- Antidepressants
  - Only if depressive symptoms present
- Erythropoietin-stimulating agents
  - Treatment related anemia; Hgb < 10 mg/dL
- Vitamins/herbal supplements

Escalante, 2017;  
Breitbart et al., 2010

# Education

- Use your resources
- Communicate with your healthcare team
- Find a local IWWMF Support Group and attend meetings regularly

IWWMF, 2016

# Key Points

- Fatigue is the most common medical issue reported by patients
- Managing fatigue is part of good cancer care
- A multi-modal approach to fatigue management is best
- Many of the best options for fatigue management are in YOUR control

IWMF, 2016;  
ACS, 2016c

# Where Do I Fit In?

- Talk with your providers
- Educate yourself, family/friends and others
- Take active role in your plan of care
- Attend the annual IWMMF Educational Forums



# Questions & Discussion

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