FATIGUE

WHAT IS FATIGUE?

Fatigue is a subjective symptom of malaise, aversion to activity, and objectively impaired performance. It has both physical and mental aspects. The symptom of fatigue is a poorly defined feeling, and careful inquiry is needed to clarify complaints of "fatigue," "tiredness," or "exhaustion." It is necessary to distinguish lack of energy from loss of motivation or sleepiness, which may be pointers to specific diagnoses.[1]

The most common causes in hospice and palliative settings are cancer, cancer treatments, medications, uncontrolled pain, deconditioning, psychiatric comorbidity, hypoxemia, severe anemia, infection, electrolyte imbalance, nutritional issues, and sleep deprivation.

SIGNS & SYMPTOMS

Patient self-report is the gold-standard method for assessing level of fatigue, so a patient's self-report should be used whenever possible (subjective). Caregiver or staff perceptions may differ from those described by the person experiencing the fatigue.[3]

The Brief Fatigue Inventory (BFI) may be used (http://www.npcrc.org/files/news/brief_fatigue_inventory.pdf). For cancer-related fatigue, the Piper Fatigue Scale (PFS) may be used. When a patient's self-report is not feasible, a visual analog scale (VAS) scale may be useful.[3]

Fatigue associated with disease commonly occurs within a group of debilitating symptoms or side effects, such as nausea, vomiting, and diarrhea. When symptoms occur together, they are called symptom clusters.[3]

- Patients may describe fatigue as:[3]
  - A sense of generalized weakness or limb heaviness
  - Diminished concentration or attention
  - Decreased motivation or interest in engaging in usual activities
  - Insomnia or hypersomnia
  - Unrefreshing or nonrestorative sleep
  - Perceived struggle to overcome inactivity
  - Marked emotional reactivity to feeling fatigued (sadness, frustration, or irritability)
  - Difficulty completing daily tasks
  - Perceived problems with short-term memory
  - Malaise after exertion, lasting several hours

Fatigue may affect many aspects of a patient's quality of life. And, as with many symptoms, it is not static. Particular attention should focus on how fatigue is affecting the whole person: physically, psychosocially, and emotionally—the mind, spirit, and body.[3]

INTERVENTIONS

The healthcare team should rule out potentially reversible or treatable causes of fatigue and aim to improve mobility.[4] Identifying underlying etiologies and reviewing laboratory data will assist with proper selection of treatment.[5] Many times the cause is multifactorial, requiring multiple interventions.

There are two levels of interventions for fatigue:[3]

1. Management of symptoms that contribute to fatigue
2. Prevention of additional or secondary fatigue by maintaining a balance between restorative rest and restorative activity

Review the goals of care with the patient and family, taking into consideration the extent of the disease, other symptoms, whether palliative treatment is still in process, age, developmental and emotional status, and physical location.[3] In advanced illness, when optimization of treatments for underlying etiologies is not achievable, discuss shifting goals of care to reduce symptom burden and improve the patient's capacity to cope, as culturally appropriate.

Discuss the benefits and burdens of treatments to reduce frequency and intensity of fatigue. Consider the patient's and family's goals and wishes, as well as their definition of quality of life, when evaluating treatment options.[3,6]

NONPHARMACOLOGICAL INTERVENTIONS[2-5]	PHARMACOLOGICAL INTERVENTIONS[2-5]
Knowledge Deficits and the Need for Fatigue-Related Education[3,5] • Provide patient and caregiver education to reduce anxiety, fatigue, and distress **Improve Disrupted Rest and Sleep Patterns[3]** • Evaluate and establish a sleep routine with education on sleep hygiene.	Treatments should be aligned with the patient's and family's goals of care. First, optimize current medications and treatments, using interventions that have worked for the patient in the past. For example: • Corticosteroids • Psychostimulants • Antidepressants • Cholinesterase inhibitors • Hematopoietic growth factors

Improve Coexisting Factors of Fatigue[3,4]

- Assess for symptoms of anemia and potential need for pharmacological interventions.
- Assess and control symptoms such as pain, sleeplessness, depression, nausea, diarrhea, constipation, electrolyte imbalance, dyspnea, dehydration, and infection.

Improve Decreased Energy Reserves (Energy Conservation)[3,4,5]

- Reduce fatigue burden and plan or schedule activities.
- Consider consultation with physical therapy or occupational therapy for input regarding interventions to maximize functional status, and tips to prevent or decrease pain.
- Consider the use of distraction and restoration therapy.
- Provide assistance and services such as home health and hospice to help patient maintain independence and functional abilities as long as possible.

FAMILY & TEAM DISCUSSIONS

Patient and Family Education and Support[3,4,5]

- Educate patient and family about underlying etiologies of fatigue, treatment options, medications, and anticipated effects.
- Clarify the intent of treatments.
- Anticipate patient and family needs and involve caregiver in the therapy process when appropriate.
- Set realistic goals and expectations and provide reassuring education on continued management strategies to allay fears.
- Educate on appropriate nonpharmacological strategies and safety.
- Provide ongoing education on medication side effects, as they may contribute to fatigue or sedation.

- Consider tapering or discontinuing medications if appropriate (deprescribing).
- If fatigue is opioid-induced, it may resolve when the patient develops tolerance (48 to 72 hours).

Interprofessional Team:

Patients with fatigue benefit from multiple perspectives for successful interventions to address the physical, social, psychological, and spiritual aspects of care. Consider social work, psychology, counseling, or spiritual care consult for palliative and hospice support and intervention to address concerns regarding caregiver support, fear, anxiety, guilt, depression, spiritual and cultural rituals, and financial concerns.

SYMPTOM DOCUMENTATION EXAMPLE

88 yr old male with stage III pancreatic cancer 30 days s/p Whipple procedure reports lack of energy and decreased ability to sustain prolonged physical activity. He reports decreased appetite, early satiety, a 10.6 kg weight loss over a 90-day period, new-onset insomnia, decreased ability to concentrate, and feelings of depression as evidenced by self-report of crying every day. No reports of nausea or vomiting. Palliative Performance Scale (PPS) 60%, Eastern Cooperative Oncology Group (ECOG) score of 2. Patient is admitted to an outpatient interprofessional cancer nutrition and rehabilitation program once per week, which consists of occupational and physical therapy, social work, and nutritional support. Nursing continues to work with patient and caregiver to address symptoms of fatigue and medication adherence. Patient reports improvement in quality of life and decreased symptoms of fatigue after attending rehab program for the past 5 weeks, along with the addition of over-the-counter ginseng and a course of dexamethasone. Piper Fatigue Scale (PFS) demonstrates improvement to 4/10 from 8/10 at time of admission to service. Education and support regarding pancreatic cancer diagnosis, goals of care, symptom management, and clinical follow-up are reported as helpful. Nursing continues to provide emotional support, counseling, and coordination of care among specialists at each visit.

DESIRED NURSING OUTCOMES

- Improve physical, psychological, social, and spiritual well-being of patients suffering from the distressing symptom of fatigue.
- Improve quality of life by exploring patient and family beliefs and expectations related to the fatigue experience.

- Improve communication among provider, patient, and caregiver to facilitate awareness of changes in energy levels, exacerbation or remission of symptoms, and what improves the level of fatigue.

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