Coping with Cancer-Related Fatigue

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International Waldenstrom’s Macroglobulinemia Foundation
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 too little leisure time!
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

- Disease-Modifying Treatment
- Palliative Care
- Hospice Care
- Bereavement Support
- Death

Terminal Phase of Illness

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
• Fatigue
• Loss of Appetite
• Nausea/Vomiting
• Constipation

• Anxiety/Depression
• Poor Sleep

Image obtained from ELNEC Core Curriculum
Cancer-Related Fatigue

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

Physical
Functional Ability
Strength/Fatigue
Sleep & Rest
Nausea
Appetite
Constipation
Pain

Psychological
Anxiety
Depression
Enjoyment/Leisure
Pain Distress
Happiness
Fear
Cognition/Attention

Social
Financial Burden
Caregiver Burden
Roles and Relationships
Affection/Sexual Function
Appearance

Spiritual
Hope
Suffering
Meaning of Pain
Religiosity
Transcendence

City of Hope Pain and Palliative Care Resource Center, 2012
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

ACS, 2016b
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 😊

MFMER, 2017
Assessment Tools

- Edmonton Symptom Assessment Scale
- Functional Assessment of Chronic Illness Therapy - Fatigue

**Edmonton Symptom Assessment System:**

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**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.

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<th>Item Number</th>
<th>Reverse Item?</th>
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- Bergh et al., 2013
- FACIT, 2010
Testing

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

ACS, 2016b
Testing

- Physical exam
- Medial 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

Escalante, 2017
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 IWMF Support Group and attend meetings regularly
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 IWMF Educational Forums
Questions & Discussion
References


References


