PRIMARY CARE 10 TOP TIPS

Managing fatigue

This edition: August 2018
Next planned review: August 2020

1. In Holistic Needs Assessments, fatigue is the most commonly reported problem for cancer patients. It may be caused by treatment (e.g. chemotherapy, radiotherapy or steroid associated) – or be directly related to the disease. Other related problems may be impacting e.g. depression, anxiety or pain. Also consider an unrelated problem (e.g. thyroid, diabetes).

2. Take a proper history of tiredness/fatigue (as you would for pain). Consider personality, how they'd usually react to illness, their disease and treatment history. Take their symptoms seriously and use them as a cue – patients may wish to discuss disease progression and prognosis etc.

3. Try to quantify the problem. Use a scale from 1-10 as with pain. How does fatigue affect the patient and their life? What is it they can and can't do because of the fatigue? Do they have unrealistic expectations about the speed of recovery or are they denying the seriousness of their illness? Remember relatives may also not have a full understanding of the diagnosis or have unrealistic expectations.

4. Review medications, check haemoglobin, liver, kidney and thyroid function. Check albumin as a surrogate biomarker for nutritional status. This may be helpful even if normal as can then help patients progress to managing their fatigue rather than continuing to worry about an underlying cause.

5. Sleep disturbance after cancer treatment is very common (more often in women) and may be multifactorial. Menopausal flushes are often contributory. Take a sleep history and encourage good sleep hygiene. Reduce daytime naps to less than 1 hour. Avoid caffeine, alcohol and sugary food in the hours before bed. Discourage use of social media and electronic devices in bed. Bright white light therapy has some supporting evidence for patients on treatment.

6. In patients with severe fatigue discuss energy conservation strategies: delegation, prioritisation and setting of realistic expectations. A symptom diary may allow the patient to observe their own recovery. The Macmillan Patient Guide **'Coping with Fatigue'** contains an example symptom diary.

7. Non pharmacological interventions that can improve both sleep and fatigue in cancer patients include cognitive behavioural therapy and mindfulness based practices. There is high quality evidence for the benefits of yoga.

8. Rest is not best! There is strong evidence of benefit from exercise. Encourage moderate exercise and use local exercise referral schemes where available. The Macmillan **'Move More' Guide** is a helpful resource for patients.

9. Pharmacological interventions for fatigue have limited success. Consider use of oral steroids in the short term. Methylphenidate is occasionally recommended in specialist clinics.

10. Try to maintain contact during treatment – patients appreciate this hugely and then feel more ready to discuss issues. It also helps to create trust to discuss concerns and having those difficult but important conversations is an equally significant part of patient care.

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