Cancer Related Fatigue (CRF)

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Disclosure of Potential for Conflict of Interest

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Learning Objectives

- Explain Cancer Related Fatigue (CRF) Vs. regular fatigue
- Understand different etiologies for CRF
- Describe evidence based interventions to reduce CRF
- Provide a variety of resources for patients suffering from CRF
Cancer Related Fatigue (CRF)

“CRF is a distressing, persistent, subjective sense of tiredness, or exhaustion related to cancer or cancer treatment and is disproportionate to the level of recent activity, is not relieved by rest and interferes with usual daily activities”.

National Comprehensive Cancer Network (NCCN)
Glenda Love – A Case Study

- 57 yrs old – Stage IV esophageal / gastro junction
- Post 6 cycles of ECF now having RXT
- COMPASS scores: 9 in tiredness and drowsiness; 7 in depression – last 2 visits
- Lives with husband and son, both work full time
- Family expects “business as usual” & dinner on the table when they get home
- Glenda states she is not coping as she is exhausted +++++
How is CRF different from regular fatigue?

List some causes of CRF?

What may be issues contributing to Glenda’s fatigue?

What interventions can the CCP Nurse or other health professional offer Glenda?
CRF Vs. Non CRF

- Not relieved by rest
- Disproportionate to activity
- 70% - 100% whilst on active treatment
- 30% post treatment. Can last months
- Often most distressing side effect of cancer
CRF

- Negative impact on all functioning
  1. Sleep
  2. Motivation
  3. Cognitive functioning
  4. Physical activity

- Not age related
Etiology of CRF - Multifactor

- Rarely an isolated symptom
- Symptom clusters
- Distress / Pain
- Cancer / Treatment / Medications
- Co-morbidities
- Depression / Anxiety
- Sleep disturbances
- Nutritional disturbances
Cancer Related Fatigue =

- Psychological distress
  1. Anxiety / depression
  2. Self image
- Pain
- Treatment non compliance
- Deconditioning
- Nutritional deficits
- *All of the above = more fatigue*
Cancer-related fatigue: treatable causes and contributing factors (after Ref. [e81]).
Treatment - Assessment

- COMPASS tool
- Acknowledge that they have ticked fatigue
- Dig deeper into patterns, possible causes
- Medication history
- Factors that alleviate / do not alleviate
- Effects of fatigue on ADL’s
Top 5 ESAS categories in the 7-10 range for CCMB

- Tiredness
- Appetite
- Feeling of Wellbeing
- Pain
- Shortness of Breath
How long will CRF last?

- Individualized
- Depends on disease status
- Symptom clusters & cause of fatigue
- CRF peaks near the end of RXT and tapers off over several months
- People receiving cytotoxic therapy often have increasing fatigue with each cycle, gradually tapers post chemo
Treatment – General Strategies

- Reassurance
  CRF does not mean disease progression
Treatment – General Strategies

- **Energy Conservation**
  
  1. Priorities, pace, delegate,
  
  2. Scheduling, one activity at a time
  
  3. Limit day time naps
  
  4. Patient should make self care a priority
  
  5. May need to adjust personal expectations and previous roles
  
  6. Encourage communication with patient and family rt change in energy levels
Treatment – Non pharmacologic

- **Exercise** – Active living, mind & body
- Referral to OT, PT, Navigator class
- Mindful of disease status:
  1. Palliative – bone mets, anemic, pain issues, thrombocytopenic, limitations secondary to mets (SOB)
  2. Active treatment
  3. Post treatment- late effects: GVHD, cardiac
Puetz & Herring (2012) Meta analysis- 70 studies, 4881 cancer patients concluded that CRF was reduced by exercise, during and post treatment.

Cochrane review (2012) concluded that exercise reduced CRF in patients undergoing active treatment + 12 weeks follow up.
Insufficient evidence related to amount, type, and duration of exercise required to reduce CRF – NCCN Guidelines

Strongest evidence is based on active treatment & post treatment patients
Treatment – Non pharmacologic

- **Patient Education** – essential before pt starts fatigue causing treatment (RXT, systemic therapy) pt to keep log, diary
- decreasing distress, support groups, mind body work, on line support groups, cognitive behavioral therapy
- Owning the fatigue = less fatigue
80% of patients had a decrease in CRF if education / support group was fatigue specific vs. 14% reduction with a general support group
Reif et al (2012) RCT with 261 patients: Fatigue support group Vs. Waiting list to join group (interventions based on NCCN guidelines)

Statistically significant impact on self perceived CRF for intervention group Vs. control group. Benefit maintained @ 6mos
Other Effective Treatments

- Dietician referral – healthy diet
- Correct anemia
- Medication review
- Pain management
- Correct any underlying conditions ie: electrolyte imbalances, hypo – thyroidism, adrenal insufficiency
- Sleep restriction / hygiene
Other Effective Treatments

- Stress reduction techniques
  - Encourage patients to give themselves permission to relax
  - Deep breathing
  - Meditation
  - Laughter
  - Relaxation group or audio led class
Factors that likely cause fatigue at end of life:

1. Anemia, medication adverse effects & polypharmacy
2. Cognitive impairment, malnutrition
3. Symptom clusters
- No level 1 evidence for this group
- Similar interventions proven effective in small studies
- Energy conservation
- Exercise – mindful of mets & other restrictions
- Matching the activity enhancement or psychosocial intervention as indicated
- Individually managed Vs. group
What's Happening in Manitoba

- Revised COMPASS (ESAS–R) tool – Improved explanations and symptom flow on ESAS – July 2013
- Referral to interdisciplinary team
- Pan – Canadian practice guideline & algorithm – June 2013 – *Current Oncology* – Vol 20, Number 3
1. Edmonton Symptom Assessment System Revised (ESAS-R):

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<th>Symptom</th>
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<td>Worst Possible Drowsiness</td>
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<td>Lack of Appetite</td>
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<td>Worst Possible Lack of Appetite</td>
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<td>Shortness of Breath</td>
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<td>Worst Possible Shortness of Breath</td>
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<td>Depression (Depression = feeling sad)</td>
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<td>Anxiety (Anxiety = feeling nervous)</td>
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<td>Worst Possible Anxiety</td>
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<td>Wellbeing (Wellbeing = how you feel overall)</td>
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<td>Worst Possible Other Problem</td>
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2. Canadian Problem Checklist:

Please check all of the following items that have been a concern or problem for you in the past week including today:

- Emotional:
- Informational:
- Social/Family:
PRACTICE GUIDELINE

A pan-Canadian practice guideline and algorithm: screening, assessment, and supportive care of adults with cancer-related fatigue by D. Howell et al
Screening, Assessment & Care Map for CRF

- See laminated handout
More Resources

- Patient information brochure – Canadian Partnership Against Cancer (CPAC) – 2012

- Development of interdisciplinary working group to develop CRF specific support group - present
Manage cancer related fatigue:
For People Affected by Cancer
Fatigue Specific Support Group
References


