



Eliminating Barriers to Pain and Fatigue Management Key Teaching Points

FATIGUE ASSESSMENT

1. **What is cancer-related fatigue and how does it differ from the usual sense of tiredness that we've all previously experienced?**
 - Fatigue is more distressing. It is not easily relieved by rest, rarely occurs by itself, affects all aspects of one's quality of life including physical, emotional, social, and spiritual functioning.
2. **Why is it such an important symptom and who is at risk for experiencing it?**
 - Fatigue is the most common and distressing symptom during treatment. Approximately 90-100% of patients may experience it.
 - Others at high risk include those who have completed treatment and have no evidence of disease; those who have advanced or recurrent disease; those who are at the end of their lives; and family caregivers.
3. **What do we know about the causes of cancer-related fatigue?**
 - The actual cause is unknown.
 - Fatigue often occurs with one or more of the following symptoms/factors:
 1. anemia (low hemoglobin/red blood cell counts)
 2. other illnesses (hypertension),
 3. inactivity,
 4. emotional distress (anxiety or depression),
 5. nutrition and sleep problems, and pain.
 - This suggests that perhaps using different therapies in combination with one another may be more successful in treating fatigue than using a single therapy alone.
 - Other factors related to fatigue may include other illnesses such as infections, other symptoms, and prescribed and over-the-counter medications/supplements.
4. **If cancer-related fatigue is so important, why is it so under-reported, under-diagnosed and under-treated?**
 - **Patient-family barriers**
 - May not want to bother the physician/nurse.
 - Assume that it is a normal symptom and will just "have to live with it".
 - Do not want to be viewed as a "complainer".
 - Believe that if it is so important, the physician/nurse will bring it up.
 - Afraid it may change treatment.
 - May not know that they may be personally at risk for experiencing it or, how common and disruptive it can be.
 - May not know there are effective treatments for fatigue.



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- **Physician/nurse barriers**

- ❑ May not recognize that it is a problem for patients.
- ❑ May not know how common or disruptive it is for patients.
- ❑ May not know that there are effective treatments for it.
- ❑ May not have it on documentation forms.

5. **How can cancer-related fatigue be better recognized and treated?**

- Expect to be asked about your fatigue at each visit and in between visits as needed:
 1. Do you have fatigue, “yes or no”
 2. If you have fatigue, how severe is it on a “0” no fatigue to “10” worst fatigue
 3. or on a “none, mild, moderate, or severe” basis.
- View fatigue as important to report: treat it as the 6th “vital sign” (after Temperature, Pulse, Respirations; Blood Pressure; and pain [the 5th vital sign]).
- If your physician/nurse doesn’t ask you about your fatigue, bring the subject up yourself.
- Remember that assessment and treatment of fatigue is a patient right and needs to be assessed and treated at each visit and in between visits as well.

6. **Do you have any special questions about fatigue or fatigue assessment?**