

Why Am I So Tired All the Time? Understanding Cancer-Related Fatigue

Jean Madden, RN, MSN, OCN®, and Susan Newton, RN, MS, AOCN®, AOCNS

Definition: Cancer-related fatigue (CRF) is a “persistent, subjective sense of tiredness related to cancer or cancer treatment that interferes with usual functioning” (National Comprehensive Cancer Network [NCCN] & American Cancer Society [ACS], 2005). Unlike other fatigue, CRF is not relieved by sleep or rest.

CRF is a significant issue for cancer survivors. Its etiology is multifactorial; it may be related to the disease itself, the cancer treatment, concurrent systemic disorders such as anemia, malnutrition, or renal insufficiency. Sleep disturbances may play a role for those with CRF, as well as lack of exercise, chronic pain, and emotional distress. See Figure 1 for a list of factors that can contribute to fatigue.

- Pain
- Emotional distress
 - Depression
 - Anxiety
- Sleep disturbances
- Anemia
- Poor nutritional intake
- Decreased level of activity
- Muscle wasting
- Comorbidities
 - Infection
 - Cardiac dysfunction
 - Pulmonary dysfunction
 - Renal dysfunction
 - Hepatic dysfunction
 - Neurologic dysfunction
 - Hypothyroidism

Figure 1. Factors That Can Contribute to Fatigue

Note. Based on information from National Comprehensive Cancer Network & American Cancer Society, 2005.

CRF will become more important as cancer survivors live longer and cancer itself is viewed as a chronic rather than terminal disease.

Despite its prevalence, CRF often is not discussed by healthcare providers and their patients, and undertreatment is common (Portenoy, 2000). Oncology nurses must be familiar with the symptoms of and treatment for CRF and should assess their patients consistently.

Symptoms

Cancer survivors define their fatigue in myriad ways. Some may describe a decrease in activity levels or a negative mood, whereas others may report muscle weakness or a loss of mental alertness (Nail, 2002). As such, CRF can be experienced physically, mentally, or emotionally (Visovsky & Schneider, 2003), and symptoms of CRF may include a general lack of energy, shortness of breath, cognitive dysfunction, heart palpitations, and depressed mood (Winningham &

Barton-Burke, 2000). NCCN (2006a) suggested that the symptoms of CRF are subjective: Only patients can define the extent of their fatigue and how it affects their quality of life.

Assessment

When assessing patients for CRF, oncology nurses must ask about fatigue levels since the previous visit rather than the current fatigue, because levels can fluctuate throughout the day or between treatments. NCCN and ACS (2005) recommended a verbal screen: “Since your last visit, how would you rate your worst fatigue on a scale of 0–10?” If a patient reports a fatigue level of 4 or greater, a more in-depth assessment is necessary. Patients should be questioned about the onset and duration of fatigue, as well as any patterns of fatigue that they may have noticed. For example, is the fatigue worse at certain times of day? Is the fatigue cyclic, in response to cancer treatment? Oncology nurses also should ask patients

Jean Madden, RN, MSN, OCN®, is the director of professional development in the Nursing Leadership Academy at the Advisory Board Company in Washington, DC, and Susan Newton, RN, MS, AOCN®, AOCNS, is the vice president of business development at the Institute for Medical Education and Research, Inc., in North Miami, FL.

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