

Cancer-Related Fatigue: A Brief Overview of Current Nursing Perspectives and Experiences

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Cancer-related fatigue (CRF) has often been called the “sixth vital sign” and was the focus of a symposium at the Oncology Nursing Society’s 32nd Annual Congress, where nurses discussed CRF’s impact on patients. Despite this dialogue, current nursing perspectives and practice still need to be determined. The definition of CRF as a multidimensional symptom will be considered in this article. CRF may create psychological, functional, cognitive, and socioeconomic issues in patients. Challenges for effective management will be considered.

Registrants for a symposium titled “Cancer-Related Fatigue: The 6th Vital Sign?” held at the Oncology Nursing Society’s (ONS’s) 32nd Annual Congress in 2007 were polled about current practice patterns at their respective institutions and about their experience in evaluating cancer-related fatigue (CRF) and its treatment. The nurses noted that about one-third of patients with cancer may not be routinely assessed for fatigue. Of patients with cancer who are assessed for fatigue, about 50% may not have the information documented in their records; therefore, no evidence exists detailing the presence of the symptom or action taken.

Several barriers to CRF assessment were identified, including the lack of an appropriate assessment tool (although numerous validated methods are available) and the lack of an appropriate format for documenting CRF in the medical records of patients with cancer. In addition, time constraints related to both interaction with patients and nursing workload prevent routine or consistent CRF assessment. For nurses who routinely evaluated the presence and severity of CRF in their patients, the most commonly used assessment and screening scales were responses (i.e., none, mild, moderate, and severe) (about 45% of respondents) or a 0–10 severity scale (about 24% of respondents). Information collected from patients, therefore, is not very specific, limited to severity, and not detailed about other symptom characteristics. Modalities for fatigue management commonly used by the attendees are shown in Table 1.

The National Comprehensive Cancer Network (NCCN) has published guidelines for CRF assessment and management (Mock et al., 2007). About 50% of attendees were somewhat familiar but 41% were not at all familiar with the guidelines. The NCCN and ONS recommendations for CRF assessment and management are addressed in Breitbart and Alici (2008), beginning on page 27, and Piper et al. (2008), beginning on page 37, in this supplement.

At a Glance

- ◆ Nurses may not routinely assess patients for cancer-related fatigue (CRF).
- ◆ Nurses have indicated that they often did not document CRF in patients’ medical records.
- ◆ Serious psychological, functional, cognitive, and socioeconomic issues may occur in patients suffering from CRF.

Cancer-Related Fatigue

Definition

According to the NCCN, CRF is a “distressing persistent, subjective sense of tiredness or exhaustion related to cancer or cancer treatment that is not proportional to recent activity and that interferes with usual functioning” (Mock et al., 2007, p. 1). CRF is a multidimensional symptom that presents as a continuum—ranging from tiredness to exhaustion—and reflects patients’ subjective perceptions of their energy, mental capacity, and psychological status. Fatigue is an unrelenting condition that interferes with individuals’ ability to carry out usual functions. Unlike normal fatigue experienced by healthy individuals, CRF is of greater severity, often is disproportionate to levels of physical activity or exertion, and is less

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