



Issues in Cancer-Related Fatigue

L. Delmonte

To cite this article: L. Delmonte (1996) Issues in Cancer-Related Fatigue, *Oncology Issues*, 11:5, 13-28, DOI: [10.1080/10463356.1996.11904633](https://doi.org/10.1080/10463356.1996.11904633)

To link to this article: <https://doi.org/10.1080/10463356.1996.11904633>



Published online: 18 Oct 2017.



Submit your article to this journal [↗](#)



Article views: 1



View related articles [↗](#)

Issues in Cancer-Related Fatigue

by L. Delmonte, D.Sc.

A new tool is providing guidelines to help physicians, nurses, and psychosocial health care personnel assess the causes and intensity of fatigue as a rational basis for treatment in cancer patients. Using in-depth analysis of more than 1,000 patient self-evaluation questionnaires and evaluation by oncologists and nurses, Barbara F. Piper, R.N., O.C.N., D.N.Sc., F.A.A.N., has developed a statistically validated Integrated Fatigue Model of the multidimensional manifestations of fatigue by the Piper Fatigue Scale.¹ Over the past few years, Piper has succeeded in reducing the number of items in the fatigue scale from forty to six: temporal, sensory, cognitive/mental, affective/emotional, behavioral, and physiologic.

Although debilitating fatigue is the most common symptom experienced by cancer patients, it frequently is not recognized by physicians and nurses—or patients—as a serious, treatable condition. Cancer patients with fatigue are significantly more functionally impaired, depressed, distressed, and hopeless than patients without fatigue, and are more likely to have thoughts of suicide. High levels of fatigue at diagnosis have been reported to be associated with poor treatment response and poor long-term prognosis in patients with malignant melanoma, lung cancer, and breast cancer.

“Undertreatment of cancer-related fatigue is the real issue, much as cancer-related pain was about ten years ago,” said Piper, who is associate professor at the College of Nursing of the University

of Nebraska Medical Center. “The development of cancer-related fatigue pathways should be modeled after the cancer-related pain prototypes developed and tested by the American Pain Society.”

Functional impairment—difficulties in performing everyday activities such as dressing, showering, walking, housekeeping, talking, concentrating, decision making, and working—is a common and distressing manifestation of fatigue. Functional impairment can lead to manifestations of emotional distress ranging from anxiety and feelings of hopelessness to behavioral changes, depression, and even self-destructive ideation. Patients with newly diagnosed early stage breast cancer often have more severe fatigue than those with recurrent disease, possibly because newly diagnosed patients have not yet learned the skills for coping with the emotional stress of a cancer diagnosis, with treatment-associated fatigue, and with the prospect of potential disease recurrence.

Whether or not a cancer patient appears fatigued, questions about changes in activity, exercise patterns, sleep patterns, and rest patterns—features diagnostic of fatigue—should be incorporated into every medical history and physical exam, according to Piper. “Bring it out in the open...raise it as an issue...tell your patient that fatigue is important and that you are interested in assessing and validating it. Often, a patient will not volunteer his fatigue symptoms, believing that since these symptoms are not life threatening, he should not bother his busy physician with such trivia,” said Piper.

She recommends including fatigue grading as an item of toxicity grading of therapeutic regimens, rather than lumping fatigue symptoms such as weakness, lethargy, or

malaise as performance status indicators. Fatigue can be an unrecognized reason for noncompliance or stopping therapy. It can persist for months after going off chemotherapy and/or radiotherapy, and may be the reason why some patients feel worse rather than better long after completing therapy.

TREATMENT OF FATIGUE

Effective treatment of fatigue requires interactive strategies. Appropriate medical treatment and psychosocial support, including the support of family, friends, and coworkers, are important for reducing the cancer patient's fatigue symptoms and improving his or her quality of life.

Medical causes of fatigue must be ruled out before other manifestations of fatigue can be assessed and addressed. Depending on the cause of the fatigue symptoms, the oncologist may choose to refer the patient to nutrition, psychiatry, and/or social services.

Major medical causes of fatigue include cancer-related anemia, treatment-related anemia due to myelotoxicity or renal toxicity, nutritional deficits, and abnormal metabolite accumulation. Several studies have shown that as hemoglobin levels are improved by blood transfusions, cytokine therapy (erythropoietin), or nutritional therapy, the patient experiences less fatigue (i.e., improvement in energy levels, activity, and sense of well-being). Management of other cancer- or treatment-related medical symptoms, such as pain, nausea, vomiting, or diarrhea, can indirectly have a beneficial effect on fatigue.

Psychosocial counseling and support groups can be important for helping the patient cope with emotional stress, anxiety, conflict, depression, and social tension in the family and work environment.

continued on page 28

L. Delmonte, D.Sc., is a biomedical communications consultant in New York, N.Y.

NCI's Initiatives to Save the Breast Cancer BMT Trials

(continued from page 26)

clinical trial process.

3. NCI is working with the insurance industry to explore if a policy that defines coverage for patients on a clinical trial can be defined. NCI has intensified its dialogue with HMOs and large insurance companies, including CHAMPUS, which insures members of the military and Department of Defense employees and their dependents. This spring NCI and the Department of Defense completed a landmark agreement that virtually guarantees that beneficiaries of the Department's health plan will have ready access to all NCI-approved phase II and phase III treatment trials, even if they include a BMT.

By February 1996 the accrual to PBT01 had risen to 396 patients. The accrual to INT-0121 and to INT-0163 had also increased to 353 and 642 patients, respectively. With the current transplant trials back on track, NCI is now looking to the next high-risk patient group, namely women with breast cancer and four to nine lymph nodes involved with malignancy. This trial will compare HDC with stem cell support versus intensive sequential chemotherapy given over 16 weeks.

Accrual has also been helped by large private companies who are offering to reimburse for treatment costs of their employees who participate in clinical trials. In May 1996, for example, Caterpillar, Inc., the giant world-wide earth moving equipment company, announced a new special benefit plan for its employees. Wayne Zimmerman, vice president for human services, reported that the company, which is self-insured, will cover the treatment costs of women entered on the high-priority adjuvant trials.

When the trials were introduced, many researchers thought that they already knew the answers. It is now clear that we do not yet have the knowledge about the value of this new tool. Until we develop that knowledge, we will never really know how well HDC with BMT works, or in whom, if anyone, should it be used. Only when the trials are completed and the results analyzed, we will then gain the wisdom needed to better treat those afflicted with the disease. ■

SUGGESTED READINGS

1. Peters WP. High-dose chemotherapy and autologous bone marrow support as consolidation after standard-dose adjuvant therapy for high-risk primary breast cancer. *J Clin Onc* 11(6):1132-1143, 1993.
2. Kennedy MJ. High dose chemotherapy with reinfusion of purged autologous bone marrow following dose-intensive induction as initial therapy for metastatic breast cancer. *J Natl Cancer Inst* 83:920-926, 1991.
3. Williams SF. High dose consolidation therapy with autologous stem-cell results in stage IV breast cancer: Follow-up report. *J Clin Onc* 10:1743-1747, 1992.
4. Bezwoda WR. High dose chemotherapy with hematopoietic rescue as primary treatment for metastatic breast cancer: A randomized trial. *J Clin Onc* 13(10):2483-2489, 1995.
5. Hortobagyi GN. High-dose chemotherapy is not an established treatment for breast cancer. *American Society of Clinical Oncology Educational Book* 1995, pp. 341-346.

IN THE NEWS

(continued from page 13)

Occupational therapy can be a valuable stratagem for distracting patients from focusing on the disease, symptoms, and emotions.

Patients with fatigue should be encouraged to develop their own coping mechanisms, such as pacing themselves, delegating activities, altering activity/rest patterns, setting up an activity or walking program, and using sedentary distractions such as listening to music, watching television, and reading.

"Currently, physicians and HMOs are looking at the efficacy of cancer therapy not only by objective response criteria, but also by quality of life indicators. Fatigue is certainly one indicator and should be included in the physical symptom listings of quality of life instruments," Piper suggested. ■

¹ Piper BF, SL Dibble, MJ Dodd. The revised Piper Fatigue Scale: Confirmation of its multidimensionality and reduction in number of items in women with breast cancer. *Oncology Nursing Forum* 23(2):350, 1996.

PROFESSIONAL OPPORTUNITIES

CANCER CENTER ADMINISTRATOR

Albert Einstein Healthcare Network is seeking a dynamic leader to administer our fully integrated Oncology Service Line. This exciting position reports to senior management and is responsible, in concert with the Cancer Center Physician Director, for the strategic vision and the supervision of daily operations for a large and growing outpatient cancer center, radiation oncology centers, Practice Plan management, clinical trial research program and the Tumor Registry.

The ideal candidate will have:

- 5-7 years progressive administration experience in cancer management in a teaching hospital, tertiary care environment
- Experience with service line management structure
- Proven strategic planning skills in program development and evaluation
- Successful track record in business growth and fiscal management
- Possess strong interpersonal, communication and presentation skills
- Demonstrated ability to create teams and motivate physicians and staff for success
- Grant writing experience
- MBA, MHA or related health care degree

We offer an excellent salary and benefits package. If interested, please forward resume to LYNN KANE, HR Service Specialist.

Albert Einstein
Healthcare Network

Einstein

Genius in healthcare®

5501 Old York Rd, Phila., PA 19141-3098

Equal Oppy Employer M/F/D/V