



Follow-up of survivors with cancer-related fatigue

Fatigue is a common experience for people who have completed cancer treatment. The effects can be short term or long term. This fact sheet explains how health professionals, particularly primary care professionals, can assist their adult patients in managing cancer-related fatigue (CRF).

What is cancer-related fatigue?

The National Comprehensive Cancer Network's clinical practice guideline defines CRF as 'a distressing, persistent, subjective sense of tiredness or exhaustion related to cancer or cancer treatment that is not proportional to recent activity and interferes with usual functioning'(1). Unlike tiredness, CRF is not relieved by rest or sleep(2).

Fatigue is a common long-term effect of cancer treatments(3). It affects people receiving palliative care(4) as well as those having primary treatment with curative intent. CRF can adversely affect quality of life, impacting survivors' personal, social and working lives(4).

It is estimated that approximately 30% of survivors will experience some level of persistent CRF post-treatment(3) lasting from months to years(1-3). Those patients who report high levels of fatigue before treatment are more likely to report raised levels of fatigue post-treatment(2). CRF is perceived by survivors as the most distressing side

effect of cancer treatment(1, 4). However, it is often underestimated, underreported, underdiagnosed and undertreated(1).

Fatigue usually occurs alongside other symptoms, commonly pain, distress, anaemia and sleep disturbance(1). Fatigue may also result from things like pain, anxiety, depression, disturbed sleep, anaemia, adverse effects of medications and comorbidities(3). For example, beta-blockers, narcotics, anti-depressants and other drugs may contribute to fatigue, as may comorbidities such as cardiac, pulmonary and renal dysfunction and a number of other conditions(1). It is linked to physical inactivity and higher BMI(2).

The pathophysiological reasons for CRF are unclear(1).

Coordination between specialists and primary care providers

Fatigue is best managed by an interdisciplinary team who are able to tailor interventions to the needs of the individual patient(1). Irrespective of the follow-up model of care (e.g. specialist, GP shared care or transitioned to GP follow-up), all healthcare professionals have a role to play in monitoring and managing the survivor's CRF. Clear communication between the treatment team and primary care team will determine the responsibilities regarding monitoring and management of fatigue and who is best placed to provide this care. The aim is to optimise survivor outcomes, support self-management and avoid gaps or duplication in care.

Care of patients with cancer-related fatigue

Fatigue needs to be identified and managed promptly(1). The following recommendations are informed by international evidence-based guidelines for the assessment and treatment of CRF(3-6) and other emerging evidence(7). Recommendations are summarised in Table 1.

Key messages

- Fatigue is very common among people who have completed cancer treatment.
- Screening for CRF at regular intervals is recommended.
- Primary care plays a key role in monitoring survivors for treatable risk factors for CRF and educating them about self-management of CRF.
- Initiating timely referral to allied health professionals experienced in treating CRF is recommended.
- Moderate-intensity physical activity is proven to combat CRF and improve a person's overall energy levels.
- A variety of mind-body treatments are likely to be effective in reducing CRF.



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Monitoring and management

It is recommended to regularly screen for and document the person's level of fatigue. Bower and colleagues recommend using validated screening tools (e.g. FACIT-F at least annually and as clinically indicated(3). Using a numeric scale to quantify the severity of fatigue (e.g. 0 being no fatigue and 10 being the worst fatigue) can be useful. Survivor self-reports are also valuable(1).

It is recommended to assess for possible treatable contributing factors, which may include:

- pain
- anaemia
- anxiety
- depression
- other comorbidities
- side effects from current medications, including non-cancer medications
- alcohol/substance abuse.

Management of contributing factors, addressing concurrent symptoms and minor adjustments in medications/ ceasing medications as appropriate may reduce CRF(1, 6). Referral to mental health specialists(7) and other specialist supports as required(3) is recommended.

Specific advice for patients dealing with cancer-related fatigue

Education and counselling about the possibility of fatigue after cancer treatment is recommended for all survivors. Equally important is educating about the differences between normal tiredness and CRF, persistence of fatigue, and causes and contributing factors(3). This may include advising survivors (and family members) that CRF is not relieved by rest(1). Advise survivors that management of fatigue is an integral part of their healthcare(1) and provide general strategies to help manage fatigue(3). This includes advising about planning: for example, prioritising and pacing activities or delegating less important tasks(8)[see the companion fact sheet on CRF for survivors]. Referral to health professionals experienced in dealing with CRF is recommended, such as a physiotherapist, exercise physiologist or an occupational therapist(3). Expert

opinion supports advising survivors about a balanced nutritional intake to assist in reducing CRF. Some survivors may benefit from referral to a dietitian(6).

Pharmacological interventions

No pharmacological intervention has been shown to be both safe and effective in the treatment of CRF (4, 6). The use of medications to treat CRF remains investigational(7).

Non-pharmacological interventions

There is reliable evidence that some non-pharmacological interventions are likely to be useful in managing CRF, for example exercise, psychotherapies and complementary therapies(7). The following section provides more detailed information.

Exercise

Advise about the importance of exercise. Strong evidence supports aerobic exercise(3, 6, 9) and resistance training(10) in reducing CRF regardless of the stage of treatment and type of cancer(4, 6). In particular, walking and cycling have been shown to reduce fatigue before(11), during(9) and after treatment(9, 11). Supervised training is reported to result in better adherence

to exercise programs and may result in better outcomes(10). Referral to an exercise physiologist or occupational therapist may support CRF rehabilitation. Motivational interviewing and behavioural counselling have also been recommended to assist people to adhere to exercise regimes(12). Survivors should be advised about community-based programs that support healthy living after cancer (information available from Cancer Council 13 11 20).

In the absence of specific advice on the amount of exercise for people with CRF, the current Australian age-appropriate physical activity guidelines are recommended. For example, for survivors aged 18–65 years, moderate exercise on most days of the week is recommended. Advise the person to be active on most, preferably all, days of the week, aiming to accumulate 150–300 minutes (2½–5 hours) of moderate-intensity physical activity each week(13).

It is recommended that survivors at high risk of sustaining injury related to exercise (e.g. those experiencing toxicities of treatment such as neuropathy and cardiac problems) be referred to a physiotherapist for assessment before starting an exercise regime(3).

Table 1: Recommended interventions for adults dealing with cancer-related fatigue based on international guidelines

Management of treatable causes of fatigue
Management of concurrent symptoms
Physical activity/exercise
Rehabilitation
Psychoeducational activities
Medication, mindfulness-based stress reduction, cognitive behavioural stress management
Relaxation
Cognitive behavioural therapy for fatigue, depression and pain
Cognitive behavioural therapy for sleep
Yoga

Table sourced from: Berger AM, Mitchell SA, Jacobsen PB & Pirl WF, 2015, 'Screening, evaluation, and management of cancer-related fatigue: Ready for implementation to practice?', CA: A Cancer Journal for Clinicians, vol. 65, pp.190–211.



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Psychotherapies

Therapies that have been effective in improving outcomes for people with CRF include cognitive behavioural therapy(3, 6) and mindfulness-based cognitive therapy(14). Psychoeducational and educational therapies (3, 4) have successfully been used to assist patients to self-manage, thereby reducing CRF. Therapies such as anticipatory guidance and coping skills training can be used to help the survivor identify patterns of CRF, individualise their CRF management and assist with behavioural change(6).

Referral to allied health professionals (i.e. psychologists, counsellors) experienced in working with people with cancer is preferred(3).

Other therapies

There is some evidence that complementary therapies such as mindfulness-based approaches and yoga may be helpful in reducing CRF (2, 4, 6). There is also some evidence to support progressive muscle relaxation techniques in reducing the effects of CRF(6). Currently, there is insufficient evidence for the effectiveness of acupuncture in reducing CRF (4, 6).

Evidence does not support nutritional supplements in reducing cancer-related fatigue(6). There is emerging strong evidence of the positive benefits of ingesting Wisconsin ginseng (*Panax quinquefolius*) to reduce CRF (6, 7, 15). Of note, effects may not be observed until after two months of taking ginseng(15). No benefits in reducing CRF have been shown for other ingestible complementary therapies such as vitamin supplements and Chinese herbal medicine(4).

Resources

Join our online collaborative workspace to access more resources on survivorship care:
<http://vics.gettogether.com.au/>

This information sheet is part of a series designed for health professionals. Review the rest of the series on our website:
www.petermac.org/education/survivorship-education

If you are a cancer survivor please also see our matching series written specifically for you:
<https://www.petermac.org/services/cancer-information-resources/survivorship-life-after-treatment>

Also see:

ACSC: Practical ways of dealing with cancer-related fatigue:
www.petermac.org/services/cancer-information-resources

Cancer Council Victoria: Healthy living after cancer program:
<http://www.cancervic.org.au/how-we-can-help/healthy-living-after-cancer>

FACIT-F Screening Tool:
<http://www.facit.org/facitorg/questionnaires>

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Further information

This overview was prepared with reference to:

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