EDITORIAL ARTICLE

CANCER-RELATED FATIGUE (CRF)

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Cancer-related fatigue (CRF) constitutes one of the most common reported side effect of cancer and its' treatment. Chemotherapy, radiation therapy, bone marrow transplant and biological therapy are cancer treatments commonly associated with fatigue. The majority of literature is reporting prevalence rates of CRF above 60%, whereas, other relevant studies are reporting rates of up to 80-99%. [1,2,3]

Although, CRF is not predictable by tumour type, treatment, or stage of illness, in the literature is cited that a number of factors may contribute to the development of fatigue, such as chronic severe pain, emotional status (stress and depression), lack of sleep, anemia, poor nutrition and inability to control side effects from treatments such as nausea, vomiting, or loss of appetite. Interestingly, the majority of studies has concluded that fatigue must be managed on individual basis since the burden of this symptom may vary on every patient over the course of illness. Another commonly held view is that CRF may be the result of the multiple psychological distress that experience patients with cancer, mainly deriving from the changes in their daily life. [1,2,3]

CRF is described by the patients as an excessive, insistent and unusual state of tiredness, not related to the exertion of effort, which does not recede with rest and finally decreases physical performance. More in detail, it is frequently reported the most distressing and severe activity-limiting side effect of therapy which is more rapid in onset, more intense, longer lasting, disproportionate to the energy required for the implementation of work compared to the fatigue that healthy individuals experience as a result of their daily activity or as a normal indispensable sensation that prompts the desire to rest. CRF is often unexpected and may persist for months or even years in the post-therapeutic phase. Roughly, 40% of the patients experience fatigue even for years after the completion of treatment. [1,2,3]

Furthermore, numerous studies have demonstrated that fatigue can affect quality of patients' life more than any other cancer or treatment–related symptom since it imposes restrictions on their daily activities, mainly attributed to limited physical functioning and loss of independency. In addition, CRF can impose deleterious consequences on disease outcome and according to the literature, it frequently leads to changes of treatment, such as interruption of treatment or changes in the dose of chemotherapy, e.t.c. [1,5-6]

Although the knowledge base on fatigue c ontinues to expand, the mechanisms underlying CRF remain unclear, thus, creating problems in diagnosis and treatment. Up to recently, evaluation of fatigue was neglected or underestimated by medical and nursing staff and subsequently under-treated. Nursing care was mainly focused on other symptoms, such as nausea and vomiting, pain, etc. [3,5-6]

On the contrary, the better understanding of the severity range and persistence of this subjective and multidimensional symptom should prompt health professionals to develop innovative approaches to prevent and treat fatigue.

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ISSN:1108-7366, E-ISSN:1791-809X

A review of published studies indicates that CRF should be a focus of intervention since early diagnosis, early treatment and effective management of the symptom not only have a beneficial effect on disease outcome but also improve the coping mechanisms of cancer patients. Although a variety of tools to measure fatigue is available, investigations into effective management have been inconclusive. This area requires further exploration since yet, it has not been completely revealed.[1-6]

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pp:64-65
ISSN:1108-7366, E-ISSN:1791-809X