



# Cancer Related Fatigue

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## Background<sup>1</sup>

- Cancer related fatigue is the most common side effects of cancer treatment
- Fatigue in cancer patients is different compared to what healthy people experience
  - Tire easily with reduced activity
  - Fatigue may continue even after cancer treatment ends
- Fatigue can decrease your quality of life
  - Physical fatigue leads to mental fatigue and mood changes
  - May impact daily activities
- May impact more than just the patient

## Contributing Factors<sup>3</sup>

- Cytotoxic agents
  - TKI's, VEGF, EGFR
- Treatments that kill cells
  - Leads to build-up of cell waste, body needs extra energy to repair
- Anemia
- Electrolyte levels
- Pain
- Emotional Distress
- Sleep Disturbances
- Poor Nutrition
- Surgery
- Changes in activity
- Change normal protein
- Hormone levels
- Stress

## Signs and Symptoms<sup>4</sup>

- Feeling tired that doesn't improve with rest or sleep
- Too tired to do daily activities
- Arms and legs feel heavy and hard to move
- Have no energy
- Feel weak
- Spend more time in bed or sleeps more
- Can't concentrate or focus thoughts
- Tiredness disrupts work, social life, or daily routine

## Active Treatment<sup>2</sup>

### Pharmacological

- Consider psychostimulants like Methylphenidate, although this intervention remains investigational

### Non-pharmacological

- Physical activity
  - Maintaining frequent activity as tolerated and approved by health care provider
- Massage therapy
- Psychosocial interventions
  - CBT for insomnia, sleep restriction, or sleep hygiene
- Nutrition consultation
- Bright white light therapy

## Post Treatment<sup>2</sup>

### Pharmacological

- Consider psychostimulants like Methylphenidate, although this intervention remains investigational

### Non-pharmacological

- Physical activity
  - Maintain frequent activity as tolerated
  - Yoga
  - Walking, swimming
- Pyschosocial interventions
  - CBT
- Bright white light therapy
- Acupuncture
- Nutrition counseling

## Family Education<sup>2</sup>

### Active & Post Treatment

- Exercise program
- Self-monitoring of fatigue levels
- Energy conservation
  - Pace, set priorities and realistic expectations
  - Schedule activities in during peak energy
  - Limit naps, but still acceptable to take them, discuss with emoloyer
  - Have a daily structured routine
- Referral to supportive care specialist

## End of Life Care<sup>2</sup>

### Pharmacological

- Consider psychostimulants like Methylphenidate, although this intervention remains investigational
- Consider short term use of corticosteroids for advance stage cancer
- Eliminate nonessential activities

### Pearls

- Make your patients, families, and caregivers comfortable during end-of-life care