

CLiP

15 minute Worksheet



Helping patients with symptoms other than pain

2: Fatigue, lethargy, drowsiness and weakness

Intermediate level

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Aim of this worksheet

To understand some principles about fatigue and weakness in advanced disease

How to use this worksheet

- You can work through this worksheet by yourself, or with a tutor.
- Read the case study below, and then turn to the Work page overleaf.
- Work any way you want. You can start with the exercises on the Work page using your own knowledge. The answers are on the Information page - this is not cheating since you learn as you find the information. Alternatively you may prefer to start by reading the Information page before moving to the exercises on the Work page.
- This CLiP worksheet should take about 15 minutes to complete, but will take longer if you are working with colleagues or in a group. If anything is unclear, discuss it with a colleague.
- If you think any information is wrong or out of date let us know.
- Take this learning into your workplace using the activity on the back page.

Case study

John is a 54 year old man who had surgery for a carcinoma of the colon. Despite liver metastases he has been managing well. In recent months he has noticed that he has less energy and finds taking his pet Irish setter dog for a walk is becoming more difficult.

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Definitions

Drowsiness, tiredness, lethargy, fatigue and weakness have different meanings for different patients. Many people use some of these terms interchangeably. Strict definitions are therefore difficult but the following may help:

Drowsiness: patients usually link this to a sensation of wanting to sleep.

Tiredness: this seems to be linked to mild energy loss and is commonly experienced by everyone, although any illness (even a mild viral infection) can result in tiredness. Some people use the term tiredness to describe drowsiness.

Lethargy: patients seem to link this to psychological aspects such as, "I can't be bothered." Lethargy is a feature of feeling low in mood and of a clinical depression.

Fatigue: fatigue is perceived by patients as more severe and persistent than tiredness. Patients describe a number of accompanying sensations: lack of energy, exhaustion, restlessness, boredom, lack of interest in activities, weakness, dyspnoea, pain, altered taste and itching. The concept of fatigue seems to be a combination of physical sensations (eg. slowing up), feelings (eg. irritability, loss of interest) and cognitive sensations (eg. loss of concentration).

Weakness: although this term can be used by patients to describe lethargy or fatigue, it is usually used to describe a loss of physical strength. This can be localised (eg. paralysis) or generalised (when it is more likely to suggest fatigue)

Causes of fatigue, lethargy, drowsiness and weakness

1. *Generalised fatigue and lethargy:* possibilities include infection, anaemia, severe breathlessness, nutritional deficiency, drugs, recent surgery, recent radiotherapy, recent chemotherapy, low sodium (IADH syndrome, chest infection, diuretics), low potassium (diuretics, corticosteroids), high calcium (due to cancer), low magnesium (poor nutrition or chemotherapy), low oxygen levels (chest infection, pleural effusion, lung metastases), psychological causes (severe anxiety, clinical depression) or cachexia.
2. *Drowsiness*
Sudden onset: drowsiness occurring in minutes, hours or days needs urgent review. Possible causes are drugs (sedation, respiratory depression), severe infection, hypoglycaemia, hypercalcaemia, haemorrhage, and hypoadrenalism (adrenal insufficiency or steroid withdrawal).
Slow onset: drowsiness occurring over days or weeks may be due to drug accumulation (eg. diazepam), hyperglycaemia or organ failure (eg. liver or kidney).
3. *Localised weakness:* Proximal weakness (weakness of muscles closest to the trunk): corticosteroids, low potassium, thyroid abnormalities, motor neurone disease, osteomalacia, Lambert-Eaton myaesthenic syndrome. Localised muscle weakness: think of intracerebral causes (CVA, brain metastases), localised nerve compression or damage, spinal cord compression, or peripheral neuropathy.

The effects of fatigue on John, his family and professionals

- *Reduced mobility and function:* this will start to restrict his activities and ability to carry out daily activities.
- *Loss of control:* many patients see the physical limitations and increasing reliance on others as a further loss of independence and control. Some are accepting of this and are willing to receive help, and may even see the dignity inherent in receiving this help. Others see themselves becoming a burden to others, causing frustration, anger, anxiety or low mood.
- *Reminder of the illness:* John and his family will see the fatigue as a clear outward sign that the illness is still present and advancing. For some, denial or a determination to fight will be an effective way of coping with this fact, others will accept what is happening, while some will struggle with the deterioration.
- *Missed opportunities:* John and his family may feel there is no point in planning ahead (eg. for holidays), while professionals may assume the fatigue is due to the illness and cannot be changed. Although fatigue and tiredness may indicate that the illness is progressing, there are many other causes and some causes due to the cancer may be fully or partly reversible.

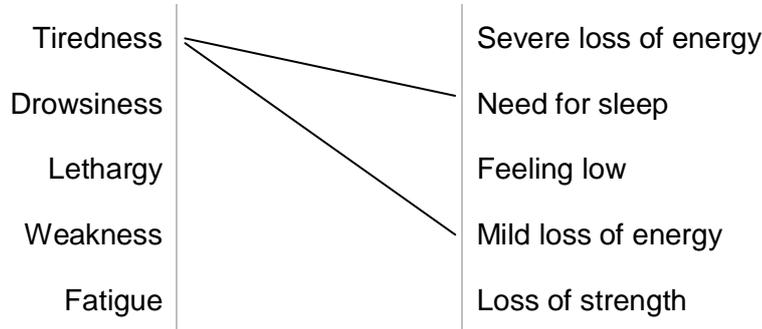
Helping John cope

- *Treat coexisting physical symptoms* (eg. anaemia, pain, dyspnoea, nausea, vomiting).
- *Exclude depression or an anxiety state:* see CLIP worksheets *The Anxious Person* and *The Withdrawn Patient*.
- *Modify activities that cause fatigue:* use rest periods between activities, re-time activities to a time of day when energy is highest, plan regular gentle exercise, arrange help for low-priority activities, review sleep behaviours and sleep environment. Ask a physiotherapist for advice.
- *Ensure food presentation encourages sufficient nutritional intake:* see CLIP worksheet series on *Reduced hydration and feeding*.
- *Drugs:* these may have a limited role- ask for advice from a palliative care specialist. Dexamethasone 2-4mg daily can give a short-term improvement for up to 4weeks. Psychostimulants are occasionally used.



Link the symptoms on the left with those phrases you think best describe those symptoms (some may link to more than one phrase)

The first is suggested for you



Write down possible causes of John's fatigue in the following categories

Category	Possible causes
Drowsiness	
Generalised tiredness	
Localised weakness	



How could fatigue and tiredness show in John, his family and his professional carers? Think of some examples

Effect	How this might affect John, family and professionals?
Reduced mobility	
Loss of control	
Reminder of the illness	
Missed opportunities	



What treatments for fatigue and tiredness can you think of?

FURTHER ACTIVITY: Fatigue, lethargy, drowsiness and weakness

The next time you feel tired, consider if this is drowsiness, fatigue or weakness.

FURTHER READING: Fatigue, lethargy, drowsiness and weakness

Papers

- Armes J, Chalder T, Addington-Hall J, Richardson A, Hotopf M. A randomised controlled trial to evaluate the effectiveness of a brief, behaviorally oriented intervention for cancer-related fatigue. *Cancer*. 2007; **110**(6): 1385–95.
- Auret K, Schug SA, Bremner AP, Bulsara M. A randomised, double-blind, placebo-controlled trial assessing the impact of dexamphetamine on fatigue in patients with advanced cancer. *Journal of Pain and Symptom Management*. 2009; **37**(4): 613–21.
- Benzein EG, Berg AC. The level of and relation between hope, hopelessness and fatigue in patients and family members in palliative care. *Palliative Medicine*. 2005; **19**(3): 234–40.
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- Cramp F, Daniel J. Exercise for the management of cancer-related fatigue in adults. *Cochrane Database of Systematic Reviews*. 2008; **(2)**: CD006145.
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- Goedendorp MM, Gielissen MF, Verhagen CA, Bleijenberg G. Psychosocial interventions for reducing fatigue during cancer treatment in adults. *Cochrane Database of Systematic Reviews*. 2009; **(1)**: CD006953.
- Kangas M, Bovbjerg DH, Montgomery GH. Cancer-related fatigue: a systematic and meta-analytic review of non-pharmacological therapies for cancer patients. *Psychological Bulletin*. 2008; **134**(5): 700–41.
- Minton O, Stone P, Richardson A, Sharpe M, Hotopf M. Drug therapy for the management of cancer-related fatigue. *Cochrane Database of Systematic Reviews*. 2008; **(1)**: CD006704.
- Okuyama T, Akechi T, Shima Y, Sugahara Y, *et al.* Factors correlated with fatigue in terminally ill cancer patients: a longitudinal study. *Journal of Pain and Symptom Management*. 2008; **35**(5): 515–23.
- Radbruch L, Strasser F, Elsner F, Goncalves JF, *et al.* Research Steering Committee of the European Association for Palliative Care (EAPC). Fatigue in palliative care patients: an EAPC approach. *Palliative Medicine*. 2008; **22**(1): 13–32.
- Tisdale MJ. Catabolic mediators of cancer cachexia. *Current Opinion in Supportive & Palliative Care*. 2008; **2**(4): 256–61. (R, 52 refs)
- Thombs BD, Bassel M, McGuire L, Smith MT, Hudson M, Haythornthwaite JA. A systematic comparison of fatigue levels in systemic sclerosis with general population, cancer and rheumatic disease samples. *Rheumatology*. 2008; **47**(10): 1559–63
- Yennurajalingam S, Palmer JL, Zhang T, Poulter V, Bruera E. Association between fatigue and other cancer-related symptoms in patients with advanced cancer. *Supportive Care in Cancer*. 2008; **16**(10): 1125–30.

Resource books and websites

- A Guide to Symptom Relief in Palliative Care*, 6th ed. Regnard C, Dean M. Oxford: Radcliffe Medical Press, 2010
- e-lfh: e-Learning for Healthcare* contains a range of online self-learning programmes, including several relating to end-of-life care (e-elca). Registration is required but is free. <http://www.e-lfh.org.uk/projects/e-elca/index.html>
- Oxford Textbook of Palliative Medicine* 4th ed. Hanks G, Cherny NI, Christakis NA, Fallon M, Kaasa S, Portenoy RK. eds. Oxford : Oxford University Press, 2010.
- PCF6- Palliative Care Formulary*, 6th ed. Twycross RG, Wilcock A, Howard P. www.palliativedrugs.com
- Symptom Management in Advanced Cancer*, 4th edition. Twycross RG, Wilcock A, Stark-Toller C. Oxford: Radcliffe Press, 2009
- www.cancerfatigue.org Information on fatigue set up by the Oncology Nursing Society, US.



Current Learning in Palliative care
An accessible learning programme for health care professionals

15 minute worksheets are available on:

- An introduction to palliative care
- Helping the patient with pain
- Helping the patient with symptoms other than pain
- Moving the ill patient
- Psychological and spiritual needs
- Helping patients with reduced hydration and nutrition
- Procedures in palliative care
- Planning care in advance
- Understanding and helping the person with learning disabilities
- The last hours and days
- Bereavement

Available online on
www.clip.org.uk