Management of fatigue and sleep disorders
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Acknowledgements
Fatigue
Fatigue defined
(national comprehensive cancer network version 1.2014)

Cancer related fatigue is a distressing, subjective sense of physical, emotional and/or cognitive tiredness or exhaustion related to cancer or cancer treatment that is not proportional to recent activity and interferes with usual functioning.
Fatigue

• Very common complaint amongst brain tumor patients and long term survivors
• Different from the fatigue of everyday life which is usually temporary and relieved by rest
• May be caused by the brain injury incurred from the tumor or the treatment
  – Most common cause is radiation
• One of the most debilitating yet least understood and addressed effect
• Major impact on quality of life
How does it feel?

• An overwhelming sense of exhaustion
• Fatigue is the feeling of being tired physically, mentally and/or emotionally
• Having less energy to do the things you normally do or want to do
• Lack of pep, strong desire to stop and rest, strong desire to lay down and sleep
Other indications of fatigue

- Weakness
- Exhaustion
- Inability to concentrate
- Malaise
- Sleepiness
- Drowsiness

- Impatience
- Lack of motivation
- Lack of energy
- Trouble paying attention while reading, watching TV, talking with family members
Occurrence

- Unpredictable
- Can occur in both benign and malignant tumors
- Can occur throughout treatment, most prominent during and immediately after radiation therapy
- Often continues in long term survivors
Contributing factors

• Surgery
• Radiation
• Chemotherapy
• Medications
  – Anticonvulsants
  – Corticosteroids
• Presence of tumor
• Tumor cell destruction
• Emotional impact of diagnosis
Anemia

- Chemotherapy causes low red cell counts due to bone marrow suppression
- Red blood cells deliver oxygen to the body
- When counts are low, the body is deprived of oxygen
- (Too few red blood cells mean too little energy to meet the body’s needs)
Other possible causes

- Changes in body chemicals
- Infection
- Depression/anxiety
- Sleep abnormalities
  - Will be discussed later
- Dietary changes
Managing the Fatigue

Respect the fatigue!

Don’t try to fight it, manage it!!
Treat the medical cause

• Anemia
  – Erythropoietin
  – Iron supplements (be careful of constipation)
  – Transfusions

• Infection

• Effect of medications

• Depression
  – Medications
  – Counseling
Physical Activity

• Studies suggest that cancer patients who engage in at least 3-5 hours of activity per week may have less fatigue
• Exercise promotes a healthier body and helps reduce psychological stress
• Timing of physical activity
• Exercise may help you sleep better at night
• Don’t overdo exercise routine
Energy Conservation

• Deliberately planned management of one’s personal energy resources to prevent their depletion
• Simplify and manage your environment
• Reduce attention demands placed on you
• Do not push too hard, don’t try to “conquer” your fatigue
• Plan your day with time to rest
• Pace yourself, schedule tasks throughout the day and throughout the week
• Listen to your body and respond to it
Plan your day

• Keep a journal. Note fatigue level at different times
• Identify the triggers that induce fatigue
• Note effect of various activities on fatigue
• Plan activities according to energy level
• Make decisions about what can be reasonably done
  – Postpone/cancel all nonessential activities
• Establish a structured daily routine
Controlling Activities

• Save your energy for the most important things
• Try easier or shorter versions of activities you enjoy
• Save steps
• Try activities that are less strenuous
• Sit down while cooking, housekeeping
• Rest periods throughout the day
Organization

- Lay clothes out ahead of time
- Organize toiletries in one convenient place
- Use shower organizer to avoid bending, reaching
- Organize shopping list by store aisle
- Ready made meals
Assistive devices to decrease expended energy

- Grab rails
- Raised toilet seat
- Extension handles
- Shower chairs
- Wheelchairs
Delegate

- Accept help from friends/family
- “Low maintenance helpers”
- “Job coordinators”
Proper Nutrition

• Adequate food and fluids
• Nutritionally sound foods
• Eat what tastes good
• Consider small, frequent meals
• Consider referral to nutritionist
Reducing environmental stimuli

- Distractions
- Bright lights
  - Dark glasses
  - Eye pillows
- Noise
- Crowds
Other Interventions

• Physically based therapies
  – Massage
  – Accupuncture
  – Meditation

• Psychosocial interventions
  – Counseling
  – Dealing with anxiety and depression
Medications

• Methylphenidate
  – 5-20mg daily
• Modafinil
  – 200mg daily
• Some studies have shown effect in patients with severe fatigue
• Use Caution with over the counter medications, nutritional supplements
• Prescribing issues
Address your fatigue with your medical team

- Should be discussed at each visit
- Health professionals can develop a plan to lessen the stress of fatigue
Difficulty with Sleeping
Sleep/Wake Disturbances

• Perceived or actual alterations in night sleep with resultant daytime impairment
• Occurs in up to 60% of people with cancer
• Can cause or exacerbate fatigue, cognitive issues
• Insomnia
  – Difficulty initiating or maintaining sleep, waking too early, non restorative sleep
• Hypersomnia
Management of sleep disturbance

• Stimulus Control
  – Going to bed when sleepy
  – Set times for going to bed, waking up
  – Getting out of bed in 20 minutes if unable to fall asleep or fall back asleep

• Sleep restriction
  – Avoiding long or late afternoon naps
  – Limiting total time in bed
  – Use bed only for sleep
Sleeping Tips

• Avoid caffeine, alcohol, nicotine after noon
• Avoid chocolate late in the day
• Don’t drink too much before bedtime
• Establish environment that is conducive to sleep
  – Quiet, dark, comfortable
• Avoid use of electronics within 1 hour of sleep
• Avoid clock watching
• Exercise regularly but not within 3 hours of sleep
• Relaxation, yoga, imagery
Discuss sleep with your medical team

- Consider referral to sleep specialist
  - Sleep related breathing disorders
  - Sleep related movement disorders
- Discuss pharmacological interventions for insomnia
And now, a few thoughts for our caregivers!!
Taking care of yourself!

- Utilize the same strategies as the survivor
  - Have fun doing activities together!
- Fatigue is also common amongst care givers
- Don’t disregard your own health maintenance
- Accept help from friends/family
- Don’t neglect your own support system
- Forget the guilt
- Also spend your energy on things that are important
Discussing with the medical team

- Assist in keeping fatigue journal to discuss with treating team
- Note sleep disturbances
Support, Support, Support!!
THANK YOU
Any Questions?

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