

Cancer patients may not be getting adequate care for debilitating fatigue, study finds

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(Medical Xpress)—Many people who have been through cancer and its treatment have trouble with their recovery because of severe, debilitating fatigue that can last for months or even years. But even though a variety of treatments exist for cancer-related fatigue, few doctors are recommending them to patients, according to a recent Mayo Clinic study appearing in *Supportive Care in Cancer*.

The study found few of the available <u>treatment</u> <u>strategies</u> are being offered or prescribed by doctors. <u>Regular physical activity</u>, such as walking with a <u>pedometer</u>, has been shown to ease fatigue. Learning <u>stress reduction</u> and coping techniques can help patients alter daily habits and increase restfulness. However, only one-tenth of patients said their oncology teams instructed them to become more active or try other non-medication-related fatigue-reducing measures. More than 35 percent of patients had been offered sleep-enhancing medication, even though drugs have been shown to be the least effective approach.

"Fatigue is a factor that not only significantly diminishes quality of life but is also associated with reduced survival," says study author Andrea Cheville, M.D., a physiatrist with the Mayo Clinic Department of Physical Medicine and Rehabilitation. "Our results suggest that cancer patients are not receiving appropriate treatment for a significant and widespread problem."

Researchers queried 160 stage IV cancer patients, men and women, who had moderate to severe fatigue (greater than five on an 11-point scale). Participants with lung, breast, colon or prostate cancer were asked whether their oncology teams had mentioned any of the cancer-fatigue treatments recommended by the National Comprehensive Cancer Network guidelines, such

as increasing exercise, seeking psychosocial and behavioral help, and medications. Patients were asked about the extent of the information they had received, whether physicians had provided specific counseling, instructions and recommendations or a prescription to address fatigue.

While age and gender were not factors in whether patients received treatment for fatigue, their type of cancer was. Only 15 percent of patients with colon cancer and 17 percent with prostate cancer had their fatigue addressed; 48 percent of breast cancer patients had been advised of psychosocial interventions. When researchers asked about patients' habits at home, they found significant room for improvement.

"We found the vast majority of patients were not engaging in behavioral practices that could reduce fatigue and potentially enhance quality of life," Dr. Cheville says. "And almost a third reported napping during the day, which can actually worsen fatigue."

For Dr. Cheville, whose research focuses on improving the delivery of supportive care to patients, the study provides a wake-up call.

"We could be doing a much better job addressing fatigue, with more reliable instruction for patients and offering treatments that have been shown to work," she says.

Oncologists, whose jobs are growing more complex and whose patient bases continue to expand, may not have time or resources to address <u>quality-of-life</u> concerns. Ultimately, she says, the medical field may require specialists who focus on supportive care issues in cancer treatment, including pain, fatigue and depression.



Provided by Mayo Clinic

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