

## WHEN MORE SLEEP WON'T DO IT: TACKLING CANCER-RELATED FATIGUE

**Fatigue – one of the most common side effects of cancer - can have a devastating physical and psychological impact on the lives of cancer survivors. It can also cause an individual severe financial problems if they are unable to return to full-time or part-time work. Here are some excerpts from a longer article published in Cancerworld ( no. 84, Winter 2018/2019) which discusses the benefits of exercise in helping to alleviate fatigue.**

*“Before cancer, I did not know fatigue. Now, I live my life at half energy and am very tired and depressed on a daily basis. My healthcare providers just told me to get used to my new life, and I found myself alone to deal with new problems.”*

Fatigue, the mental and physical exhaustion described here in the words of a woman with breast cancer is one of the most common side effects of cancer, and affects people before, during and after cancer treatment. Although many people with cancer suffer from fatigue, the causes are poorly understood, and there is no drug to effectively treat it.

Fatigue may affect anyone at any stage of the disease, any type of cancer, treated by any modality. And while fatigue usually improves after treatment, in around one third of cases fatigue persists for months or years, and may even turn into a chronic condition, with devastating implications for the person's quality of life.

For Natalija Sintler, who is on hormone therapy for breast cancer, fatigue affects both work and family life: “I had to reduce my daily working hours from eight hours to four hours. But these four hours leave me as tired as an eight- or ten-hour day left me before. When I get home, I crave rest in the middle of the day which I didn't before.”

Natalija sought help from her doctors, and was not impressed by their response. “I wish my doctor had listened when I told her about my fatigue, but she didn't have time. And at some point, you stop asking and find other sources of help.”

Dave Balachandran, director of the Sleep Center at the MD Anderson Cancer Center in Houston, argues that healthcare providers' attitude to cancer-related fatigue (CRF) now is where attitudes towards pain were a decade ago: “Ten to fifteen years ago, cancer patients were told to just accept pain, because we can't do much about it. But there has been a huge change in mindset. We now ask patients routinely about pain, and rightly so. With fatigue right now, we are at a point where physicians tell patients to just accept CRF as a chronic illness.”

Ollie Minton, Macmillan Consultant and honorary senior lecturer in palliative medicine at St George's University Hospital in London, says a lack of understanding of the causes is to blame for the difficulty in treating the condition. “Until we know what is causing cancer-related fatigue, all we have to treat CRF are non-specific interventions.”

The crucial first step is identifying when fatigue is a problem. Ann Berger, Professor and Dorothy Hodges Olson Endowed Chair in Nursing at the University of Nebraska, Omaha, says: “Patients need to report fatigue, but they need to know that fatigue is not just ‘something that comes with cancer and treatment’, which they have to accept. And nurses need to ask about, and need to record, fatigue levels. Patients bring up pain, we want people to bring up fatigue as well.”

When a cancer patient reports fatigue at a moderate to severe level, the NCCN (National Comprehensive Cancer Network) guidelines, which are used in the UK, strongly recommend physical activity as intervention – once other contributing factors like pain, anaemia, or nutrition are ruled out or treated. This is a departure from previous practice, says Berger: “Oncology nurses used to teach cancer patients to rest and not assume their daily activities. Now, guidelines recommend that cancer patients on treatment stay as active as they were before treatment.”

For patients both on active treatment and post-treatment, recommendations are to take 150 minutes of moderate-intensity exercise, broken into chunks, such as walking for 30 minutes on five days a week. “This is the most general intervention that seems to work for all patients in alleviating cancer-related fatigue,” says Berger.

It could be as basic as engaging in activities of daily living, like getting up from bed, walking around the room or the ward, or to the hospital restaurant, if a patient has severe fatigue and is deconditioned. If a patient does this daily, they can easily achieve the recommended exercise protocol of 150 minutes a week.”

Replacing that half-hour walk with a pill is not yet possible. “We do not have any drugs that we can routinely recommend”, says Minton. The evidence for complementary medicine is also thin. Nevertheless, Minton argues that eventually drugs could complement the toolkit for treating fatigue: “Ideally, we would like to give fatigued patients something that makes them feel better and more active. Then we would encourage them to exercise.”

Balancing exercise with rest is important for fatigued patients especially on days when fatigue is strong, emphasis Jia Hui Gan, senior physiotherapist at Milford Hospital, under the Royal Surrey County Hospital. She also recommends alternative ways of increasing activity levels, including yoga, tai-chi, and meditation, so long as the patient enjoys doing them. “Yoga and mindfulness-based stress reduction are evidence-based interventions for CRF patients on active treatment and post treatment,” Berger agrees. “Mindfulness can calm the emotional status and distress, while psychosocial interventions such as cognitive behavioural therapy and psycho-education are also good for treating fatigue.”

While exercise is currently the most strongly recommended intervention for treating cancer-related fatigue, Ollie Minton wants something better. “Recommending exercise is a generic, ‘this will make you feel better’, public health message. The size of the effect of exercise on fatigue is small, but there is no harm in it, so it makes sense to recommend it.” Minton’s hopes lie with science: “We need to find the mechanism causing fatigue. The mechanism is really not understood, especially not compared to how much targeted oncology treatment has moved on. Fatigue management needs to get to this targeted level.”