

Fatigue in Patients With Cancer

Lillian M. Nail, PhD, RN, FAAN

Purpose/Objectives: To provide a historic perspective on knowledge about fatigue in patients with cancer, review what is known, define gaps, and recommend future approaches.

Data Sources: Published research reports, clinical papers, review articles, and practice guidelines.

Data Synthesis: Two tested interventions show consistent positive effects: treatment of chemotherapy-induced anemia and aerobic exercise. Other frequently suggested interventions, such as adequate nutrition, energy conservation, psychostimulants, antidepressants, and increased sleep and rest, either have not been tested or studies underway are not yet complete. Current practice guidelines are based on a combination of research and expert clinical judgment.

Conclusions: The knowledge base on fatigue continues to expand. Information about the mechanisms underlying fatigue is needed to develop innovative approaches to prevent and treat fatigue.

Implications for Nursing: Current practice guidelines should be used to guide care with the expectation that guidelines will evolve to incorporate the results of studies currently underway. Although specific gaps in knowledge need to be addressed to guide future practice, clinicians need to use existing knowledge in the care they are delivering today. All of the interventions proposed for managing cancer treatment-related fatigue are health policy challenges because they represent additions to usual care rather than replacements of existing components of care.

The literature on fatigue in patients with cancer has expanded dramatically since 1980, with most of the growth concentrated from 1996–2001. Despite the increase in the number of published papers on fatigue, several important questions about this troublesome sensation remain unanswered. This article will provide a historic perspective on the generation of knowledge about fatigue in patients with cancer, review what is known, define gaps in knowledge, and recommend approaches to practice, policy, and professional education.

Background

The first research reports on fatigue in patients with cancer appeared in the late 1970s (Haylock & Hart, 1979). Interest in the topic was rekindled in the mid-1980s with the publication of Piper's conceptualization of etiologic factors for fatigue

Key Points . . .

- ▶ The Oncology Nursing Society's leadership in research and public-education activities on cancer treatment-related fatigue has had a positive impact on research and clinical practice.
- ▶ Correcting chemotherapy-induced anemia and aerobic exercise as interventions for fatigue have shown beneficial effects on energy level or fatigue across multiple studies.
- ▶ Current practice guidelines should be viewed as dynamic because recommendations will change as the results of additional studies become available and are used in place of recommendations based on best clinical judgment.
- ▶ Nurses are important advocates for the recognition and management of fatigue across cancer-care settings.

Goal for CE Enrollees

To further enhance the nurse's knowledge regarding the past, present, and future of the assessment and treatment of fatigue.

Objectives for CE Enrollees

- On completion of this CE, the participant will be able to:
1. Discuss the history of cancer-related fatigue.
 2. Discuss current research findings on fatigue in patients with cancer.
 3. Describe implications of research findings for nursing practice.

Lillian M. Nail, PhD, RN, FAAN, is a Dr. May E. Rawlinson Endowed Professor and senior scientist in the School of Nursing at the Oregon Health & Science University in Portland. (Submitted December 2000. Accepted for publication August 20, 2001.) Nail has written this article for the PRISM Assessment Project Team. It is one of a series of articles resulting from PRISM, a project funded through an unrestricted grant from Ortho Biotech Products, L.P., given to the ONS Foundation Center for Leadership, Information and Research. Preparation of this manuscript was partially supported by grants K24 CA91442 from the National Cancer Institute and R01 NR04571 from the National Institute of Nursing Research awarded to the author and R01 NR04573 from the National Institute of Nursing Research awarded to A.M. Barsevick.

Digital Object Identifier: 10.1188/ONF.537-546

