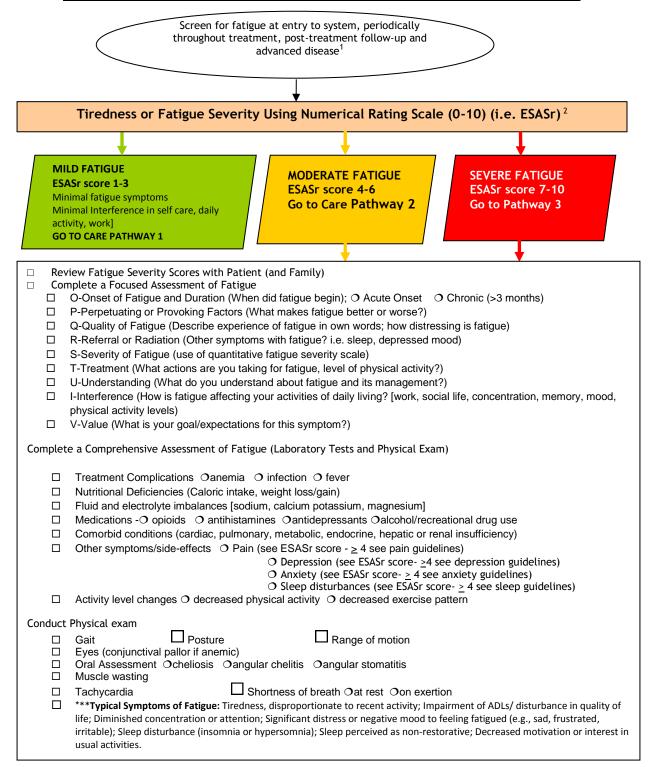
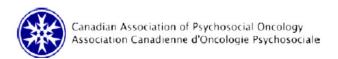
### Screening and Assessment - Cancer-Related Fatigue in Adults with Cancer\*



<sup>\* -</sup> Please see the full guideline for a description of the acronyms used, as well as the copyright and disclaimer prior to use.

<sup>2 -</sup> The health care team for cancer patients may include surgeons, oncologists, family physicians, nurses, social workers, psychologists, patient navigators, fatigue experts, rehabilitation experts and other health care professionals
3. OPQRSTUV-Acronym=O-Onset; P-Provoking/Palliating; Q-Quality; R-Region or Radiating; S-Severity & Duration; T-Treatment; U-Understanding; V-Values (Fraser Health Guidelines, see reference list)





<sup>1--</sup> Use a Valid Scale to Screen for Presence of Fatigue and Level of Severity (i.e. NRS 0-10 such as ESAS; FACT-F; Fatigue Pictogram; Piper Fatigue Scale)

# Care Map - Cancer-Related Fatigue in Adults with Cancer\*

#### Mild fatigue

# Moderate fatigue

#### Severe fatigue

- Minimal fatigue symptoms
- Able to carry out Activities of Daily Living (ADLs) [self care, homemaking, work, leisure]
- Symptoms present and cause moderate to high levels of distress
- Decrease in daily physical activities, some impairment in physical functioning
- Significant fatigue on a daily basis, excessive need to sit or sleep, severe impairment of ADLs
- Sudden onset of fatigue and/or shortness of breath at rest, rapid heart rate and/or blood loss

#### Prevention and Supportive Care for All

#### Care Pathway 1

#### <u>Care Pathway 2</u> Treat contributing factors

#### Care Pathway 3

Urgent management of contributing factors
Address safety issues (i.e. falls)

#### Non-Pharmacological Interventions for Moderate to Severe Fatigue

- Advise patients to engage in moderate intensity of physical activity (e.g. fast walking, cycling, swimming, resistive exercise) during and after cancer treatment unless contraindicated/previous sedentary (30 minutes per day, 5 days per week as tolerated)
- □ Psychosocial interventions
  - □ Psycho-education for self-management of fatigue (individual or group class)
    - Anticipatory guidance about fatigue patterns
    - Energy balancing and coping skills training
  - Coaching in self-management and problem-solving to manage fatigue
  - Refer for Cognitive Behavioural Therapy from trained therapist
  - #May experience improvement in fatigue from complimentary therapies (Yoga, Mindfulness)
- ☐ Consultation/Referral to Rehabilitation Specialist if functioning impaired or need for supervised exercise
- ☐ Optimize sleep quality (see sleep disturbance guidelines)
- ☐ Stress reduction strategies may improve fatigue Oyoga Omindfulness programs
- ☐ Attention restoring therapy may distract from fatigue- reading, games, music, gardening, experience in nature (Consensus)
- ☐ Advise patient there is insufficient evidence for pharmacological treatment, herbal medicines, or acupuncture

#### Prevention and Supportive Care Interventions for All Patients and Caregivers, as Appropriate

#### □ Educate

- # the difference between normal and cancer related fatigue
- #treatment related fatigue patterns/fluctuations
- # persistence of fatigue post treatment
- $\mbox{$\,^{\mu}$ causes (contributing factors) of fatigue}$
- $\begin{picture}(60,0) \put(0,0){\line(0,0){100}} \put(0,0){\line(0,0){100$
- #benefits of physical activity during and post treatment
- ¤signs and symptoms of worsening fatigue to report to health care professionals

# Counsel

- $\mbox{$\,{\hfill}$}$  balance energy conservation with activity as follows:
  - Help patients prioritize and pace activities and delegate less essential activities
  - Balance rest and activities so that prioritized activities are achieved
- ¤use of distraction such as games, music, reading, socializing
- ☐ Encourage patients to use a treatment log or diary
  - To monitor levels and patterns of fatigue
  - To help ascertain peak energy periods
  - To help with planning activities

# Evaluate Effectiveness of Interventions. Monitor changes and reassess as required

See full guideline for all recommendations and evidence, review copyright and disclaimer for use. Reference: Howell D, et al. A Pan Canadian Guideline for the Screening, Assessment, and Management of Cancer-Related Fatigue in Adults-Version 2-2015

# Figure 1: Quick Reference Algorithm for Screening and Assessment- Cancer-Related Fatigue in Adults with Cancer\*

