

Fatigue Management

Sara Hennessy
Palliative Occupational Therapist
4th June 2019

What is Fatigue?

- * Extreme and persistent tiredness, weakness or exhaustion – Physically and/or mentally.
- * Can affect all areas of your life, impacting on activities of daily living, relationships and social events.
- * It is subjective and a complex symptom.
- * Cancer related fatigue isn't relieved by rest or sleep.

Fatigue is an Significant Symptom

Cancer Fatigue

- * One of the most common side affects, for patients with Cancer (Ahlberg et al 2003, Stone & Minton 2008).
- * Most severe and distressing symptom (Winningham et al 1994, Pepper et al 1993).
- * Chemotherapy, radiotherapy & biological therapy can contribute to.

Non-Cancer Fatigue

- * Mental health needs- depression, stress and anxiety.
- * Medical conditions- Multiple Sclerosis, Motor Neuron Disease, Parkinson's disease, Heart failure, Renal failure and Respiratory diseases.

Factors in cancer related fatigue

- * Extra energy to repair & heal body tissue
- * Build up of toxic substances from cancer treatments
- * Effects of therapy on the immune system.
- * Changes in sleep/wake cycles.
- * Fatigue in some Cancers, when not receiving treatment.

Considerations

- * Anaemia – possible bleed
- * Infection – acute illness
- * Dehydration & nutrition
- * Pain, nausea, sleep, depression
- * Medication

Occupational Therapy: Our Approach with Fatigue Management



- Educate and inform
- Develop self awareness eg. triggers
- Support behavioural change and adjustment
- Enable coping strategies
- Utilise carer / peer support

Referral for Fatigue Management

- * Palliative diagnosis, referred to Hospice
- * Any one who says they are experiencing fatigue.
- * Willing to attend 3 sessions / Able to participate in 1:1
- * Able to attend at the hospice for the sessions (own transport or volunteer car).
- * Able to cope cognitively and behaviourally
- * IPOS - identify needs

IPOS

Pilgrims Therapy Centres - using IPOS to prescribe programmes

IPOS Item | **Score (3 or more)**

Shortness of breath	General	Walking	Maintaining	Religion	Yes/No
Weakness or lack of energy	General	Walking	Maintaining	Religion	Yes/No
Pain, Nausea, Sweating, Poor appetite, Constipation, Bile or dry mouth	General	Walking	Maintaining	Religion	Yes/No
Dizziness	General	Walking	Maintaining	Religion	Yes/No
Poor mobility	General	Walking	Maintaining	Religion	Yes/No
Over the past 3 days,					
Have you been feeling anxious or worried about your illness or treatment?	Address care planning	Walking	Religion	Yes/No	Yes/No
Have any of your family or friends been anxious or worried about you?	Address care planning	Walking	Religion	Yes/No	Yes/No
Have you been feeling depressed?	Address care planning	Walking	Religion	Yes/No	Yes/No
Have you felt at peace?	Address care planning	Walking	Religion	Yes/No	Yes/No
Have you been able to share how you are feeling with your family or friends?	Address care planning	Walking	Religion	Yes/No	Yes/No
Have any practical matters resulting from your illness been addressed?	Address care planning	Walking	Religion	Yes/No	Yes/No

Fatigue Management Group

- * 3 Sessions for one hour each.
- * Tuesdays 12-1pm
- * Facilitated by OT and OTA
- * Opportunity to learn from others
- * Gain ideas and coping strategies
- * Practice relaxation & visualisation

Fatigue Management Principles

1. Activity management; 5 P's and 4 D's
2. Energy conservation – posture, modification
3. Lead a healthy lifestyle, sleeping well and taking exercise
4. Awareness of thoughts and feelings
5. Take frequent rests, and relaxation (body and mind)

Coping Strategies

Good news there are strategies which can help, so that fatigue can have less impact on your life and you feel more in control.

- Understanding your energy limits and sticking to them.
- Balancing your day between rest and activity.
- Alternating activity types in your day.
- Keeping a diary / Monitoring
- Managing your expectations.
- Relaxation techniques.
- Getting the best sleep possible.
- The 5 P's and 4 D's

Using Energy Effectively

- | | |
|---|---|
| The 5 P's | The 4 D's |
| <ul style="list-style-type: none"> * Plan * Prioritise * Pace * Posture * Permission | <ul style="list-style-type: none"> * Dump * Delay * Do * Delegate |

How to refer?

- * Emis – Linked episode For Occupational Therapy
- * Reasoning why?
- * Is the person aware of the completed referral?
- * Awareness of individual communication needs
- * Could discuss with OT Team too!

Relaxation ~ Sophrology Session



Thoughts?

