

Fatigue Experience among Cancer Patients Receiving Chemotherapy

Manal Ibrahim Kassab*

Maternal and Child Health Department, Jordan University of Science and Technology, Australia

One of the most distressing side-effects of chemotherapy and other cancer treatments is fatigue [1,2]. Findings of studies showed that fatigue has been identified by cancer patients as significant problem that mostly associated with difficulty in performing daily activities than any other side effects associated with cancer treatment such as nausea, vomiting or feeling in pain. CRF is described as an overall lack of energy, impaired cognitive function, drowsiness, disturbance of mood, or muscle weakness (The National Comprehensive Cancer Network (NCCN), 2012) [3]. These symptoms are associated with cancer and its therapy and are not completely comforted by sleep or rest and often impacting on daily activities.

Cancer-related fatigue that associated with chemotherapy has been associated with other common symptoms such as pain, difficulty sleeping and muscle weakness [4]. Cancer-related fatigue may interact with other common adverse effects such as chemotherapy-induced nausea and vomiting. Nausea and vomiting could increase discomfort and impacts on patients' perceived severity. Also, it will impact on patient's quality of life during chemotherapy, and challenge patients' ability to comply with treatment. CRF may be present even before treatment begins; worsens during the course of treatment; and may persist at a higher-than-baseline rate, sometimes for years, after cancer treatment is completed [5].

Cancer-related fatigue has been under-reported, under-diagnosed and under-treated (NCCN, 2012) [3]. Health care professionals have been challenged to manage this distressful symptom and to maintain the quality of patients' life. Compared with other health care providers, clinicians spend most of their time with patients and their families [6]. Clinicians play a major role in the care of individuals and their families in all stages of cancer, from diagnosis to death. Clinicians deal frequently with cancer patients and trying to maintain high quality of care, alleviate suffering, decreases side effect and complications of cancer treatment [6]. Clinician's knowledge and experience about CRF can shape their attitudes toward care for cancer patients [7]. In addition, clinicians are in the most immediate position to provide caring, comfort and counseling for patients and families at the stage of cancer management [6].

Results of studies highlighted the efficacy of both exercise and psychological interventions to reduce cancer-related fatigue. Specifically, multimodal exercise and walking programs, restorative approaches, supportive-expressive, and cognitive-behavioral psychosocial interventions show positive reducing effect on cancer-related fatigue. Evidence from these studies emphasized on the importance of including an organized scheduled of exercise in the care plan of patients undergoing chemotherapy. Patients with cancer may be challenged to do exercise without nursing support. Clinicians' awareness of the role of exercise in managing CRF can support quality of provided education through the provision of better education that benefits patients. Clinicians can also support exercise program by regularly adjusting it to the patients' health status with consideration to other factors such as level of hemoglobin, age, course of chemotherapy. With systematic and improved methodological approaches, further research in this area may soon provide clinicians with effective strategies for reducing CRF and enhancing the quality of cancer patients' lives.

References

1. Hofman M, Ryan JL, Figueroa-Moseley CD, Jean-Pierre P, Morrow GR (2007) Cancer-related fatigue: the scale of the problem. *Oncologist* 12: 4-10.
2. Prue G, Rankin J, Allen J, Gracey J, Cramp F (2006) Cancer-related fatigue: A critical appraisal. *Eur J Cancer* 42: 846-863.
3. The National Comprehensive Cancer Network (NCCN) (2012).
4. Cleeland CS (2007) Symptom burden: multiple symptoms and their impact as patient-reported outcomes. *J Natl Cancer Inst Monogr* 16-21.
5. Nail LM, King KB (1987) Cancer-related fatigue: A side Effect of Cancer Treatments. *Semin Oncology* 3: 257-262.
6. Dickinson GE, Clark D, Sque M (2008) Palliative care and end of life issues in UK pre-registration, undergraduate nursing programmes. *Nurse Educ Today* 28: 163-170.
7. William E, Dale G, Godley J, Neimeye R (2003) Roles for Psychologists in End-of Life Care: Emerging Models of Practice. *American Psychological Association* 34: 626-633.

*Corresponding author: Manal Ibrahim Kassab, Maternal and Child Health Department, Jordan University of Science and Technology, Australia, Tel: 962-798-726-559; E-mail: manal_kassab@yahoo.com

Received March 12, 2013; Accepted March 15, 2013; Published March 17, 2013

Citation: Kassab MI (2013) Fatigue Experience among Cancer Patients Receiving Chemotherapy. *J Palliative Care Med* 3: 142. doi:10.4172/2165-7386.1000142

Copyright: © 2013 Kassab MI. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.