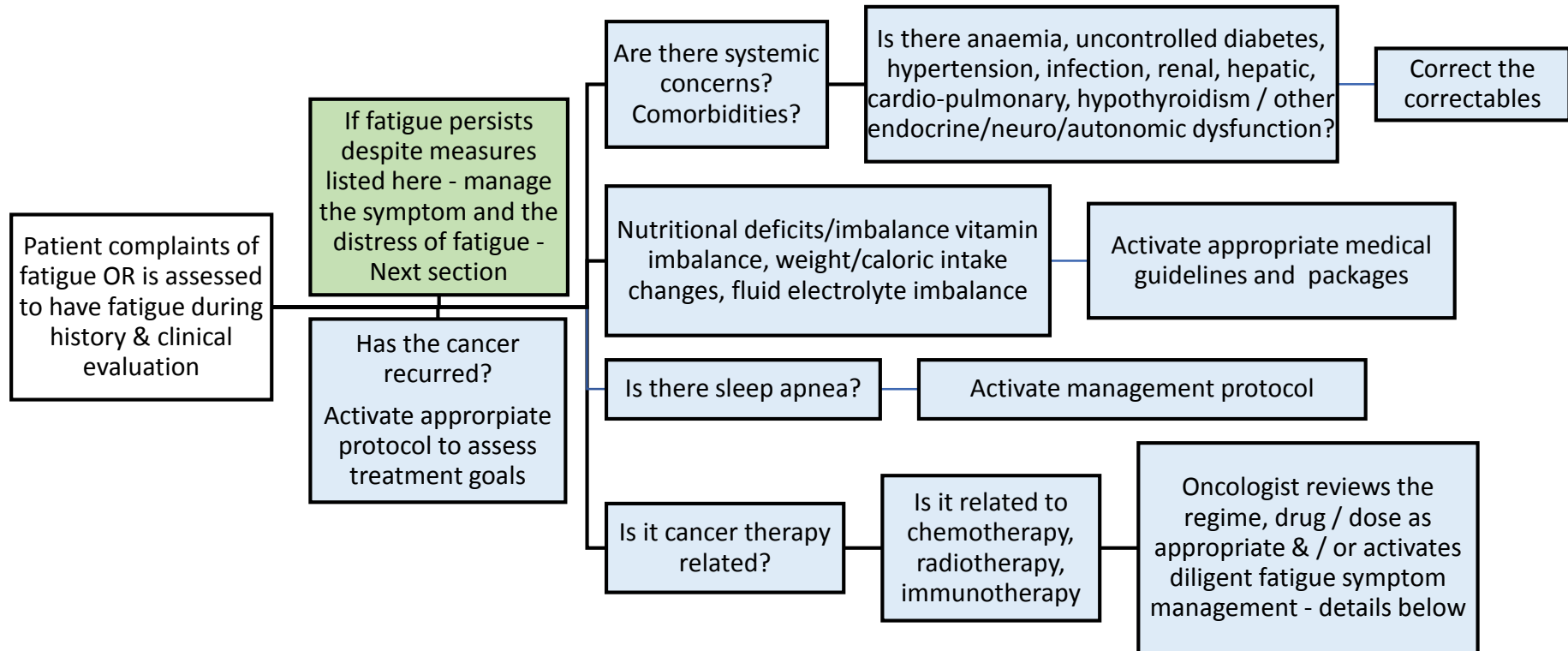
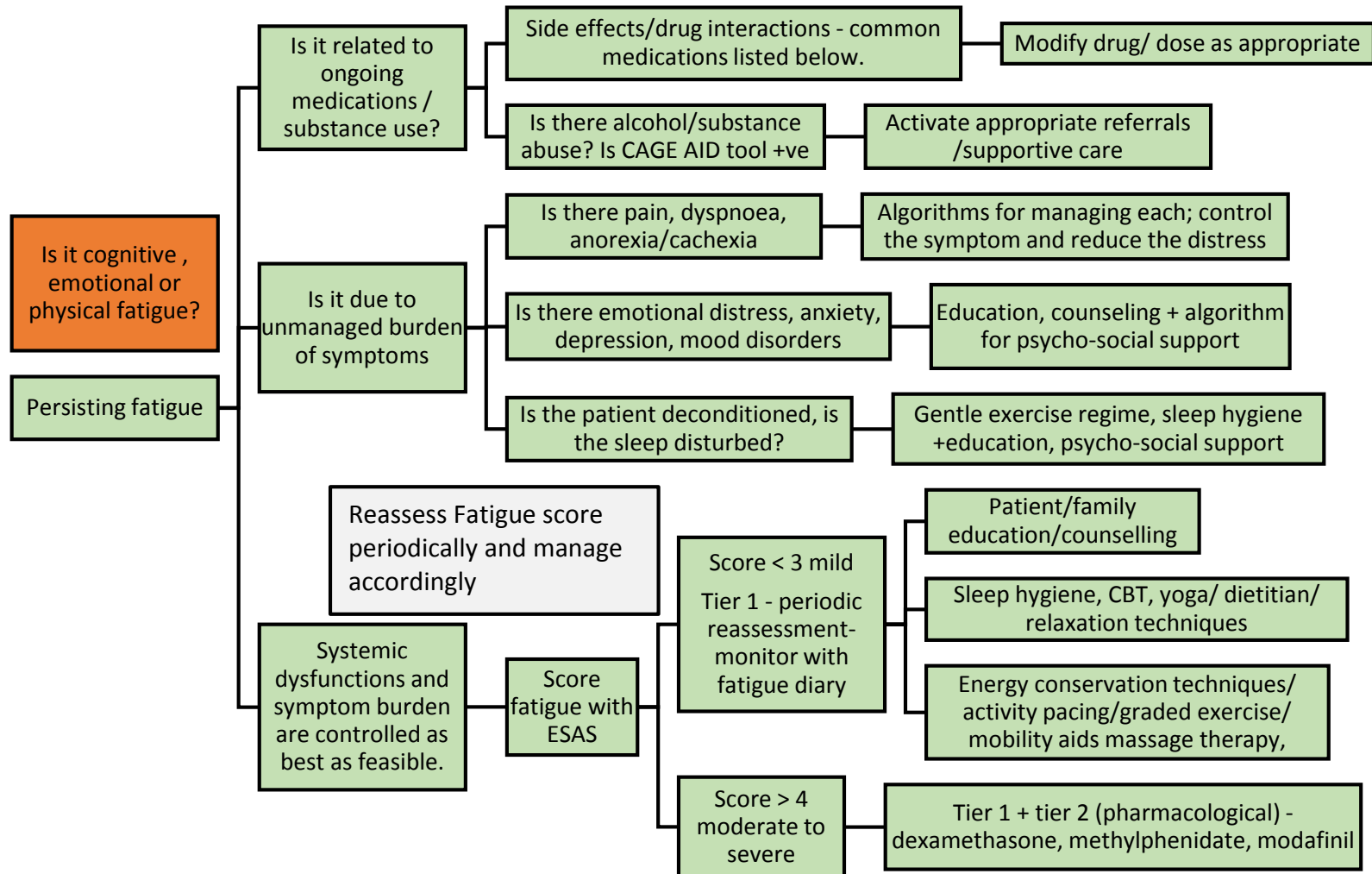


Approach to managing Fatigue in a Cancer Patient



Management of Fatigue contd...



Medicines for Management of Fatigue

Drugs (A)		
<p>Steroids</p> <p>Dexamethasone 4mg/day for one week: for patients with advanced cancer to improve anorexia and thereby fatigue .</p> <p>Not recommended for more than a week due to risk of proximal myopathy which can worsen fatigue</p>	<p>Psychostimulants</p> <p>Methylphenidate start with 2.5–5mg PO b.d. (on waking/breakfast time and noon/lunchtime) if necessary, increase by daily increments of 2.5–5mg b.d. usually Maximum 20–40mg/24h</p> <p>Modafinil start with 100mg PO each morning if necessary after 1 week, increase to 200mg each morning maximum dose 400mg/24h.</p>	<p>Drugs that commonly induce fatigue</p> <ul style="list-style-type: none"> • Antidepressants • Anxiolytics • Antihistamines • Antihypertensive agents • Alpha-receptor agonists • Beta blockers • Sedatives • Hypnotics (benzodiazepines) • Narcotics • Haloperidol, • Statins <p><u>Refer to specialist OR Modify drug or dose</u></p>
Supportive Care *(B)		
<p>Patient/Family Education/Counselling</p> <ul style="list-style-type: none"> • Information that fatigue is an expected symptom 	<p>MDT - Referrals</p> <ul style="list-style-type: none"> • Physical therapy, physical medicine: Graded exercises • Occupational therapy – 	

NCG Palliative Care Guidelines – Fatigue

<ul style="list-style-type: none"> ● How to self-monitor fatigue levels, ● Set priorities – what are the functions dearest to the patient? Hobbies, playing with grandchildren etc. ● Assist with insight an realistic expectations ● Sleep hygiene – regularise the rhythm, limit naps to not interfere with night-time sleep quality, ● maintain diary of activity/fatigue - to help to identify precipitants and pattern of the symptoms. ● Exposure to Sun if feasible / suitable 	<ul style="list-style-type: none"> ○ Energy conservation techniques, ○ environmental adjustment to support activities of daily living ○ planned daily routine, prioritize inspiring / joyful & essential activities; ○ attending to one activity at a time, ○ delegate non-essential activities, activity pacing, ● Psychosocial interventions: conflict / stress/anxiety management, activate coping mechanisms, problem solving techniques ● CBT, Mindfulness-based stress reduction ● Dietician : nutritional deficiencies ● Yoga – combination of postures, balancing/strengthening/relaxing, pranayama and yoga-nidra ● Massage therapy <p>Supportive Equipment : Mobility aids to reduce the demand on the system – walker, foot stool while prolonged standing (while cooking) & Occupational therapy related aids</p>
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