

FATIGUE AND PANCREATIC CANCER

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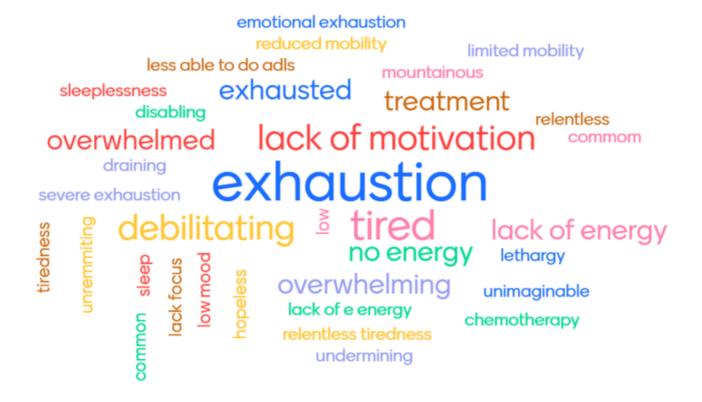
Learning outcomes



- 1. Define what it meant by cancer related fatigue
- 2. The effects of cancer related fatigue
- 3. Cause of cancer related fatigue
- 4. The amenable factors you can influence
- 5. How to manage cancer related fatigue
- 6. Who can help with cancer related fatigue management

What word comes into your mind when you think about cancer related fatigue?

56 responses











What is cancer related fatigue?



CRF as a distressing, persistent, subjective sense of physical, emotional, and/or cognitive tiredness or exhaustion related to cancer or cancer treatment that is not proportional to recent activity and interferes with usual functioning.

The National Comprehensive Cancer Network (2022)



The effects of cancer related fatigue

The effects of fatigue







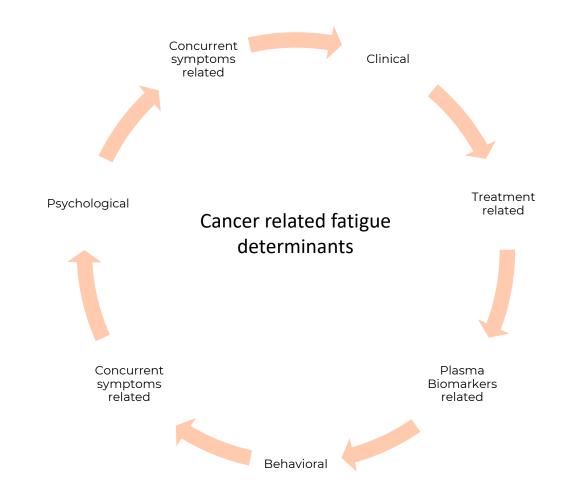
Video: What impact does fatigue have on patients?

Watch the video here: https://youtu.be/WHdodXCrbdo



What are the potential causes of cancer related fatigue?





DSilva, F., Sing P. & Javeth A. (2023) Journal of Palliative Care 38(4)



Clinical determinants

Cancer



Treatment related determinants

- Chemotherapy & radiotherapy
- Immunotherapy
- Surgery
- Medication



Plasma Biomarker related determinants

• Is there anything reversable on recent bloods?



Behavioral determinants

- Daytime dysfunction
- Daytime Sleepiness
- Smoking
- Consuming excess alcohol



Concurrent symptoms related determinants

- Pain
- Digestive issues
- Insomnia and sleep disturbances
- Shortness of breath
- Hiccups
- Other comorbid conditions
- Menopausal symptoms



Socio-demographic determinants

- Age
- Gender
- Employment status
- Family/social support



Psychological determinants

- Depression
- Anxiety
- Feeling sad
- Emotional upset

What things would you discuss or suggest to your patients when it comes to trying to help with fatigue?

59 responses





What are the amenable factors?



- Diet & Nutrition
- Management of diabetes
- Mobility / Exercise
- Infection
- Disturbances to sleep routine
- Abnormal blood results checking sodium, potassium, magnesium, calcium, B12, folate, glucose, renal function, CRP, albumin, exclude anaemia, thyroid function, cortisol level
- Poorly managed symptoms e.g., pain & nausea / vomiting
- Anxiety / Depression / Low mood
- Endocrine conditions check thyroid function and cortisol level.
- Medications e.g., beta-blockers, sedating drugs, corticosteroids, opioids & over the counter.
- Cancer treatments surgery, chemotherapy & radiotherapy.
- Jaundice & liver disease



Video: How are patients managing their fatigue?

Watch the video here: https://youtu.be/cBypBzG0N1Y



How to manage fatigue

Non-pharmacological methods

Non-pharmacological management

Pancreatic CANCER UK

- Exercise
- Optimising diet including PERT
- Educational interventions
- Yoga
- Relaxation / complementary therapy
- Emotional & Psychological support
- Diary
- Energy conservation / restoration
- Involving other health professionals / organisations

Day	Morning	Afternoon	Evening	Treatment or activity	Other notes			
Monday	1	2	3	Had chemotherapy at 2pm. Or, went for a short walk.	Felt very tired and had a nap. Or, slept better after exercise.			
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

Pancreatic Cancer Diary for managing fatigue (extreme tiredness) Keeping a diary can help you see what makes your fatigue better or worse. This can help you and your medical team manage your fatigue. Don't feel that you have to fill in every box every day. Just do what you can.											n	
	Monday		Tuesday			Wednesday			Thursday			
Rate your fatigue from 0 to 10: 0 = no fatigue 10 = worst fatigue you can imagine	am	pm	eve	am	pm	eve	am	pm	eve	am	pm	eve
How did you feel today? (for example, happy, worried)												
What did you do today? (for example, showered, a short walk)												
What, if any, treatment did you have today? Include any changes in your care or medicines.												
Did anything make your fatigue better?												
Did anything make your fatigue worse?												
Note anything else relevant (for example, how you slept, problems with digestion, other symptoms)												



How to manage fatigue

Pharmacological methods

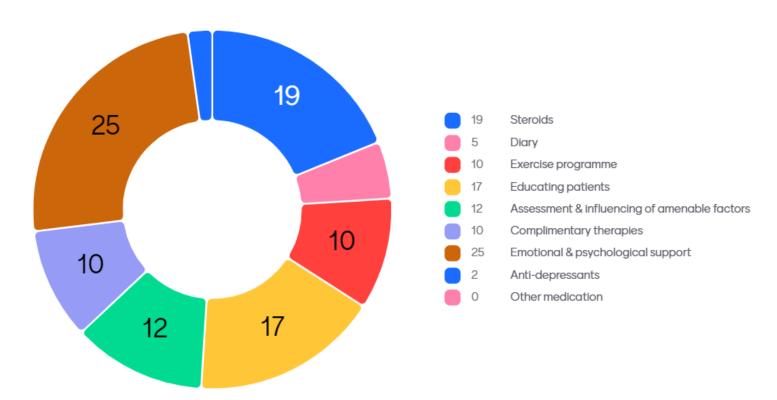
Pharmacological management



- Dexamethasone 8mg once daily
- Megestrol acetate 160mg once daily
- Anti-depressants
- Contraindicatory evidence for Psychostimulants

Seek specialist advice

In your experience which of these has had the most positive impact in improving / managing fatigue? (choose as many as you want)











" What helped? Care by family members – preparing fresh meals several times a day, taking mum out to a park where she could walk, escapist conversations and boosting her mental state."



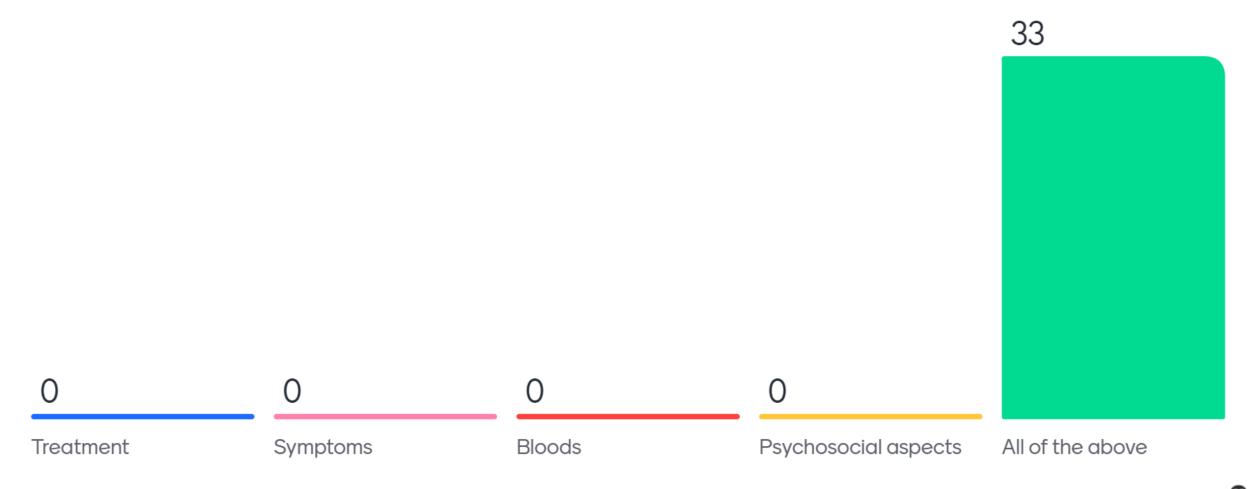
Case study





- Lisa
- Married, once child
- 3rd cycle of chemotherapy
- Fatigue, pain, constant nausea
- Deranged bloods
- Worried about job, finances and the future

What could be causing fatigue?



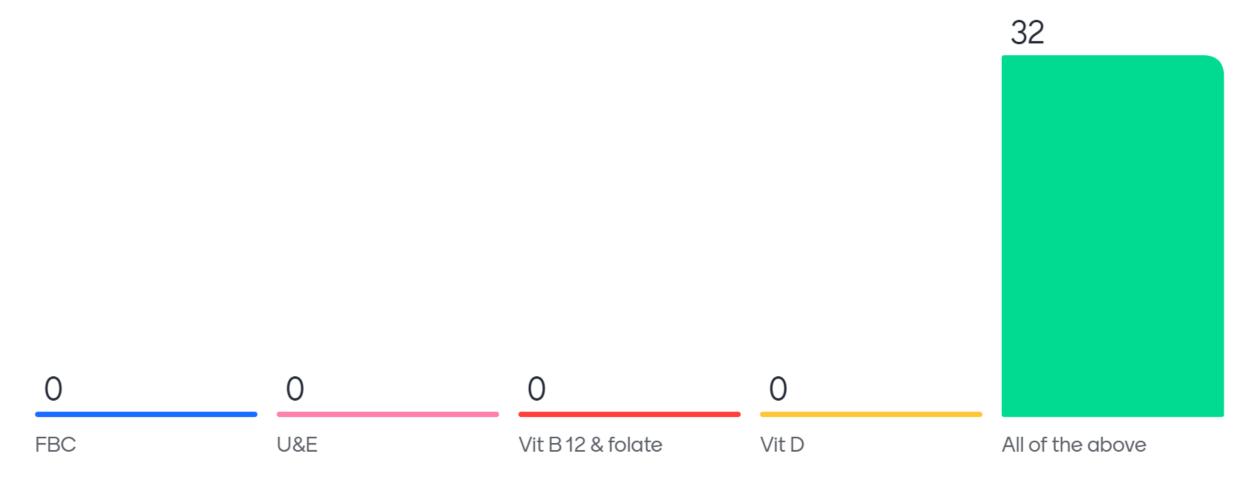








What bloods would you check?

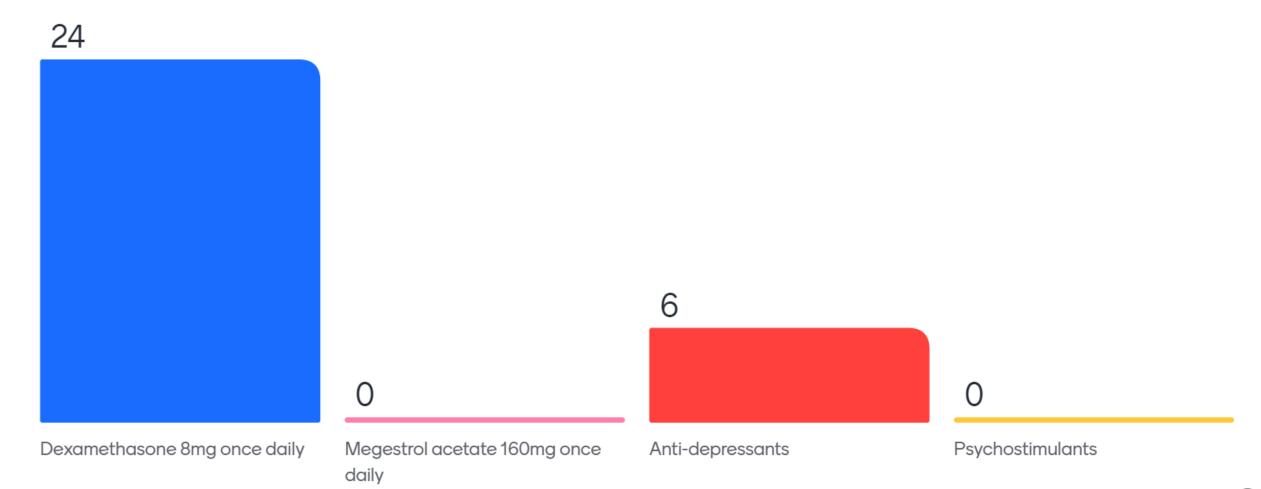








What treatment would you consider?















Q&A