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Fatigue **02/03**

-- Overview --

Fatigue is one of the most common complaints of people with cancer.[1] Fatigue exists in 14% to 96% of people with cancer, particularly in individuals actively undergoing treatment.[2] [3] [4] [5] [6] Fatigue is difficult to describe and patients express it in a variety of ways, using terms such as tired, weak, exhausted, weary, worn-out, fatigued, heavy, or slow. Likewise, health professionals struggle to describe fatigue, using terms such as asthenia, fatigue, lassitude, prostration, exercise intolerance, lack of energy, and weakness.

Defining fatigue has challenged clinicians and researchers for many years. Generally, fatigue may be defined as a condition characterized by distress and decreased functional status related to a decrease in energy.[7] [8] The specific manifestations may be physical, mental, or emotional. For

clinical and research purposes, it is useful to attempt to distinguish significant cancer-related fatigue from other kinds of fatigue to direct specific therapies toward the underlying etiology.

Acute fatigue is normal or expected tiredness characterized by localized intermittent symptoms, rapid onset, and short duration. Whereas rest will completely restore a healthy individual to a normal level of functioning, this restorative capacity is diminished in the presence of neoplastic disease.

Chronic fatigue is persistent, lasting weeks, and is not anticipated to end soon.[1] Chronic fatigue describes a prolonged, debilitating fatigue that is persistent or relapsing. This illness is sometimes diagnosed in the general medical population.[9] Although a variety of treatment- and disease-related factors may contribute to the development of fatigue, the biochemical, physiologic, psychologic, and behavioral mechanisms of this symptom complex are poorly understood. There is no standard of care for the assessment or treatment of fatigue in patients with cancer.

For many people diagnosed with cancer, fatigue may become a critical issue in their lives. Fatigue may influence one's sense of well-being, daily performance, activities of daily living, relationships with family and friends, and compliance with treatment.[7] [10] Financial resources may become limited as people suffering from fatigue are forced into disability programs or out of a job. Treatment outcomes may then become compromised due to difficulties in maintaining health insurance, problems in gaining access to care, or financial barriers to pursuing aggressive treatment.[11]

Consequently, a thorough understanding of fatigue may lead to initiation of effective interventions. Several instruments to measure fatigue have been validated in patients with cancer and are being utilized to characterize the symptom of fatigue and its effect on quality of life.[12] [13] [14] [15] [16] [17] [18] Interventions such as the use of epoetin alfa to improve quality of life and functional capacity are being evaluated with promising results.[19] [20]

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