

# PRIMARY CARE 10 TOP TIPS

## Authors:

Dr Charles Champion-Smith,  
Macmillan GP Adviser

Dr Kavi Sharma, Macmillan GP Adviser

Dr Charles Daniels, Macmillan Consultant in  
Palliative Medicine

## Managing fatigue

- 1** Take a proper history of tiredness/fatigue (as you would for pain). Consider personality, how they'd usually react to illness, their disease and treatment history. Take their symptoms seriously and use them as a cue – patients may wish to discuss disease progression and prognosis etc.
- 2** Try to quantify the problem. How does fatigue affect the patient and their life? What is it they can and can't do because of the fatigue? Do they have unrealistic expectations about the speed of recovery or are they denying the seriousness of their illness?
- 3** Try to understand the meaning of the fatigue for the patient. Is it more of a problem for relatives?
- 4** Is the concern about the physical limitations or the worry that the fatigue may indicate disease progression and death?
- 5** Possible causes of fatigue are:
  - treatment (eg chemotherapy, radiotherapy or steroid associated)
  - disease progression (lung and pancreatic cancer might cause fatigue even if not spread – prostate usually needs to have metastasized before causing it)
  - sadness, depression or anxiety
  - an unrelated problem (eg thyroid, diabetes)
- 6** Investigate where appropriate (FBC, albumin, U&Es, LFTs, calcium, glucose, weight, tumour markers, X-ray or scan)
- 7** Appropriate graded exercise (even bed and chair based) can be very helpful while rest usually makes fatigue worse. FAB (Fatigue Anxiety Breathlessness) clinics may be available in your area.
- 8** Consider use of oral steroids and Megestrol but you may want specialist advice first.
- 9** Try to maintain contact during treatment – patients appreciate this hugely and then feel more ready to discuss issues. It also helps to create trust.
- 10** Referrals may be useful or appropriate. Your interest, support and willingness to discuss concerns and have those difficult but important conversations is an equally significant part of patient care.