Fatigue, Pain, and Functional Status During Outpatient Chemotherapy

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Approximately 1.44 million new cases of cancer were diagnosed in the United States in 2007 (Jemal et al., 2009). Incidence rates from 1995 for men and 1999 for women through 2004 have remained fairly constant, whereas mortality rates have decreased continually since the early 1990s; thus, more people are living with cancer and experiencing the consequences of active treatment. Cancer treatments may result in better survival outcomes, which are certainly desirable; however, treatments may negatively affect quality of life, with increased symptoms impacting functional status. Symptoms that are particularly prevalent and bothersome are fatigue and pain.

Nursing care for cancer-related fatigue includes three major interventions: monitoring and assessing patients, taking actions to facilitate rest and conserving energy, and teaching patients and family members self-management strategies (Mitchell, Beck, Hood, Moore, & Tanner, 2007). However, interventions and strategies often are not very effective (Yurtsever, 2007) or well defined, and gaps exist in the knowledge regarding the management of fatigue and the relationships of fatigue and pain with changes in functional status over time during chemotherapy treatment (Mitchell et al., 2007).

Original work by Mishel (1988) established that lack of information regarding expected treatment effects on symptoms and how to interpret and manage persistent or new symptoms can contribute to uncertainty and distress. Clinical and informational or educational interventions need to be based on well-defined problems and the patterns of their occurrence and timed to occur before fatigue and pain levels are distressful and functional status is impaired (National Comprehensive Cancer Network, 2008). Maximal benefit will be gained from interventions that are tailored specifically to the patients’ relationships of the symptoms of fatigue, pain, and functional status. Given, Given, Azzouz, Stommel, and Kozachik (2000) suggested that the synergistic effect of multiple symptoms is unknown, and the coexistence of symptoms may have more than an additive effect on functional status (Lenz, Pugh, Milligan, Gift, & Suppe, 1997). Examining the relationships of multiple symptoms is important to effectively treat concurrent symptoms (Miaskowski, Dodd, & Lee, 2004; Given et al., 2000).