

Fatigue at End of Life

Fatigue is the most frequent, debilitating symptom in both advanced cancers and advanced chronic illnesses, affecting 60-90% and 75-99% of patients, respectively. Fatigue is defined as tiredness or exhaustion that is out of proportion with recent physical activity and is notably subjective. Although fatigue is an expected part of the clinical course towards end of life, it can interfere with daily functions, affecting quality of life and well-being. Fatigue can be highly distressing not only to patients, but also to their loved ones. It is important to educate patients and families and provide anticipatory guidance to help them cope with fatigue as it comes. This helps to create realistic expectations, working to align interventions for symptom management with their goals of care.

Interventions	Rational
Patient education and counselling	Education provides patients and families with realistic expectations. Guidance to support coping mechanisms, while supporting psychosocial health.
Consult an Occupational Therapist (OT)	OTs can recommend equipment to support patient safety as functional status declines. They can also provide education on how to simplify tasks to minimize energy demands.
Physiotherapy and light exercise	The benefits of exercise include maintaining strength, prolonging independence, improved sense of well-being and self-esteem. Balance is essential to not worsen fatigue with too much activity.
Prioritizing meaningful activities	Direct the focus away from fatigue and loss of function and towards enjoyable activities. This can be a restorative strategy to conserve energy.
Pharmacological supports	Examples include corticosteroids, methylphenidate (if fatigue is due to opioids or depression), sleep aids and more. Always consider goals of care and to ensure benefits of treatments outweigh risks.

