



Part 2: Pain and Symptom Management

Fatigue and Weakness

Effective Date: February 22, 2017

Key Recommendations

- Except when a patient is dying, recognize that fatigue is a treatable symptom with a major impact on quality of life.

Definition

Fatigue is a subjective perception/experience related to disease, emotional state and/or treatment. Fatigue is a multidimensional symptom involving physical, emotional, social and spiritual well-being and affecting quality of life.¹

Assessment

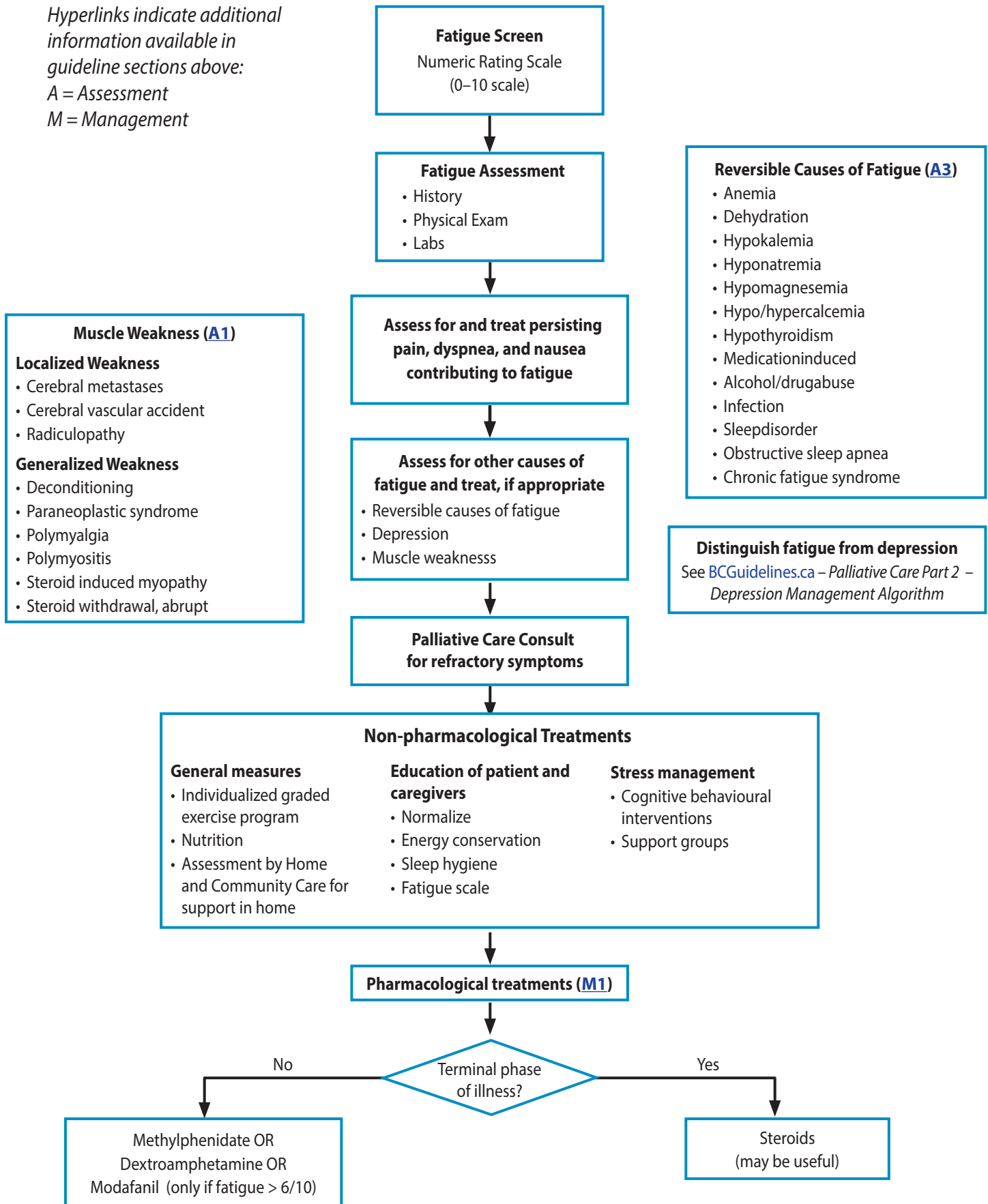
1. Assess whether symptom is fatigue or weakness (generalized or localized).
2. Distinguish fatigue from depression.
3. Look for reversible causes of fatigue or weakness (refer to *Fraser Health, Hospice Palliative Care Symptom Guidelines, Fatigue*, available at www.fraserhealth.ca/media/11FHSymptomGuidelinesFatigue.pdf).

Management

1. After treating reversible causes and providing non-pharmacological treatment recommendations, consider pharmacological treatment (refer to *Appendix A: Medications Used in Palliative Care for Fatigue*), if consistent with patient's goals of care.

Fatigue and Weakness Management Algorithm

Hyperlinks indicate additional information available in guideline sections above:
 A = Assessment
 M = Management



Resources

► References

1. Ferrell BR, Grant M, Dean GE, Funk B, Ly J. Bone tired: The experience of fatigue and impact on quality of life. *Oncology Nursing Forum*. 1996;23(10):1539-47.

► Appendices

Appendix A – Medications Used in Palliative Care for Fatigue

For additional guidance on fatigue, see also the **BC Inter-professional Palliative Symptom Management Guidelines** produced by the BC Centre for Palliative Care, available at: www.bc-cpc.ca/cpc/symptom-management-guidelines/



Appendix A: Medications Used in Palliative Care for Fatigue

Tailor dose to each patient; those who are elderly, cachectic, debilitated or with renal or hepatic dysfunction may require reduced dosages; consult most current product monograph for this information: <http://www.bc-sc.gc.ca/dhp-mps/prodpharma/databasdon/index-eng.php>

PSYCHOSTIMULANTS ^A						
Generic Name	Trade Name	Available Dosage Forms	Standard Adult Dose (note age specific recommendations)	Drug Plan Coverage ^B		Approx. cost per 30 days ^C
				Palliative Care	Fair PharmaCare	
methylphenidate ^D	Ritalin [®] , G	IR tabs: 5, 10, 20 mg	Age over 65 years: Not recommended Age 18 to 65 years: Start: 5 mg PO bid (AM and noon); use 2.5 mg for frail patients Max: 15 mg PO bid (AM and noon)	Yes, LCA	Yes, LCA	\$6–18 (G) \$14–41
	Biphentin [®]	SR caps: 10, 15, 20, 30 mg	Once dose stabilized on IR, give equivalent daily dose as SR or XR form once daily in AM	No	No	\$23–59
	Concerta [®]	XR tabs: 18, 27, 36, 54 mg		No	Special Authority ^E	\$71–93
	Ritalin-SR [®] , G	SR tabs: 20 mg		No	Yes, LCA	\$9 (G) \$24
dextro-amphetamine ^D	Dexedrine [®] , G	IR tabs: 5 mg	Age over 65 years: Not recommended Age 18 to 65 years: Start: 2.5 mg PO bid (AM then in 4 to 6 h) Max: 20 mg PO bid (AM then in 4 to 6 h)	No	Yes	\$18–134 (G) \$24–188
		SR caps: 10, 15 mg	Once dose stabilized on IR, give equivalent daily dose as SR form once daily in AM	No	Yes	\$33–135
modafinil ^D	Alertec [®] , G	Tabs: 100 mg	Age over 65 years: Start: 100 mg PO qAM Max: 100 mg PO bid (AM and noon)	No	Special Authority ^F , LCA	\$30–60 (G) \$45–90
			Age 18 to 65 years: Start: 100 mg PO bid (AM and noon) Max: 200 mg PO bid (AM and noon)			\$60–120 (G) \$90–180

Abbreviations: caps capsules; G generics; h hours; IR immediate release; LCA subject to Low Cost Alternative Program; max maximum dose; PO by mouth; qAM every morning; SR sustained release; tabs tablets; XR extended release

^A Refer to guideline and/or algorithm for recommended order of use.

^B PharmaCare coverage as of October 2016 (subject to revision). Obtain current coverage, eligibility, and coverage information from the online BC PharmaCare Formulary Search page at pharmacareformularysearch.gov.bc.ca

^C Cost as of October 2016 and does not include retail markups or pharmacy fees. Generic and brand name cost separated as indicated by (G).

^D This indication (i.e. depression) used in practice, but not approved for marketing by Health Canada

^E Special authority required to obtain coverage for Concerta[®] for ADHD as second line treatment

^F Special authority required to obtain coverage for modafinil for patients with narcolepsy