Fatigue and Weakness Management Algorithm

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

Muscle Weakness (A1)
Localized Weakness
- Cerebral metastases
- Cerebral vascular accident
- Radiculopathy

Generalized Weakness
- Deconditioning
- Paraneoplastic syndrome
- Polymyalgia
- Polymyositis
- Steroid induced myopathy
- Steroid withdrawal, abrupt

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Reversible Causes of Fatigue (A3)
- Anemia
- Dehydration
- Hypokalemia
- Hyponatremia
- Hypomagnesemia
- Hypo/hypercalcemia
- Hypothyroidism
- Medicationinduced
- Alcohol/drugabuse
- Infection
- Sleepdisorder
- Obstructive sleep apnea
- Chronic fatigue syndrome

Distinguish fatigue from depression
See BCGuidelines.ca – Palliative Care Part 2 – Depression Management Algorithm

Fatigue Screen
Numeric Rating Scale
(0–10 scale)

Fatigue Assessment
- History
- Physical Exam
- Labs

Assess for and treat persisting pain, dyspnea, and nausea contributing to fatigue

Assess for other causes of fatigue and treat, if appropriate
- Reversible causes of fatigue
- Depression
- Muscle weakness

Palliative Care Consult for refractory symptoms

Non-pharmacological Treatments
General measures
- Individualized graded exercise program
- Nutrition
- Assessment by Home and Community Care for support in home

Education of patient and caregivers
- Normalize
- Energy conservation
- Sleep hygiene
- Fatigue scale

Stress management
- Cognitive behavioural interventions
- Support groups

Pharmacological treatments (M1)

Terminal phase of illness?
No
- Methylphenidate OR
- Dextroamphetamine OR
- Modafanil (only if fatigue > 6/10)

Yes
- Steroids (may be useful)