

# Managing fatigue in patients with chronic conditions in primary care

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Fatigue is one of the common presenting complaints in primary care, being the primary complaint in 5–10% of presentations and an associated complaint in a further 10% of family practice consultations.<sup>1</sup> Surveys suggest that the symptom is even more common in the community, with 5–20% of the general population complaining of persistent and troublesome fatigue. Almost half of those presenting with symptoms of severe fatigue remain fatigued 12 months later.<sup>2</sup> Although family physicians may associate fatigue with conditions such as depression, it is a common underlying symptom across a range of chronic conditions and has particular relevance in the management of patients with multiple chronic conditions or multi-morbidity.

In some chronic conditions, fatigue is reported by individuals to be one of their worst symptoms, having a key impact on their quality of life and ability to function. Despite being rated as an important symptom by up to 80% of patients, it is often a neglected component in the management of chronic conditions.<sup>3,4</sup> It may also be a presenting symptom of co-morbid depression because patients with chronic illnesses are known to have a higher prevalence of major depressive illness, along with added functional impairment and increased medical costs.<sup>5</sup>

Many features of chronic conditions contribute to fatigue, including muscle weakness, pain, anxiety and disturbed sleep. Considering its multifaceted nature, management of fatigue should be comprehensive in targeting these diverse contributing factors. Potential management options include physiotherapy with a focus on endurance and fitness training, psychological interventions and structured fatigue management education programmes that usually include elements of all these approaches. Due to the impact of persistent fatigue on daily functioning, occupational therapists, whose focus is on facilitating maximum participation in self-care, work and leisure activities, are often the professionals who design and deliver fatigue management programmes.

In a systematic review, occupational therapy-led fatigue management interventions have been identified as a promising approach to fatigue management.<sup>6</sup>

The overall aim of these interventions is to (i) increase patients' understanding of fatigue, (ii) assist them in identifying factors that exacerbate their fatigue, and (iii) facilitate development of fatigue management strategies. This is achieved through analysis of their own daily activities and routines by patients in order to assess the effort and energy required for different activities. They are then informed of different methods for planning, pacing and prioritizing activities in order to enable participation in valued activities. Additionally, occupational therapists advise on work simplification skills, body mechanics, environmental adaptations, appropriate assistive devices and rest periods. Other factors that affect fatigue, such as anxiety management strategies (e.g. relaxation techniques and participation in leisure activities), sleep hygiene, nutrition and development of problem-solving skills, are also addressed to increase self-efficacy in managing fatigue.<sup>4</sup> These interventions can be delivered either individually or in a group format, but there is limited evidence to support one approach over the other.

Results of 6-week group-based energy management programmes for patients with multiple sclerosis have indicated decreased impact of fatigue, increased self-efficacy, improved quality of life and continued implementation of fatigue management strategies during a 1-year follow-up period.<sup>7</sup> However, the major portion of this research has been conducted in patients with multiple sclerosis and cancer.<sup>4</sup> Generic self-management support programmes, which aim to address the management of chronic conditions, usually include fatigue management interventions.<sup>6</sup> The multifaceted nature of these programmes may be appropriate in addressing the complex nature of fatigue, although most of their evaluations have not specifically focused on fatigue-related outcomes.

The characteristics of patients who would benefit from a focus on fatigue management or a referral to a specific treatment programme remain unclear. Some limited research suggests that predictors of response to self-management interventions include 'readiness to change', willingness to adopt new behaviours and higher baseline of self-efficacy, as well as higher

socio-economic and functional status. It has also been suggested that increasing age may be associated with decreased motivation to adopt new behaviours.<sup>8</sup>

Considering the limited evidence guiding clinicians managing patients presenting with fatigue, general practitioners could advise patients about some simple fatigue management strategies, such as keeping a diary of their daily activities for a 2- to 3-day period. This will enable patients to identify their most energy-demanding activities and to prioritize and pace these activities throughout their day and week. They could also advise their patients on lifestyle factors that affect fatigue, such as regular exercise, balanced diet and sleep hygiene habits. Practising simple stress management strategies, such as deep breathing and relaxation, can also help in the management of fatigue.<sup>9</sup>

Although studies that demonstrate the effectiveness of fatigue management interventions for people with long-term conditions do exist, further research is required to examine the effectiveness of fatigue management programmes in primary care populations and to determine the patients who may benefit most from such interventions. In the meantime, family practitioners can ask patients with long-term conditions about fatigue and consider referral to other primary care

clinicians, such as occupational therapists, for specific treatment and support.

## References

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