Lethargy

Persistent fatigue as well as post dialysis fatigue have been attributed to a number to a number of causes: the rapid osmotic changes of the extracellular fluid space during hemodialysis, depletion of specific substances such as carnitine, ultrafiltration and its effect on blood pressure, blood membrane interactions, depression, insomnia, poor nutrition, anemia, and medication.¹-⁶

TREATMENT PROTOCOL GUIDELINES

1. Ensure patient is getting enough sleep – assess for any sleep apnea, restless legs¹

2. Ensure patient is well dialyzed (KT/V of at least 1.4)⁶

3. Keep Hct at 33-36³

4. Treat any hypotention as appropriate²

5. Increase dialysis sodium concentration²

6. Encourage activity during the day as tolerated and increase amount each week.⁷

7. If patient is able, encourage a routine exercise program⁷

8. If patient is deconditioned consider inpatient or home physical therapy.⁷

9. Encourage adequate nutritional intake. If malnourished try a course of nandrolone and protein supplements⁸

10. Assess if patient is on drugs that may be causing lethargy and decrease or substitute drug¹

11. Try the use of a psychostimulant such as ritalin 10 mg a.m. and at noon⁹

12. Assess for depression and treat as appropriate⁵

13. Carnitine 10mg/kg IV after each dialysis treatment⁴

References