FATIGUE / WEAKNESS

Types:
Fatigue & weakness may be localized or generalized. The etiologies may be different depending on the localization.

Potential Causes of Localized Weakness

- **Malignancy-related**
  - Cerebral neoplasm – monoparesis, hemiparesis
  - Spinal cord compression – generally bilateral
  - Peripheral nerve lesions, eg.,
    - Brachial plexus lesion
    - Pancoast’s tumor
    - Axillary recurrence
    - Lumbosacral plexus lesion
    - Lateral popliteal nerve palsy
  - Proximal limb muscle weakness, eg.,
    - Corticosteroid myopathy
    - Paraneoplastic myopathy &/or neuropathy
    - Paraneoplastic polymyositis
    - Lambert-Eaton myasthenic syndrome
  - Systemic (DM, B12 deficiency, Hyper or Hypothyroid) other than cancer

Generalized progressive weakness

Generalized progressive weakness may mean that the patient is close to dying. Other possible causes

Causes of generalized weakness in cancer

- **Caused by cancer**
  - Progression of disease
  - Anemia
  - Hypercalcemia
  - Hypo-adrenalism
  - Neuropathy
  - Myopathy
  - Depression

- **Caused by treatment**
  - Surgery
  - Chemotherapy
  - XRT
  - Drugs –
    - diuretics, antihypertensives, oral hypoglycemics
  - Hypokalemia

- **Related to cancer &/or debility**
  - Insomnia
  - Exhaustion
  - Prolonged bedrest
  - Pain
  - Dyspnea
  - Malaise
  - Infection
  - Dehydration
  - Malnutrition

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Management Approach to Fatigue

- Evaluate medications
- Rule out depression
- Promote energy conservation
- Optimize fluid, electrolyte intake
- Permission to rest
- Clarify role of underlying illness
- Educate/support the patient and family
- Include other disciplines

Management of Fatigue

- When weakness relates to an easily correctable cause, treat the cause
- If weakness relates primarily to disease progression, consider a 1-week trial of corticosteroids, e.g., dexamethasone 4mg qd or prednisolone 20-30mg qd.
- Anemia of blood loss may respond to iron supplements.
- As the patient becomes more debilitated, the benefit of blood transfusion becomes reduced; treat the patient and not the H/H levels.
- IV hyperalimentation is not indicated for weakness; it may lead to weight gain but weakness persists.

Drugs used to treat fatigue

- Dexamethasone
  - Feeling of well-being, increased energy
  - Effect may wane after 4-6 weeks
  - Continue until death
- Methylphenidate/dextroamphetamine
  - Typically dose at 8am and noon to minimize insomnia
  - Caution when concurrent anxiety disorder

Reference:

- EPEC Module 10. [www.epec.net](http://www.epec.net)

Case 1

A 90 yo Polish woman with CAD, Afib, OA and a history of falls complains of “I just feel tired all the time.” Her daughter states that the patient is basically eating and then sleeping. Patient states she has moderate knee pain and feels unsteady on her feet. Her medications include: digoxin, cardizem, zoloft, acetaminophen prn and MVI. What factors could account for her fatigue? What are the next steps in your approach to diagnosing her fatigue? What can you offer her?

Case 2

Mrs. E. is a 55 year-old woman with a bulky intra-abdominal sarcoma. While her symptoms of pain have been well controlled with a regimen of oxycodone, she complains that she is often fatigued and lacks the energy to perform her usual activities (housework, shopping, and daily church attendance). Her son urges you to “make her better,” and believes if she would only do more exercises, she would feel better. How would you approach Mrs. E diagnostically? What would you say to Mrs. E’s son?