

GUIDELINES & PROTOCOLS

ADVISORY COMMITTEE

Palliative Care for the Patient with Incurable Cancer or Advanced Disease Part 2: Pain and Symptom Management *Fatigue and Weakness*

Effective Date: September 30, 2011

Scope

This section presents assessment and management strategies for dealing with fatigue and weakness occurring in patients with cancer or advanced disease.

Salient Principle in this Section:

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

Included in this Section:

- A – Fatigue and weakness management algorithm
- B – Medications used for fatigue and weakness reference tables

Fatigue and Weakness Management (*Refer to Appendix A – Fatigue and Weakness Management Algorithm*)

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

Fatigue Assessment

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

Fatigue Management Strategies

- After treating reversible causes and providing non-pharmacological treatment recommendations, consider pharmacological treatment (*Refer Appendix B*), if consistent with patient's goals of care
- Refer Fatigue and Weakness Management Algorithm

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 – Fatigue and Weakness Management Algorithm

Appendix B – Medications Used in Palliative Care for Fatigue

Palliative Care Part 1: Approach to Care is available at www.bcguidelines.ca/guideline_palliative1.html,
Palliative Care Part 3: Grief and Bereavement is available at www.bcguidelines.ca/guideline_palliative3.html

This guideline is based on scientific evidence current as of the Effective Date.

The guideline was developed by the Family Practice Oncology Network and the Guidelines and Protocols Advisory Committee. The guideline was approved by the British Columbia Medical Association and adopted by the Medical Services Commission.

A mobile version of this and other guidelines is also available at www.BCGuidelines.ca

The principles of the Guidelines and Protocols Advisory Committee are to:

- encourage appropriate responses to common medical situations
- recommend actions that are sufficient and efficient, neither excessive nor deficient
- permit exceptions when justified by clinical circumstances

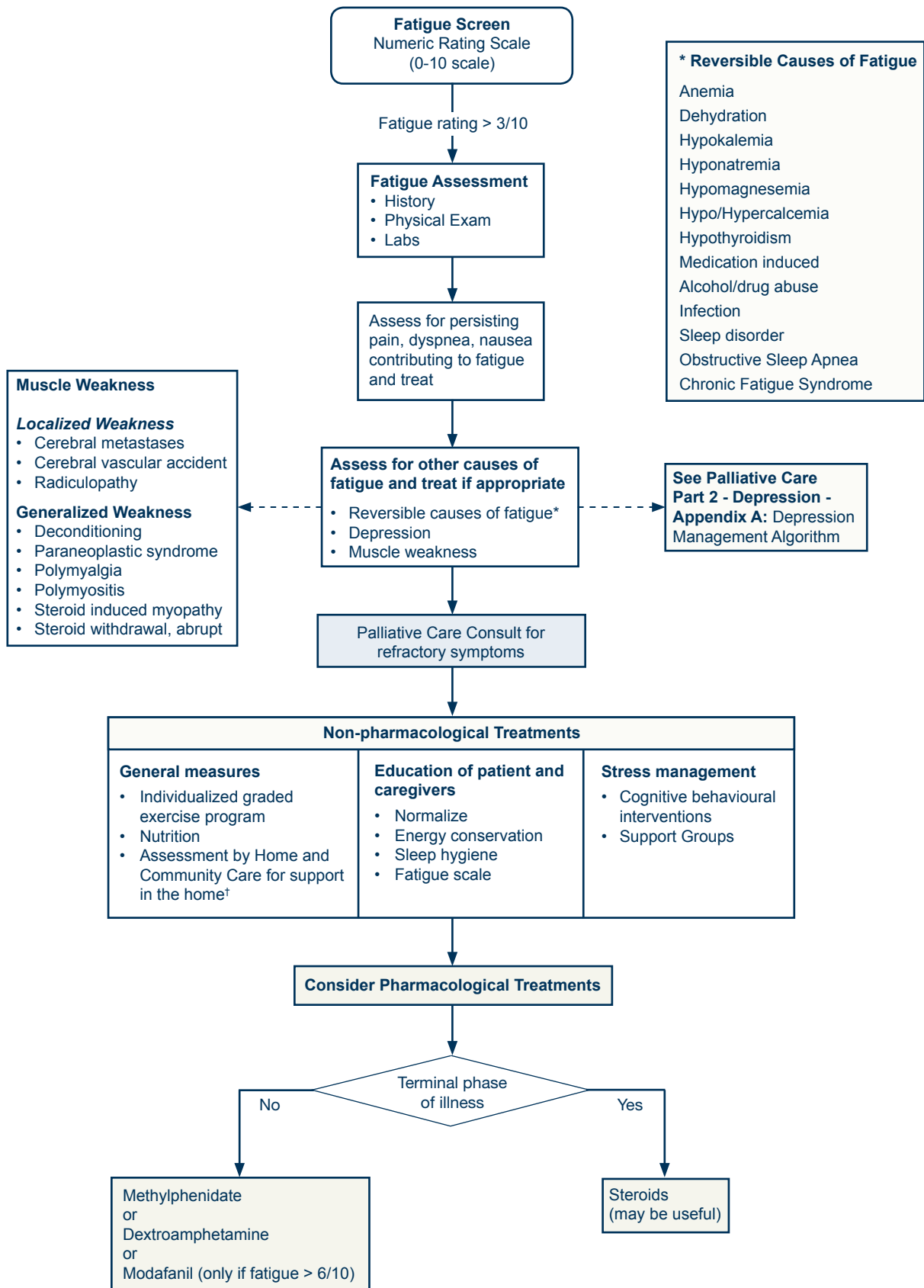
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DISCLAIMER

The Clinical Practice Guidelines (the "Guidelines") have been developed by the Guidelines and Protocols Advisory Committee on behalf of the Medical Services Commission. The Guidelines are intended to give an understanding of a clinical problem and outline one or more preferred approaches to the investigation and management of the problem. The Guidelines are not intended as a substitute for the advice or professional judgment of a health care professional, nor are they intended to be the only approach to the management of clinical problems. **We cannot respond to patients or patient advocates requesting advice on issues related to medical conditions. If you need medical advice, please contact a health care professional.**

Appendix A: Fatigue and Weakness Management Algorithm



†Refer to “Guide to Your Care” at www.health.gov.bc.ca/library/publications/year/2007/Guide_to_Your_Care_Booklet2007_Final.pdf

Appendix B: Medications^a Used in Palliative Care for Fatigue

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

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://webprod.hc-sc.gc.ca/dpd-bdpp/index-eng.jsp>

PSYCHOSTIMULANTS						
Generic Name	Trade Name	Available Dosage Forms	Standard Adult Dose (note age specific recommendations)	Drug Plan Coverage ^A		Approx. cost per 30 days
				Palliative Care	Fair PharmaCare	
methylphenidate [†]	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	\$6-16 (G) \$11-32
	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	\$21-54
	Concerta [®]	XR tabs: 18, 27, 36, 54 mg		No	Special Authority ^B	\$68 - \$89
	Ritalin [®] SR, G	SR tabs: 20 mg		No	Yes, LCA	\$ 10 (G) \$20
dextro-amphetamine [†]	Dexedrine [®]	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	\$20 - \$156
		SR caps: 10, 15 mg	Once dose stabilized on IR, give equivalent daily dose as SR form once daily in AM	No	Yes	\$28 - \$112
modafinil [†]	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 ^C , LCA	\$32 -60 (G) \$42-83
			Age 18 to 65 years: Start: 100 mg PO bid (AM and noon) Max: 200 mg PO bid (AM and noon)			\$60-120 (G) \$83-167

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 PharmaCare coverage and cost as of November 2010 (subject to revision). Cost does not include dispensing fee. Generic and brand name cost separated, as indicated by (G). Obtain coverage, eligibility, medication coverage information and explanations here: [Information on Provincial Drug Coverage](#)

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

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

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

References

Cardario. Drug Information Reference. Vancouver: The BC Drug and Poison Information Centre, 2003.

Fraser Health [page on the internet]. Vancouver: Fraser Health; c2009 [cited 2010 Aug 11]. Hospice Palliative Care Symptom Guidelines. Available from: www.fraserhealth.ca/professionals/hospice_palliative_care/

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Repchinsky C, editor. Compendium of Pharmaceuticals and Specialties. 2010. Toronto: Canadian Pharmacists Association, 2010.

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Twycross R, Wilcock A, Dean M, et al. Palliative Care Formulary. Canadian Edition. Nottingham: Palliativedrug.com Ltd, 2010.