Insomnia and Fatigue

Andrea Richtel Branas, MSE, MPT, CLT
Lead Therapist
Good Shepherd Penn Partners
Abramson Cancer Center
Cancer Related Fatigue (CRF)

Distressing, persistent, subjective sense physical, emotional, and/or cognitive tiredness or exhaustion related to cancer or cancer treatment that is not proportional to recent activity and interferes with usual functioning.
Cancer Related Fatigue

• Reported as the most common and distressing side effect of cancer treatment

• Affects 70-100% of the cancer population

• Can make it hard to:
  – Be with friends and family
  – Do daily activities
  – Follow treatment plan
What does fatigue feel like?

- No energy
- Need more sleep
- Sleeping is not restful
- Normal activities are difficult to do
- Difficulty focusing your attention
What causes Fatigue?

Cancer and its treatment
What causes Fatigue

– Cancer
– Cancer treatments (surgery, chemo, radiation)
– Anemia
– Insomnia/sleep disturbance
– Nutrition
– Depression and anxiety
– Medications
– Too much activity
– Lack of exercise
Symptom Cluster

• Fatigue is commonly clustered with symptoms of:
  – Pain
  – Sleep disturbance
  – Emotional distress
How do we treat fatigue?

- Patient Education
- Energy conservation
- Non-pharmacologic
- Pharmacologic

Adapted from NCCN Guidelines 1.2013 Cancer-Related Fatigue
Energy Conservation

• Finding easier ways to perform tasks
• Saving your energy
• Avoiding fatigue, by balancing work and rest
• Changing how you do activities
  – So you can do more without as much fatigue
Energy Conservation

• Pacing
• Planning
• Posture
• Organization
How do we treat fatigue?

Patient Education

Energy conservation

Non-pharmacologic

Pharmacologic

Adapted from NCCN Guidelines 1.2013 Cancer-Related Fatigue
Non-Pharmacologic

- Activity Enhancement
  - Exercise
  - Rehabilitation
- Psychosocial Intervention
- Nutrition
“Activity Enhancement”

“It is reasonable to encourage all patients to engage in a moderate level of physical activity during and after cancer treatment”
ACSM Guidelines

• ACSM Roundtable on Exercise Guidelines for Cancer Survivors
  – Medicine & Science in Sports and Exercise, June 2010
• ***Avoid Inactivity***
• Exercise should be individualized
• Exercise is safe both during and after most types of cancer treatment
Exercise with lymphedema

• Weight Lifting in Women with Breast-Cancer-Related Lymphedema

• In breast cancer survivors with stable lymphedema, slowly progressive weight lifting did not significantly increase limb swelling.
  – Decreased incidence of flares
  – Decreased lymph symptoms
  – Increased strength

Physical Activity

• American Cancer Society guidelines
  – Adopt a physically active lifestyle.
    • Adults:
      – Moderate or greater activity for 30 minutes or more on five or more days of the week.
  – Always talk to your doctor/nurse first!
    • Special precautions
      – Low blood counts
      – Bone metastases

How do you get started with exercise?

- Physical Therapy Vs. Cancer Certified Trainer Vs. Home
Physical Therapy

– Not sure what to do
– Recent surgery
– Medically complex
– Lymphedema
– Very deconditioned
Exercise Specialist

- ACSM/ACS Certified Cancer Exercise Trainer
  - No specific muscle/joint pains
  - Need guidance
  - No lymphedema
Exercise at Home

- Experienced exerciser
- Know how to slowly progress
- Know how to come back after a holiday
- Know how to monitor how hard you are working
Bare minimum

- Walk
- Walk
- Walk
- Walk

- Something is more than nothing!
- Start Low and Progress Slow!
How do we treat fatigue?

- Patient Education
- Energy conservation
- Non-pharmacologic
- Pharmacologic

Adapted from NCCN Guidelines 1.2013 Cancer-Related Fatigue
Pharmacologic

• Medications for:
  – Pain
  – Insomnia
  – stimulants
Sleep Disturbance

- Hypersomnia – sleeping too much
- Insomnia – not enough sleep
- 30%-75% of patients with cancer
Why is sleep disrupted?

- Pain
- Anxiety
- Night sweats
- Upset stomach
- Frequent urination
- Difficulty breathing
- Poor sleep habits
- Medication
Look closely at your sleep Issues

- Sleep history
- Impact of insomnia on daily activities
- Sleep diary
- Mood evaluation – check for depression & anxiety
- Apnea/snoring

ADL = activity of daily living
Help for Insomnia

– Behavioral therapy
– Stimulus control therapy
– Sleep restriction therapy
– Sleep hygiene education
– Regular exercise
– Medications

Medical Treatments

CLASSIC THERAPIES

• Benzodiazepines
  - (temazepam)
• Imidazopyridines
  - (zolpidem)
• Pyrazolopyrimidine
  - (zaleplon)
• Pyrrolopyrazine
  - (eszopiclone)

} benzodiazepine receptor agonists (BZRAs)

• Behavior Therapy
  - (sleep restriction, stimulus control)

• Antidepressants
  - (amitriptyline, trazodone, doxepin)

Other Pharmacologic strategies

• Psychostimulants

• Corticosteroids

• Antidepressants
  – Treatment of depression related fatigue

• Herbals
  – *Promising*
  – Drug-drug interactions possible

Controlling your fatigue

In your control

Out of your control
How do you gain control?

1. Know your symptoms
   – Monitor symptoms regularly

2. Share your symptoms with
   – Care team
   – Family and friends

3. Try new treatments
   – But only 1 at a time
Getting to know your fatigue

• Rate your fatigue

No fatigue

Worst fatigue you can imagine
On your calendar

- Fatigue
- Mood
- Activity
- Medication
- Stressors
- Sleep
Symptoms Calendar

F = Fatigue
P = Pain
M = mood
S = hours of sleep
Exercise

<table>
<thead>
<tr>
<th></th>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F=3  P=2 Walk=1m</td>
<td>F=5</td>
<td>F=3</td>
<td>F=3</td>
</tr>
<tr>
<td></td>
<td>Party S=8</td>
<td>P=4 No</td>
<td>P=3</td>
<td>P=2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>exercise S=7</td>
<td>Walk 2 miles</td>
<td>Lift weights</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>S=9</td>
<td></td>
</tr>
</tbody>
</table>
Share symptoms with care team

• Discuss:
  – Medications
  – Activity
  – Sleep
  – Mood
  – Pain
Exercise
Sleep Hygiene

- Eliminate caffeine, nicotine, & alcohol
- Check meds with MD
- Keep bedtime and wake-time same
- Exercise
- Avoid late afternoon naps
- Eliminate big bedtime snacks
- Limit night-time fluids
- Avoid noise
- Keep correct temperature
- Get outside
- Get up if not sleeping
- Reserve bed for sleep

Eat Well
Managing Side Effects from the Psycho/Social Point of View

– Side effects are no fun!
– How you respond to side effects is completely up to you
Managing Side Effects

• Relationship to Self
  • Acceptance
  • Emotional Release
  • Not over-identifying with the body

• Relationship to Others
  • Communicating Feelings
  • Educating Others
  • Getting help!
Moving On

What is the most loving thing you can do for yourself?
Questions and Discussion