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Pain: chronic
Syndromes: chronic fatigue

Oliver RL, Taylor A: Fatigue: the art of thorough assessment in chronic pain syndrome.

AJPM, 11(4):137-147; 2001. 10 References

2828 Mt. Vernon Ave., Evansville, IN 47712 (RL Oliver, MD) BLJ.07 FB0217/47 ©2002

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A patient with chronic pain experiences many factors that interfere with sleep: anxiety, depression, and pain. This, in turn, can lead to fatigue which affects overall function. Chronic pain, then, inhibits all of the normal functions and rhythms of the body, both psychological and physical.

To treat fatigue, one must trace all of the causes. If fatigue is not resolved, pain will not be resolved. It makes life unacceptable, as quality of life seems more important than quantity of life. Fatigue will not be resolved if only the symptom is treated.

Fatigue is defined as "a state of increased discomfort and decreased efficiency resulting from prolonged exertion; a generalized feeling of tiredness and exhaustion." It has also been described as "a normal reaction to intense physical exertion, emotional strain, or lack of rest." It is the seventh most common complaint seen by physicians. Twenty to 40 percent is due to physiological causes. Since it has multiple causes, a thorough physical assessment and detailed patient objective history are needed. Causes can be categorized on the basis of etiology, physiological or psychological. Physiological causes can be subdivided into chronic fatigue syndrome, chronic pain, blood abnormalities, altered oxygenation, and sleep deprivation. Psychological causes are depression or anxiety.

Only a minor number of patients will meet the criteria for chronic fatigue syndrome. These criteria are cited in a table. The authors also present a comprehensive fatigue flow sheet to guide the clinician in the evaluation of the patient and keep track of what has been assessed. They also present an insomnia flow sheet.

Once a patient has had pain for six months, it is considered chronic and changes occur in the body's interpretation to pain; the body then finds ways to respond to pain. A pain wheel is presented that has, at the center, function, and, out from this, are spokes of depression anxiety, insomnia, pain, and fatigue. Similarities are shown in the treatment of pain to a ball of twine, in that the whole ball must be unwound, as pulling on one strand only tangles the twine. Another strong point is emphasized where

disciplines treating the patient must be coordinated, not stacked; otherwise none will address the holistic aspect of treatment.

The success of pain management is based on: 1) documentation of the initial pain; 2) assessment of functioning to be repeated at every visit; and 3) assessment of the overall success rate of the pain management program. It is a long-term procedure. Pain must be absent 100% of the time to break the fatigue/pain cycle, not just for hours at a time. The pain wheel is always in motion and each spoke affects all other spokes. Function will not improve in a patient who is treated only for pain. All psychological and physiological aspects of fatigue must be addressed to treat pain.

Some abnormalities that are discussed in detail are cited as potential causes of fatigue: anemia, malnutrition, hypothyroidism, hypogonadism, diabetes, cardiovascular disease, pulmonary disease, anxiety, depression, sleep apnea, and insomnia. The authors cite how to evaluate and treat each of these conditions. They are also included in the fatigue flow sheet assessment form.

It is concluded that fatigue is a symptom, not a disease, which is often not resolved. Assessment must be a balance of timeliness and thoroughness. Use of the flow sheet and pain wheel help facilitate the process of assessment. Sleep deprivation is important and most patients will have some degree of this condition. Follow-up is also the key. There is no single therapy to treat fatigue. Each patient must be thoroughly evaluated, treated, reassessed, and followed.

Most important is to do no further harm. The patient needs to be treated without medications that may lead to insomnia; delta wave sleep interruption must be avoided. Support is necessary for diet and exercise whether the patient is overweight, normal weight, or thin. For the pain management patient, the link between pain and fatigue and the fact that treatment of both pain and fatigue is necessary to resolve either are perhaps the most important tenets of good care.