

It's Like Night & Day Simple Strategies for Managing Sleep and Fatigue

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What is fatigue?

Fatigue in medical conditions such as bone marrow failure diseases can be similar to fatigue experienced by cancer patients.

Cancer-related fatigue is a distressing persistent, subjective sense of 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.

NCCN Guidelines 2010

Fatigue is Common



One of the most **common** side effects of cancer and treatment

Ranging from **14% to 96%** of people with cancer.

Longlasting

– **30% to 50%** of cancer survivors have fatigue that lasts for months or even years after they finish treatment.

Cancer-related Fatigue

- Fatigue is a **subjective** symptom
- It rarely occurs in isolation
 - “symptom cluster” with pain, **sleep disturbance**, mood/emotional symptoms
 - Closely related symptoms **interact with one another** and possibly have common etiology
- Fatigue is **most distressing symptom** (even more than pain or nausea)
- Fatigue has been **under-reported, under-appreciated and under-managed**

Cancer-related Fatigue

- **Not predictable** always predictable by disease type or treatment, but more common when undergoing treatment.
- May come on suddenly, is disproportionate to activity/exertion, and is not relieved by **rest or sleep**.
- It is **complex**, and has biological, psychological and behavioral causes and consequences.

Cancer-related fatigue

“feel tired” “weak” “exhausted”
 “weary” “worn-out” “heavy”
 “slow”
 “Like trying to walk through quicksand.”
 “don’t feel like myself.”
 “can’t get off the couch.”

What is the difference between tiredness and fatigue?

- Tiredness happens to everyone
- It is an expected feeling after certain activities or at the end of the day
- A good night's sleep often solves the problem



- Fatigue is a daily lack of energy
- It is an unusual or excessive whole-body tiredness not relieved by sleep.
- It can be acute (lasting a month or less) or chronic (lasting from one month to six months or longer).
- Fatigue can prevent a person from functioning normally and impacts a person's quality of life.

What causes Fatigue?

-adapted from the National Cancer Institute (NCI)

- | | |
|---|---|
| <ul style="list-style-type: none"> • treatment • Illness • Anemia • Medications such as opioids for pain • Weight loss and loss of appetite • Changes in metabolism • Hormone levels that are too low or too high • Emotional distress • Decline in physical condition | <ul style="list-style-type: none"> • Trouble sleeping • Inactivity • Trouble breathing • Loss of strength and muscle coordination • Pain and other symptoms • High levels of inflammation causing cytokines • Poor nutrition • Dehydration • Infection |
|---|---|

NCCN Guidelines

- Screening, assessment and management according to guidelines
- A combination of pharmacological and non-pharmacological approaches are effective interventions
- Treatment teams should include providers educated in managing fatigue
- Screening and management should begin at first visit and continue
- Disability should include coverage for fatigue

Best Strategies for Fatigue

1. Manage **pain**
2. Look at types and timing of **medications**
3. **Prioritize and plan**
4. Treat **depression** and manage **stress**
5. Get better **sleep**
6. **Exercise**
7. Get daily daytime **light**

Exercise



- Regular exercise is the best known treatment for fatigue.
 - "Shouldn't I rest when I'm tired?" That depends...
 - Exercise helps sleep and mood too.
- Ask your doctor what is safe to do.
- Try swimming, brisk walking, indoor stationary cycling or low-impact aerobics at least 3x week.

Medications



- Go over your medications with your provider
- Some medications are more sedating or have muscle fatigue as a side effect
- Look at the timing of medications and see if the more sedating medications can be taken later in the day
- Some providers prescribe psycho-stimulants to increase daytime alertness

Prioritize and Plan

- “**Spending**” Energy
- Be **realistic** about how much you have in the bank.
- What is most **important**?
- Can you **delegate**? How do you communicate about this to your loved ones; to your boss?
- Look at **timing** of activities. Plan for better energy times.
- **Notice** signs of waning energy and stop for a **break**.
- Spend your energy on **energy gains**! It is like a good investment.

Energy gains and Energy drains

| Energy Gain | Energy Drain |
|----------------------------------|-----------------------------|
| Laugh on the phone with a friend | Thinking about the basement |
| Short walk in the fresh air | Doing dishes |
| Deep breathing relaxation | Moving boxes in garage |
| | Arguing with relative |

Daytime LIGHT



It helps with sleep too!

Research by Dr. Ancoli-Israel at UC San Diego found that **daily exposure to bright light reduced fatigue considerably** in cancer patients undergoing chemotherapy.

Outdoor light even on a cloudy day is bright enough to have a therapeutic effect. You just need 10-15 minutes.

Sleep like a baby?



Why is sleep important?

- Mood better
- Less pain
- More capacity to cope with stressors
- More daytime energy; less daytime sleepiness
- Cognitive reasoning, judgment and memory improved
- Better adherence to treatment, tolerance of treatment and better outcomes
- Cancer patients do best with 7-9 hours of sleep, daily -- preferably at night.

Insomnia common in cancer and other illnesses

- Trouble with sleep in 30% to 75% of cancer patients before, during and after treatment.
- 50% of cancer survivors have lingering difficulties with sleep.

Sleep & Fatigue

- **Insomnia and fatigue not one and the same.**
 - i.e. improvements in sleep do not always equal improvements in fatigue levels
- **Insomnia can exacerbate fatigue and fatigue can worsen insomnia**
 - Daytime sleepiness
 - Napping
 - Low energy = low activity
- **Fatigue and insomnia are often part of a **symptom cluster** that includes pain and depression with likely common cause.**

What is Insomnia?

- **Problems falling asleep and/or staying asleep**
- **Sleep that is not restful**
- **Overall dissatisfaction with sleep quantity or quality**

What about illness makes sleep worse?

- **Insomnia secondary to treatment/medications**
- **Treatment scheduling**
- **Symptoms**
 - Pain, restless legs, etc.
 - Daytime fatigue reduces overall activity
- **Anxiety/Stress**
 - Waiting for scans, pre-surgery jitters
 - Stress compounds
 - Fears
- **Depression**

How is insomnia treated?

- Medication
- Natural supplements
- Behavioral approaches

Should I take Medication ?

- Sleep medication only partially effective
- Medications are *recommended* for 2-4 weeks only
- Some medications can benefit more than just sleep
- Behavioral interventions enhance effectiveness of medications or can replace medications

Pharmaceutical Sleep Aids

(Adapted from Vachani 2007)

| Generic | Brand Name | Class of Drug | Most common side effects | Usual Dose Range |
|------------|------------|----------------------------------|---|------------------|
| clonazepam | Klonopin | Benzodiazepine Anticonvulsant | Drowsiness, behavior disturbances | 0.5-2 mg |
| lorazepam | Ativan | Benzodiazepine Anti-anxiety | Drowsiness, disorientation, amnesia, sedation | 0.5-1mg |
| temazepam | Restoril | Benzodiazepine Hypnotic | Drowsiness, dizziness, lethargy | 15-30 mg |
| alprazolam | Xanax | Benzodiazepine Anti-anxiety | Drowsiness, light headedness, depression, dry mouth | 0.25-1mg |
| zolpidem | Ambien | Non-benzodiazepine Hypnotic | Headache | 5-10mg |

Natural Sleep Aids

Always check with your hematology team before taking any supplements or over the counter medications. Even natural substance can interact with your treatment.

- Melatonin –Helps with delayed sleep phase syndrome and reduces daytime sleepiness in jet lag. (Buscemi et al 2004)
- Kava kava - FDA issued a warning that using kava supplements has been linked to a risk of severe liver damage. (FDA 2002)
- Valerian – study results mixed (Stevinson & Ernst, 2000; Dorn, 2000)
- Other herbal approaches – consult with Osher Center

CBT for Insomnia

- **Sleep Hygiene** (i.e. sleep environment, sleep schedule, schedule of activity and diet)
- **Cognitive Strategies** (reducing nighttime worries and anxiety; how not to worry about being unable to sleep)
- **Relaxation Strategies** (Lower overall arousal and stress management; relax and allow body to drift into sleep)
- **Manage Symptoms** that interfere with sleep (pain, discomfort, hot flashes)

Sleep Environment

- **Bed for sleep and sex**
- **Consider removing TV and computer from bedroom**
- **Dark, quiet, cool, comfortable**
- **Partner snores? Try noise cancelling earplugs**
- **Bedroom is sanctuary for you**

Stimulus Control, please.



Sleep schedule

- Adhere to strict schedule even on weekends
- Experiment with napping vs no-napping
- If lying in bed longer than 20 minutes without sleeping get up and sit in a chair and read or do other relaxing activity
- This can be difficult when you are not feeling well.



Diurnal Rhythms

- Light/dark
- Meals
- Activity outdoors
- Full Spectrum Light
- Quiet evening activity



Remember exercise & light helps with fatigue too!

Do I have to quit coffee??!

• **Caffeine**

- Do you drink more coffee because you didn't get a good nights rest?
- Experiment with timing, quantity, consider stopping all caffeine
- Green tea has caffeine!



Also stimulating:

- Timing of meals
- Alcohol, tobacco
- Certain medications

Evening and Prebed activities

- No vigorous exercise in evening
- Relaxation stretching ok
- Pre-bed ritual (bath, pjs, light snack, brush teeth, relaxation practice, lights out)
- Avoid agitating news programs, family arguments, paying bills, anything stressful in hour before bed.
- Mimic the sun with light levels. That includes TV.

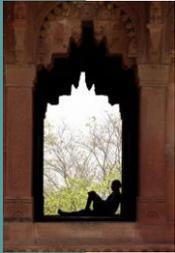


Cognitive Strategies

- **Thinking too much**
 - Mindfulness techniques
 - Thought stopping
 - Distraction
 - Problem-based
- **Unhelpful thoughts**
 - "I'll never fall asleep."
 - "I'm not asleep yet, I'll be so tired tomorrow."



Relaxation Strategies



- Stress management to reduce overall arousal
- Daily practice
- Breathing
- Before bed
- In bed (self-hypnosis)
- Progressive muscle relaxation
- Quick Relaxation

Relaxation is an energy gain!

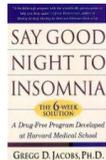
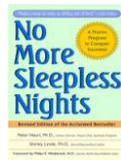
Symptoms/Conditions

- **Pain**
 - Good pain control
 - Relaxation strategies
 - Mindfulness for pain
 - Pay attention to position
- **Restless Legs**
 - Treat underlying disorder (low iron levels or anemia, peripheral neuropathy or diabetes)
 - Change medications if side effect (eg. Antinausea drugs like Compazine or Reglan)
 - Exercise, ice, position, mindfulness, distraction
 - Medication such as ropinirole
- **Other**

Resources for CBT-I

Cognitive Behavioral Therapy for Insomnia

<http://www.sleepfoundation.org/article/hot-topics/cognitive-behavioral-therapy-insomnia>



My List of Things to Try

| What | When/How |
|-----------------------------------|--------------------------------|
| Walk outdoors | In morning after breakfast MWF |
| Buy some blackout drapes | Online today |
| Ask nephew to install them | By next month |
| Stop caffeine after noon | Starting today |
| Explain to family fatigue is real | This weekend |
| Try audio book instead of TV | One night next week |
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