

FATIGUE IN PATIENTS WITH CHOLANGIOCARCINOMA: TREAT OR WAIT-AND-SEE?

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Fatigue has been identified as one of the most distressful and significant symptoms among patients with cholangiocarcinoma (CCA) ([Ziętarska, Krawczyk-Lipiec, Kraj, Zaucha, & Małgorzewicz, 2015](#)). The prevalence of fatigue has been reported to be from 82% to 100% ([Lan, Lin, Chen, Lin, & Wang, 2015](#); [Somjaivong, Thanasilp, Preechawong, & Sloan, 2011](#)). The severity of fatigue can increase from moderate to severe levels, and persist for long-term during and after completion of treatments such as chemotherapy or radiotherapy ([Ziętarska et al., 2015](#)).

Fatigue is a subjective, unpleasant condition which incorporates total body feelings ranging from tiredness to exhaustion, creating an unrelenting overall condition which interferes with individuals' ability to function to their normal activity ([Ream & Richardson, 1997](#)). CCA patients experience a variety of potential factors, which caused fatigue. For example, the most important factor is inadequate self-management because patients do not know how to manage it properly ([Dengsø, Bangsgaard, & Marcussen, 2017](#)). Patients adopted a "let wait and see" approach rather

than consulting their health care providers. Lacking recognition and misinterpretation of fatigue cause them for delayed help-seeking from others ([Dengsø et al., 2017](#)). Negative perception regarding to fatigue as a sign of terminal stage of disease, incurable, soon death, limited treatment options, and a depressed state of mind induced fatigue ([Juangpanich, Tawalee, Knasen, & Suguman, 2003](#)). Sleep disturbance was associated with the presence of fatigue ([V Sun et al., 2008](#)). Depression also affected sleep disturbance as a result of persistent feelings of fatigue ([Huang & Lin, 2009](#)). In addition, cachexia resulted from lack of appetite and side effects of chemotherapy lead to fatigue ([V Sun, 2010](#)).

Occurrence of fatigue impacts various dimensions of CCA patients' life. [Ziętarska et al. \(2015\)](#) reported that moderate to severe levels of fatigue caused treatment discontinuation. Fatigue in this population caused sleeping difficulty and depression ([Huang & Lin, 2009](#)), reducing physical and emotional status, avoiding social participation ([V Sun et al., 2008](#)), having difficulty to perform typical cognitive tasks, changing

employment status ([Lai et al., 2007](#)), and decreasing overall quality of life (QOL) ([Lan et al., 2015](#)). High levels of fatigue associated with elevated eosinophil percentages which can be a predictor of shorter survival ([Steel et al., 2010](#)). Fatigue was significantly associated with abnormal levels of white and red blood cell counts, hemoglobin levels and cytokine levels along duration of receiving chemotherapy ([Hammond, 2010](#)). Unrelieved fatigue among CCA patients also burdens to their family caregivers. [Lai et al. \(2007\)](#) indicated that 65% of family members have to take at least one day off work and spend more than 10 hours to looking after patients ([Lai et al., 2007](#)). Therefore, fatigue impacts overall CCA patients' life and it needs to be managed urgently.

A few study in literature focused on nursing interventions to prevent or alleviate fatigue in CCA patients. For instance, [Ream, Richardson, and Alexander-Dann \(2006\)](#) determined whether or not a supportive intervention could reduce fatigue in advanced mixed cancers, including CCA patients. They found that the intervention group reported significantly less fatigue, lower associated distress, and less impact of fatigue on valued pastimes than the control group. Another study, [Armes, Chalder, Addington-Hall, Richardson, and Hotopf \(2007\)](#) conducted brief behaviorally oriented intervention on physical functioning and fatigue in 60 patients with mixed cancer, included CCA patients. They found the program was significantly increased functional status but not significantly reduced fatigue in intervention group. This may be limited by the details in program focus more on encouraging patients to do aerobic exercise which, may be would not acceptable for some cancer types. Moreover, the primary outcome of the intervention is not focus on reducing fatigue. Therefore, the next question is “do we just adopt ‘wait and see’ approach or plan to find the new strategy to reduce fatigue”?

As fatigue is a symptom that is difficult and challenging to manage, sometimes wait-and-see approach may help patients make better

medical choices, however, coping with such uncertainty is difficult for some people. As a nurse, our roles are very important to find strategy to reduce fatigue and its impact among CCA patients and find good coping in dealing with it. The clinical therapies for fatigue should emphasize on the observation of those at high risk, the prevention and early detection of acute or chronic fatigue states, the tailoring of interventions according to cause of fatigue, and the continuing evaluation of treatment effectiveness. Importantly, organizing or developing fatigue management program should base on factors that influence CCA patients individually. CCA patients should have specific coping strategies, which are developed from past personal accomplishments, various experiences, emotional arousal, and verbal persuasion from healthcare providers.

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