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Dialysis Fatigue - How Can We Best Assess Our Patients and Help Them to Manage This?

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Symptom burden affects a large number of patients and is regarded as a predictor of health-related quality of life (Almutary, Bonner & Douglas, 2013). Patients with end-stage kidney disease (ESKD) experience a range of both physical and psychological symptoms that when combined is referred to as 'symptom burden'. This symptom burden not only affects health-related quality of life but also increases morbidity and mortality (Soni, Weisbord & Unruh, 2010).

Of the symptoms that patients on haemodialysis experience, fatigue has been recognised as the most common experienced and is linked to poor quality of life. This has also been recognised by the Standardised Outcomes of Nephrology-Haemodialysis (SONG-HD) initiative as one of the top four core outcomes that is critical to all stakeholders.

Within the construct of fatigue is "post-dialysis fatigue" and patients often describe this fatigue as a continual loss of energy that is worse on their dialysis days, impacting on their quality of life including their ability to complete their activities of daily living and their ability to socialise (Horrigan, 2012).

There are a number of causes for fatigue which include anaemia, uraemia, malnutrition, poor dialysis, insomnia and inflammatory response. Fatigue is poorly recognised by health care professionals and therefore not well treated. However because of the subjectiveness of fatigue, it is difficult to measure objectively despite the number of assessment tools that are available.

So how can nephrology nurses in my dialysis units assess and understand fatigue in their haemodialysis patients so that they can best support them to self-manage their fatigue and what tools do they need to do this?

Methodology. A literature search was completed using the key search terms haemodialysis, fatigue and assessment in Cinahl, Embase and Medline. This search found 10 suitable articles which included duplicates. There were no suitable articles were found in Cochrane and referenced articles found a further 6 suitable articles. A total of sixteen articles were reviewed and identified a total of 24 assessment tools of which 9 were discussed in more than one article.

Results. The assessment tools that were identified were a variety of one dimensional and multidimensional tool. The most common tools that were discussed were the Short Form-36 (SF-36), the Multi-dimensional Fatigue Inventory (MFI), the Fatigue Visual Analogue Scale (VAS), the Piper Fatigue Scale, the Fatigue Severity Scale and the Functional Assessment of Chronic Illness Therapy-Fatigue (FACIT-F). The SF-36 was the most popular tool that which is usually used as a measure of quality of life. However, when reviewing patient scores for vitality and role physical functioning, health care professionals can measure

the energy levels of their patients and the impact that this has on their ability to perform activities of daily living.

The VAS and the MFI-20 were the two other highest of the tools discussed. The VAS is a simple tool that is used to measure the intensity or severity of subjective fatigue for a patient over the previous week. It is best used with other tools such as the MFI-20 for measuring fatigue (Kring & Crane, 2009). While the MFI-20 is regarded as consistent in accuracy for measuring fatigue, its lengthy format and difficulty for patients to understand made it a poor choice for us to use given that we have a number of patients who either do not speak English or have low levels of health literacy.

The two tools that were identified due to their simplicity are the Fatigue Severity Scale (FSS) and the Functional Assessment of Chronic Illness Therapy-Fatigue (FACIT-Fatigue). They both also demonstrated the ability to measure how fatigue impacts our patients. The FSS is a 9-item questionnaire using a 7-point Likert scale. It measures a patient's perception of how fatigue impacts on their activities of daily living, physical functioning and socialisation (Wilson et al, 2006). The FACIT-Fatigue is a 13-item questionnaire with scoring ranging from 0 to 4. This measures a patient's fatigue over the previous week and the lower the score the higher the level of fatigue. These two tools can assist health care professionals to identify what their patients are experiencing as a result of fatigue and how they can help their patients best manage their fatigue.

Discussion. Fatigue is regarded as the most common symptom experienced by haemodialysis patients and therefore nurses need to understand the importance of assessing and educating their patients on how to best manage their fatigue. Therefore, educational support for the nurses on how to assess their patients and help to plan interventional care also needs to be included.

We are planning to trial the FSS and FACIT-Fatigue with our patients because of their ease of use and what information we illicit from our patients to formulate plans of care. In using self-reporting tools, patients will feel more involved in their care. Treatment options such as exercise, sleep hygiene and dialysis adequacy will be explored by the team and the patients.

In identifying the symptoms that patients experience related to fatigue, we can then focus on the interventions that can help our patients.

While managing fatigue in haemodialysis patients can be a challenge, nurses have the ability to influence their patients on how to best manage their fatigue.

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