

Fatigue & IBD: My gut is normal- why am I still tired?

Mind & Gut: The Conundrum of Chronic Illness

June 10, 2017

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Objectives

- Describe the relationship between chronic illness and fatigue
- Discuss IBD and fatigue



What is Fatigue?

- Subjective term
- *“persistent, overwhelming sense of tiredness, weakness, or exhaustion resulting in decreased capacity for physical and/or mental work”*
- Multidimensional Fatigue Inventory
 - General fatigue
 - Physical fatigue
 - Mental fatigue
 - Reduced activity
 - Reduced motivation

Evaluation of Fatigue

- History, history, history
 - Open-ended questions
 - Onset, course, duration, Aggr/All factors, impact on life, accomodations
- Physical
 - Alertness, psychomotor agitation/retardation, grooming
 - Lymphadenopathy
 - Thyroid
 - Signs of CHF or chronic lung disease
 - Muscle bulk, tone, strength, DTR's, nerve exam
- Labs
 - CBC
 - TSH
 - Lytes, glucose, liver & kidney function
 - CK is muscle pain/weakness

Major causes of chronic fatigue

| | |
|--------------------------------|--|
| Psychologic | Infectious |
| Depression | Endocarditis |
| Anxiety | Tuberculosis |
| Somatization disorder | Mononucleosis |
| Malnutrition or drug addiction | Hepatitis |
| Pharmacologic | Parasitic disease |
| Hypnotics | HIV infection |
| Antihypertensives | Cytomegalovirus |
| Antidepressants | Cardiopulmonary |
| Drug abuse and drug withdrawal | Chronic heart failure |
| Endocrine-metabolic | Chronic obstructive pulmonary disease |
| Hypothyroidism | Connective tissue disease |
| Diabetes mellitus | Rheumatoid disease |
| Apathetic hyperthyroidism | Disturbed sleep |
| Pituitary insufficiency | Sleep apnea |
| Hypercalcemia | Esophageal reflux |
| Adrenal insufficiency | Allergic rhinitis |
| Chronic renal failure | Psychologic causes (see above) |
| Hepatic failure | Idiopathic (diagnosis by exclusion) |
| Neoplastic-hematologic | Idiopathic chronic fatigue |
| Occult malignancy | Chronic fatigue syndrome |
| Severe anemia | Fibromyalgia |

Adapted from: Gorroll, AH, May, LA, Mulley, AG Jr (Eds), *Primary Care Medicine: Office Evaluation and Management of the Adult Patient*, 3rd ed, JB Lippincott, Philadelphia, 1995.

Impaired Sleep

- Due to the interplay between fatigue & sleep, it is important to evaluate for impaired sleep
- Primary insomnia – many behavioral therapies – sleep hygiene, stimulus control, relaxation, SRT, CBT, etc.
- Objective Sleep measures:
 - Sleep efficiency – time asleep while in bed
 - Sleep latency – delay getting to sleep
 - Total sleep time

Sleep hygiene: Basic rules for a good night's sleep

Sleep only as much as you need to feel rested and then get out of bed

Keep a regular sleep schedule

Avoid forcing sleep

Exercise regularly for at least 20 minutes, preferably 4 to 5 hours before bedtime

Avoid caffeinated beverages after lunch

Avoid alcohol near bedtime: no "night cap"

Avoid smoking, especially in the evening

Do not go to bed hungry

Adjust bedroom environment

Avoid prolonged use of light-emitting screens before bedtime

Deal with your worries before bedtime

Sleep restriction rules

1. Determine the patient's average sleep time from a sleep diary.
2. Use this average sleep time as the new time allowed in bed each night.
3. Set a consistent wake time based upon the type of insomnia and patient need.
4. Have patient avoid daytime naps.
5. If sleep efficiency increases above 90 percent (85 percent for patients over 65 years of age), then increase time in bed by 15 to 30 minutes.
6. If sleep efficiency decreases below 85 percent (80 percent for patients over 65 years of age), then decrease time in bed by 15 to 30 minutes.

Adapted from: Spielman AJ, Yang CM, Glovinsky PB. Insomnia: Sleep restriction therapy. In: Insomnia Diagnosis and Treatment, Sateia MJ, Buysse DJ (Eds), Informa UK Ltd, London 2010.

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IBD & Fatigue

- Severe Fatigue Interference is associated with:
 - Ulcerative Colitis: female, active disease, comorbidities, more CAM use, more self-help techniques
 - Crohn's Disease: lower education level, unemployed/pensioner/disability, active disease
- Iron deficiency (in the absence of anemia) is not associated with fatigue
- Nutritional deficiencies
 - Copper, zinc, phosphate, Mg, B6, B12, Ca, Vit D
- Sleep disturbance



Qual Life Res 2013 Orpheim R et al., AJG 2013 Goldenberg et al., JCC 2016 Kreijne JE et al

IBD & Fatigue

- Emotional distress – depression, stress, anxiety and impaired QoL – associated with fatigue
- Pain
- Medication side effects
- Activity level
 - Impaired muscle strength in IBD patients
 - Reduced physical activity level
- Comorbidities (other AI diseases)
- Substance Use

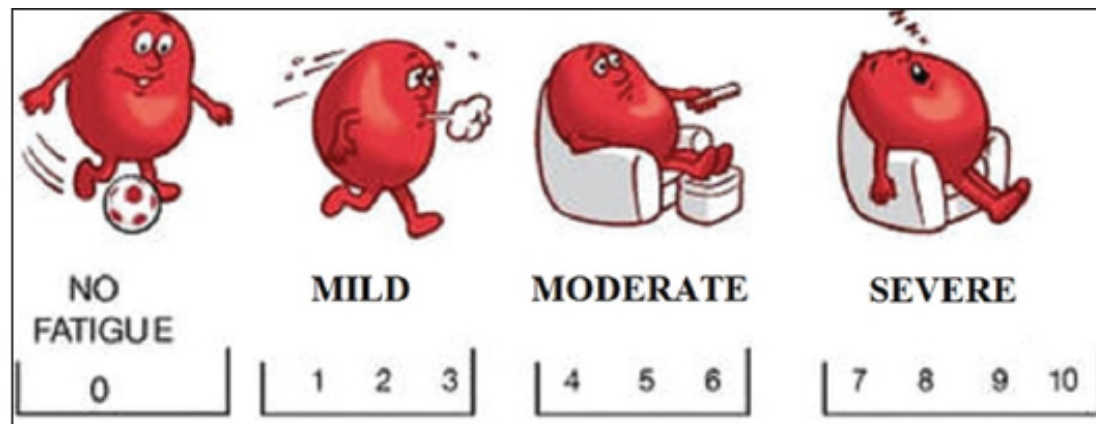
IBD & Fatigue

- Fatigue increases during active inflammation
- Persists in ~50% patients in remission
- Frustrating for patients and HCP alike



Fatigue Management

1. Be systematic in identifying fatigue
 1. Consider using a VAS to separate mild from severe symptoms



2. General anti-fatigue strategies
3. Non-pharmacological interventions
4. Pharmacological interventions

General Anti-Fatigue Strategies

- Teaching on how to plan their days:
 - Distribute their energy throughout the day
 - Prioritize important events
 - Alternate their activities
 - Plan structured rests/breaks



- Acceptance and support of symptoms by family

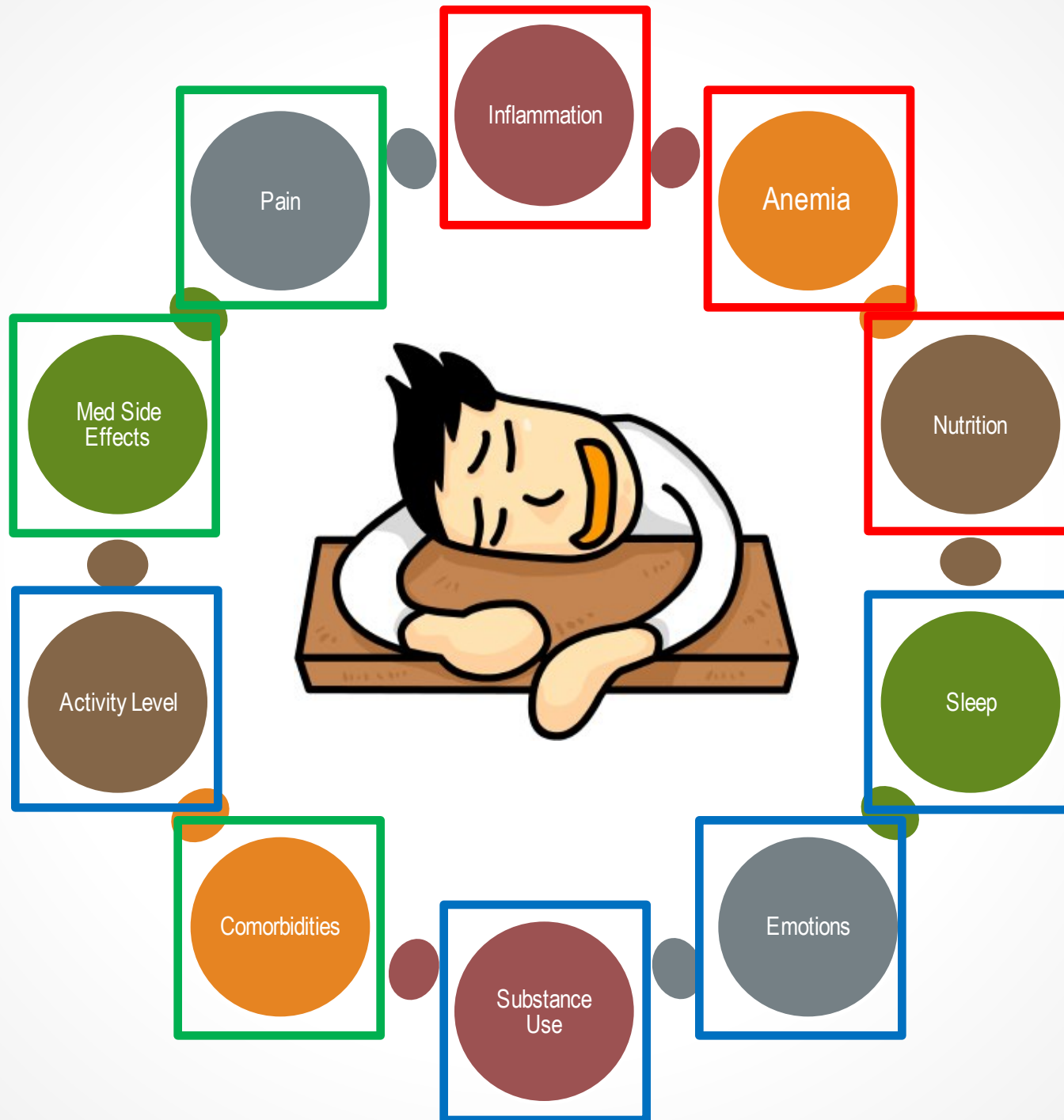


Non-pharmacological interventions

- Limited data
- Management of stress – benefit on tiredness
- SFT – solution focused therapy – positive effect on fatigue QoL – short term benefit
- Physical activity – improves bone health, muscle mass and function, increasing energy intake
- Exercise interventions – improved QoL and fatigue

Pharmacological interventions

- Limited data
- ?role for thiamine
- Anti-TNF therapy – but this treats inflammation





Questions?

