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Fatigue

What is fatigue?

Fatigue is a common symptom after concussion/mTBI. People with fatigue can feel a great sense of mental and/or physical tiredness that can affect:

- Motivation
- Well-being and quality of life
- Ability to solve problems and manage everyday responsibilities
- Enjoy family/daily activities

It is important to treat your fatigue early on, as it can cause symptoms to get worse. Your healthcare provider will do a physical exam and ask a series of questions to better understand your personal history, including medications you are taking and how severe your fatigue is (i.e., Barrow Neurological Institute Fatigue Scale). Your provider could ask when your fatigue happens, how it affects your life and if there are any factors that are causing it or making it worse, including other medical conditions or medications you are taking.

What can help reduce fatigue?

Patients experiencing fatigue at 3 months are likely to continue to experience fatigue beyond 6 months. Some strategies that can help reduce fatigue include:

- General stress management
- Exercise
- Cognitive behavior therapy (CBT)
- Blue-light therapy
- Pacing activities
- Good night's sleep

Sometimes medication can be helpful, for example methylphenidate, but must be considered in collaboration with non-medication strategies and under the close supervision of a primary care provider.

If your fatigue persists and makes it difficult to go about your daily activities your healthcare provider may refer you to a specialized concussion clinic.



Key Guideline Recommendations for Healthcare Providers

The following key guideline recommendations for healthcare providers have been included here so you can see what the guideline recommends healthcare providers do in assessing and treating patients after concussion/mTBI.

11.1	Determine whether cognitive and/or physical fatigue is a significant symptom by taking a focused history and reviewing the relevant items from administered questionnaires.
11.2	Characterize the dimensions of fatigue (e.g. physical, mental, impact on motivation) and consider alternative or contributing, treatable causes that may not be directly related to injury.
11.3	After a brief period of rest during the acute phase (24-48 hours) after injury, patients can be encouraged to become gradually and progressively more active as tolerated (i.e., activity level should not bring on or worsen their symptoms).
11.4	If identified as a significant symptom, some key considerations that may aid in the management of persistent fatigue can include: <ul data-bbox="321 907 1479 1444" style="list-style-type: none">• Aiming for a gradual increase in activity levels that will parallel improvement in energy levels, including exercise below symptom threshold.• Reinforce strategies of cognitive and physical activity pacing and fragmentation across the day to help patients achieve more without exceeding tolerance levels.• Encouraging good sleep hygiene (especially regularity of sleep-wake schedules, and avoidance of stimulants and alcohol), and proper relaxation times.• Using a notebook or diary to plan meaningful goals, record activity achievement and identify patterns of fatigue.• Acknowledge that fatigue can be exacerbated by low mood or stress.• Provide patients with a pamphlet containing advice on coping strategies for fatigue.



Additional Resources

Patient Advice Sheet on Coping Strategies for Fatigue

<https://braininjuryguidelines.org/concussion/fileadmin/media/appendices/appendix-11-3.pdf>

Increasing Physical Activity to Better Manage Fatigue

<https://braininjuryguidelines.org/concussion/fileadmin/media/appendices/appendix-11-4.pdf>

Parkwood Pacing Graphs

<https://braininjuryguidelines.org/concussion/fileadmin/media/appendices/appendix-2-2.pdf>

Cautionary Note to Users

The content of the *Guideline for Concussion/mTBI & Persistent Symptoms, 3rd Edition: for Adults over 18 years*, is based on the status of scientific knowledge available at the time of their finalization (2017) as well as on the consensus of the experts who participated in the guideline development.

This guideline has been created to provide recommendations and help with management of concussion/mild traumatic brain injury (mTBI). It is only for management for adults over 18 years of age. This guideline is not intended for use by people who have sustained or are suspected of having sustained a concussion/mTBI for any self-diagnosis or treatment.

The guideline can be used by patients when speaking with healthcare providers about their care. It covers getting a diagnosis, managing symptoms in the early phase (acute) and management in the longer recovery phase (prolonged symptoms). Patients may wish to bring their healthcare and other providers' attention to this guideline. It is based on up-to date, quality research evidence, the expertise of providers and the input of patients.

