

Appendix 11.3

Patient Advice Sheet on Coping Strategies for Fatigue*

FACT SHEET 11

Managing Fatigue

THIS FACT SHEET explains the symptoms and triggers of fatigue and provides some strategies to minimise and manage it.

Fatigue is a common and very disabling symptom experienced by people with acquired brain injury (ABI) or neurological conditions. Some people with multiple sclerosis, for example, describe an overwhelming sense of general fatigue that can occur at any time of the day. It happens without warning and the person needs to rest immediately before the symptoms get worse.

Fatigue is also a problem among carers as they find themselves managing increased workloads and greater responsibilities. Members of the rehabilitation team understand your position and can recommend support services, such as respite care, and coping strategies. Do consult with your GP or a trusted team member before your own health is affected.

What is Fatigue?

The fatigue associated with brain injury or neuromuscular damage often appears more suddenly, lasts longer and takes longer to recover from than ordinary fatigue. Make no mistake, *it is real*, and not a case of mind over matter.

What Causes Fatigue?

Fatigue can occur for no apparent reason or after relatively mild exertion. It may be caused by physical activity, but is just as likely to occur as a result of mental activity.

Planning the week's errands, organising a work schedule, calculating a weekly budget or simply reading, can be very draining. We all experience this to some extent but for the person with brain injury, it happens more easily and much more frequently.

Strategies

Fatigue can be managed with good planning and rest periods, but first carers and the family member affected need to acknowledge that it is *real*.

Symptoms

The following symptoms may all suggest fatigue:

- > Withdrawal.
- > Loss of appetite.
- > Shortness of breath.
- > Slower movement and speech.
- > Short answers, quieter voice, a dull tone of voice.
- > Irritability, anxiety, crying episodes.
- > Increased forgetfulness.
- > Lack of motivation to plan for each day.
- > Lack of interest in things the person normally considers important (e.g. appearance, grooming).

Fatigue also intensifies symptoms experienced because of ABI or a neurological condition, such as:

- > Poor vision.
- > Slurred speech.
- > Difficulty finding words.
- > Poor concentration.
- > Cramps or weak muscles.
- > Poor coordination or balance.

The next step is to work out what triggers it and what factors make the symptoms worse, such as holding a demanding conversation for more than 10 minutes or watching a film with a complicated plot. You can then work together to develop strategies to conserve energy.

Contingency plans: Fatigue may occur at the least convenient times – on public transport or during a meeting. You need to negotiate ways of coping when this happens. You can use specific strategies or call in extra support. Work out contingency plans with your family member. Your neuropsychologist, occupational therapist or physiotherapist can help with suggestions.

Assess your environment: Provide an environment that is easy to move around and work in. Think about how and where things are stored, bench heights, entrances, types of furnishing, lighting. For example, some people may find fluorescent lighting or dim lighting more tiring.

Assess best hours: Some people function best in the mornings, so complete demanding tasks then. Others function better in the afternoon or the evening. Organise your routine accordingly.

Schedule rest periods: Make a daily or weekly schedule and include regular rest periods. “Rest” means *do nothing at all*.

Use aids: Use mechanical aids to conserve energy for when it really counts. One man spared his legs extra effort by using his wheelchair to get from his house to the car, then from the car to the church, before walking his daughter, the bride, down the aisle.

Break it down: Break down activities into a series of smaller tasks. This provides opportunities to rest while allowing the person to complete the task. Encourage sensible shortcuts.

Set priorities: Focus on things that must be done and let the others go.

Medication highs & lows: Be aware of changes throughout the day that relate to medication. Is the person better or worse immediately after their tablets? Plan their activities around these times.

Sleep: Encourage a regular sleeping pattern. Some people may also need a regular nap – or two – during the day.

Fitness: Your family member should maintain fitness within their individual ability, that is,

enough exercise to stay fit, but never to the point of causing tension, overtiredness or cramps.

Weight: Maintaining a healthy weight helps. If your family member’s condition affects their ability to eat, consult a dietician and speech pathologist to ensure they have a nutritious diet that is easy to manage (See Fact Sheet 8: *Eating and Swallowing Problems*).

Weather: Hot weather can also increase fatigue. Plan around this.

Seek support: Ask for advice. In particular, an occupational therapist can visit your home and advise on an energy-conserving plan of action.

Contacts

For more information, talk to your doctor or condition-specific support organisation (See Contacts pg 7).