



Fatigue

We're hearing more and more about fatigue these days. Who cares? Isn't fatigue just part of getting older? Well, the truth is, new data indicate that fatigue may be a bigger deal than any of us thought.

Longitudinal research – research which studies the same individuals over a number of years to see how they've changed – is suggesting that fatigue is somewhat predictable among people with spinal cord injury. A study of nearly three hundred British survivors who have been living with spinal cord injuries for over 23 years has found that more than half of those interviewed reported exhaustion and other fatigue-related symptoms.

Who Are These People?

Those who reported fatigue were not that old – they had an average age of 57. They also tended to have higher level spinal cord injuries and to be smokers; women appeared to be at greater risk, too. Three years earlier, when first interviewed, these same individuals were more likely to have reported being in poorer general health, were less likely to have been involved in exercise and fitness programs, and scored lower on tests of psychological well-being. Moreover, they were fatigued *then*, too.

What does it mean?

This same research found that fatigue today predicts other – *future* – problems for long-term spinal cord injury survivors. In the British study, past fatigue was linked to depression as well as a decreased sense of well-being and life satisfaction. Survivors with fatigue also reported spending less time out of the house, less time moving about in the community, and less time socializing with other people. Especially for paras, fatigue also predicted future upper arm and shoulder pain, and the need for both more durable medical equipment and more physical assistance from others.

Why Me?

Being disabled probably has a lot to do with having fatigue. Think about it: spinal cord injury– regardless of its level–requires you to work harder and longer, and rest less, to do the same things. As time goes by, parts begin to wear out, energy diminishes.

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Then of course, there are all the things associated with fatigue, even if you don't have a spinal cord injury:

- Being a woman (reports of fatigue among women are two or three times more prevalent than men)
- Alcohol and drug abuse problems, and certain medications
- Busy, stressful demanding jobs as well as unchallenging, poorly supervised, and low paying jobs
- Chronic pain
- Psychological or psychiatric conditions

Fatigue also may be related to such things as reduced motivation, prolonged mental activity, or even boredom. It may be a result of actual psychiatric diagnoses: mood disorders, anxiety, or panic attacks, for example. In any case, ongoing fatigue – regardless of its cause – and the resulting feelings of powerlessness affect both work and personal relationships, and lead to still more fatigue and stress.

What Can I Do?

If you experience fatigue, you need to ask yourself a few questions. First, it may be helpful to determine whether your fatigue is physical – as is likely the case after SCI – or if it is the result of psychological or psychiatric issues. Here are a few ways that have been proposed (not proven) by Dr. David Katerndahl to distinguish between the two:

- Physical fatigue tends to be of short-term duration – Psychological fatigue is more chronic
- Physical fatigue is not related to stress – Psychological fatigue is
- Physical fatigue is worse in the evening and at night but is relieved by sleep – Psychological fatigue is worse in the morning and is unaffected or worsened by sleep
- Physical fatigue tends to get worse over time – Psychological fatigue fluctuates
- Physical fatigue is worsened by activity and limits people's duties – Psychological fatigue is lessened by activity and tends to not interfere with duties and responsibilities

Also, look over the following questions and answer them for yourself:

- How severe is your fatigue?
- What activities cause it, make it worse, and relieve it?
- How does it respond to rest, weekends, vacations?

You might want to keep a diary, rating the severity of your fatigue and keeping track of the effect of your fatigue on diet, sleep patterns, and your ability to complete tasks, responsibilities, and activities of daily living.

Share your answers to these questions and your diary with your doctor. This will help you and your physician rule out any other medical conditions, physical, social, or psychological issues that may be contributing to your fatigue.

Some basic laboratory tests, such as a CBC (complete blood count) and urinalysis can be useful in ruling out other possible physical causes for your fatigue. If you are overweight, your doctor may want serum glucose and electrolytes tests. And, dependent upon your risks, recent travels, or exposures, they might also want to do some other tests.

What Do I Do? Is There a Pill?

Unfortunately, medications are rarely used for physical fatigue unless they specifically treat a particular physical problem like headache or muscle pain. These are some things that one physician-writer says he might suggest:

- Rearrange your schedule and place important activities at peak energy times; rest during the low times. Consider increasing the amount of rest you get
- Reduce your physical demands by getting more help, a lighter or power-drive wheelchair, or by cutting out some non-essential activities
 - Your physician can advocate for you and help you justify the necessary changes to your insurance company
- Consider whether exercise, diet, sleep, and/or stress management might be helpful. Physical activity is necessary no matter how bad the fatigue gets otherwise you'll get even more out of shape, lose more strength, and the problem will only get worse
- Focus on quality of life. Set goals for yourself, and put your energy into the things that are most meaningful and rewarding to you. Is dressing independently really more satisfying than spending time with your friends, family, and grandchildren?

If you've lived with spinal cord injury for a fair number of years and fatigue is a part of your life, make your physician, your other health care providers, and those around you take you seriously. Most important, you need to take your fatigue seriously. Following through on the changes that are needed to reduce your fatigue will be up to you. Only you can halt what could otherwise prove to be a predictable downward spiral.

Resources:

Katerndahl, D.A. (1993). Differentiation of Physical and Psychological fatigue. *Family Practice Research Journal*. 13(1): 81-91.

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