Effects of Acupuncture and Acupressure on Cancer-Related Fatigue: A Systematic Review

Wai-man Ling, MScN, RN, FHKAN, Liza Y.Y. Lui, MN, RN, Winnie K.W. So, PhD, RN, and Kuen Chan, MBBS, FRCR, FHKCR, FHKMA

The National Comprehensive Cancer Network (NCCN, 2014) defined cancer-related fatigue (CRF) as a “distressing persistent, subjective sense of physical, emotional and/or cognitive tiredness or exhaustion related to cancer or cancer treatment that is not proportional to recent activity, and interferes with usual functioning” (p. FT-1). CRF is one of the most common and distressing symptoms in patients with cancer (Chan & Molassiotis, 2000; Given, 2008; Haghighat, Akbari, Holakouei, Rahimi, & Montazeri, 2003; Kohara et al., 2004; Stone & Minton, 2008) that affects 50%–100% of patients (Campos, Hassan, Riechelmann, & Del Giglio, 2011; Newton, Hickey, & Marrs, 2009; Prue, Rankin, Allen, Gracey, & Cramp, 2006; So et al., 2009) and is a complex and multidimensional phenomenon (Chan, Chair, & Chui, 2009; Escalante & Manzullo, 2009; Given, 2008; Kirshbaum, 2010; Morrow, 2007). Contrary to acute fatigue, CRF is unlikely to be relieved by rest, sleep, food, or water (Chan et al., 2009; Given, 2008; Kirshbaum, 2010; National Cancer Institute [NCI], 2012; Prue et al., 2006). It may last for 5–10 years after the completion of treatment in many cancer survivors (Andrykowski, Donovan, Laronga, & Jacobsen, 2010; Bower et al., 2006; Crom, Hinds, Gattuso, Tyc, & Hudson, 2005; Given, 2008; Stone & Minton, 2008).

Patients with CRF may find it difficult to perform even simple daily activities (Curt et al., 2000). They may also suffer from psychological side effects (Curt et al., 2000; Morrow, 2007; NCI, 2012) and be forced to quit their jobs and limit social interaction (Chan & Molassiotis, 2000; Curt et al., 2000). These adverse effects can extend to the primary caregivers and family who will be required to spend more time taking care of patients (Chan & Molassiotis, 2000; Curt et al., 2000). It then undermines the family’s financial well-being, giving rise to anxiety, worry, and feelings of guilt (Chan & Molassiotis, 2000; Curt et al., 2000). The exact etiology of CRF remains unclear (Given, 2008; NCCN, 2014; Wang, 2008), and CRF has no single cause (Chan & Molassiotis, 2000; Ryan et al., 2007; Stricker, Drake, Hoyer, & Mock, 2004). A number of contributory factors have been identified, including tumor burden, treatment-related effects, and comorbidities (e.g., malnutrition, infection, organ failure, renal insufficiency, thyroid dysfunction, pain, sleep disturbance, psychological challenges, ineffective personal coping) (Kirshbaum, 2010; Wang, 2008). Coexistence of and interplay between fatigue, pain, sleep disturbance, and psychological challenges have been frequently reported in the literature (Beck, Dudley, & Barsevick, 2005; Dodd, Miaskowski, & Paul, 2001; Fox, Lyon, & Farace, 2007; Maliski, Kwan, Elashoff, & Litwin, 2008; Prue et al., 2006; So et al., 2009).

Management of CRF includes pharmacotherapy, elevation of hemoglobin, exercise, energy conservation, activity management, psycho-educational interventions, diet and nutrition management, sleep therapy, management of distressing symptoms, and complementary and