Pain and Fatigue Management: Results of a Nursing Randomized Clinical Trial

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Purpose/Objectives: Through a randomized clinical trial, to compare patients undergoing an initial course of chemotherapy who report pain and fatigue at baseline and who are receiving conventional care alone with those receiving conventional care plus a nursing intervention on outcomes reported at 20 weeks.

Setting: Chemotherapy clinics of two comprehensive and two community cancer centers.

Methods: Interviews were conducted at baseline and 10 and 20 weeks. An 18-week, 10-contact nursing intervention utilizing problem-solving approaches to symptom management and improving physical functioning and emotional health was implemented.

Sample: The sample consisted of 53 patients in the experimental arm and 60 in the control arm who reported pain and fatigue at baseline.

Variables: Pain and fatigue, numbers of other symptoms, and physical role impact and social-functioning subscales from the Medical Outcomes Study 36 Short Form.

Findings: Patients who received the intervention reported a significant reduction in the number of symptoms experienced and improved physical and social functioning. Fewer patients in the experimental arm reported both pain and fatigue at 20 weeks.

Conclusions: Behavioral interventions targeted to patients with pain and fatigue can reduce symptom burden, improve the quality of the daily life of patients, and demonstrate the “value-added” role of nursing care for patients undergoing chemotherapy.

Implications for Nursing: These data support the “value-added” role of nursing interventions for symptom management and improved quality of life during the course of cancer treatment.

Key Points . . .

➤ Pain and fatigue are prevalent symptoms among patients with cancer.
➤ When behavioral interventions were targeted toward patients with both pain and fatigue, their overall symptom burden was reduced and quality of life improved.
➤ Behavioral interventions have an important role in symptom management, over and above pharmacologic treatments.

S ymptom distress in patients with cancer has been reported in the literature for more than 25 years (Ferrrell & Schneider, 1988; Ganz, Golant, Rivera, Dean, & Benjamin, 2000; McCorkle & Young, 1978; Weisman & Worden, 1976). High symptom distress has been associated with specific cancer sites (e.g., lung), women compared to men, younger patients compared to older, and combination cancer therapies compared to a single modality (Given, Given, Azzouz, Kozachik, & Stommel, 2001; Sarna, 1993).

Universally, fatigue has been thought to be the predominant symptom but not necessarily the most bothersome (Jacobsen et al., 1999; Richardson, 1995; Tischelman, Degner, & Mueller, 2000). Although a great deal of research has been conducted to describe the symptom experience of patients with cancer and cancer treatment, information on how best to manage symptoms has lagged far behind.

Symptom management has become an integral component of cancer care for patients receiving chemotherapy and...