Feasibility of a Sleep Intervention During Adjuvant Breast Cancer Chemotherapy

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Purpose/Objectives: To evaluate the feasibility of an intervention designed to promote sleep and modify fatigue during four cycles of adjuvant breast cancer chemotherapy.

Design: Prospective, repeated measures, quasi-experimental feasibility study.

Setting: Midwestern urban oncology clinics.

Sample: 25 women between the ages of 40–65 (X = 54.3) with stage I–II breast cancer receiving doxorubicin-based chemotherapy.

Methods: Each woman developed, reinforced, and revised an individualized sleep promotion plan (ISPP) with four components: sleep hygiene, relaxation therapy, stimulus control, and sleep restriction techniques. A daily diary, the Pittsburgh Sleep Quality Index, a wrist actigraph, and the Piper Fatigue Scale were used to collect data two days before and seven days after each treatment.

Main Research Variables: Adherence, sleep and wake outcomes, and fatigue.

Findings: Adherence rates with the components of the ISPP varied during treatments one through four: sleep hygiene (68%–78%), relaxation therapy (57%–67%), stimulus control (46%–67%), and sleep restriction (76%–80%). Mean sleep and wake outcomes at baseline, peak, and 2 weeks after each revision.

Conclusions: The intervention was feasible, adherence rates improved over time, and most sleep and wake patterns were consistent with normal values. Revisions will focus on decreasing nighttime awakenings.

Implications for Nursing: Adopting behaviors to promote sleep may assist in maintaining sleep and managing fatigue during chemotherapy.

Key Points . . .

➤ Recruiting and retaining subjects for a sleep intervention study is feasible.
➤ Adherence to the intervention is promoted by reinforcement one week after each revision.
➤ The number and length of nighttime awakenings are above normal during four cycles of chemotherapy.
➤ Diaries and actigraphs yield different data.

Fatigue is the most frequent and distressing side effect reported by patients receiving chemotherapy (Portenoy & Itri, 1999; Richardson, 1995). It presents not only as a primary side effect, but also as a secondary side effect accompanying other effects such as insomnia or the perception of unsatisfactory sleep (Berger & Walker, 2001; Longman, Braden, & Mishel, 1996; Winningham et al., 1994).

In the general population, persistent insomnia is associated with a higher risk of clinical anxiety or depression (Ford & Kamerow, 1989). Studies have shown that unsatisfactory sleep adversely affects daytime performance (Morin, 1993) and contributes to decreasing functional status (Winningham, 1992). Researchers have proposed that sleep disturbances affect fatigue, pain, wound healing, immune function, and mental health in patients with cancer (Lee, 2001).

Despite associations reported between fatigue and insomnia, little is known about their relationship in patients with cancer. Early work by Derogatis et al. (1979) established that during a six-month study period, 44% of 1,500 patients with cancer used prescription drugs to help them sleep. Besztereczy and Lipowski (1977) and Kaye, Kaye, and Madow (1983) substantiated that patients with cancer have more difficulty falling asleep and staying asleep when compared to the general population. Neither one of these studies examined fatigue.

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