

Factors contributing to fatigue and strategies used to manage fatigue in patients with IBD

Pihl Lesnovska K., Jäghult S.



Conclusion

Patients with IBD suffer from fatigue and except for the disease itself, several other factors may also affect this symptom negatively. Factors that were identified as most prominent were busy lifestyle, other diseases, and stress/anxiety/depression. It is important for the health-care professionals to address fatigue and discuss with the patients' concerning factors that can worsen the symptom and how to manage it.

Background

Fatigue is defined as an overwhelming sense of tiredness, weakness, or exhaustion, which can be physical, psychological, or a combination of both. Fatigue is a common symptom of IBD and a significant concern for patients with IBD. International studies have shown that between 44–86% of patients with active disease, and 22–41% of those in remission, experience fatigue. This symptom limits patients in their everyday activities and negatively impacts health-related quality of life.

Aim

The aim of this study was to gain more information concerning what factors that may contribute to fatigue, other than IBD, and strategies used to manage fatigue.

Method

A total of 675 patients with IBD (from Linköping University Hospital and Södersjukhuset in Stockholm) answered the questionnaire IBD Fatigue Scale, a disease-specific tool to measure fatigue. The questionnaire contains of three sections where the first measure prevalence and severity of fatigue and the second measure impact of fatigue on daily life. The third section is a free text section making it possible for the patients to state possible factors contributing to their fatigue and if they have identified any strategies to manage fatigue. This study will report the results from the third section of the IBD Fatigue Scale.

The free text responses were analysed qualitatively with content analysis, using frequency analysis. The method is used to examine and quantify how often different items, specific words or themes occur in a data set. It enables the identification of dominant trends and key topics in free text responses.

Results

Of the 675 participating patients, 53% were women and 60% had Crohn's Disease. The majority, 80%, stated to be in remission, 14% had continuous problems and 6% had active disease.

A total of ten factors were identified as contributing to fatigue. The factors were: *busy lifestyle, other diseases, stress/anxiety/depression, sleep disturbance, malnutrition/vitamin- and mineral deficiencies, medical treatment, lack of exercise, pain, old age, and genes* (table 1). A total of six strategies were found used to help managing fatigue: – *exercise, rest/recovery, contemplation/distraction, dietary supplements/healthy diet, relationships/family and anti-depressive and other medications* (table 1).

Table 1: Factors contributing to fatigue as reported by participants

Factors contributing to fatigue	Strategies used to help manage fatigue
Busy lifestyle (80)	Exercise (65)
Other diseases (72)	Rest/recovery (59)
Stress, anxiety, depression (66)	Contemplation/distraction (38)
Sleep disturbance (32)	Dietary supplements/healthy diet (29)
Malnutrition, vitamin/mineral deficiencies (25)	Relationships/family (17)
Medical treatment (25)	Anti-depressive and other medications (7)
Lack of exercise (19)	
Pain (13)	
Old age (10)	
Genes (2)	