EXERCISE MAY HELP BEAT FATIGUE FROM PROSTATE RADIATION

Men randomized to a moderate-intensity exercise intervention during their course of radiotherapy for localized prostate cancer reported less fatigue than men in the control arm of a study recently published in Cancer (2004;101:550–557).

Though fatigue is a commonly recognized consequence of radiotherapy, there is little evidence regarding the best way to prevent or minimize this side effect. Clinicians often advise patients to continue their usual activities when possible and rest if they become tired. Although exercise interventions have been reported to improve fatigue in patients receiving radiotherapy or chemotherapy, this strategy had not been studied in any randomized controlled clinical trials. For this reason, Phyllis M. Windsor, MSc, MD, and colleagues from Ninewells Hospital and Medical School in Dundee, Scotland, studied 66 men receiving external beam radiation for early stage prostate cancer. Half were assigned to walk for about 30 minutes several days a week, while the rest were told to go about their normal activities, but rest if they felt tired. Fatigue was measured with the Brief Fatigue Inventory, a nine-item questionnaire that was self-administered before beginning radiation, after receiving 5, 10, 15 and 20 fractions of conformal radiotherapy, and four weeks after the end of treatment.

Before starting radiation, there were no differences between the two groups in levels of fatigue. After completing the 20-fraction course of radiation, men in the control group reported feeling more tired than before treatment (p<0.013), while those who were assigned to walking regularly reported no change in their fatigue level. Four weeks after the end of treatment, fatigue scores in the control group had not yet returned to their pretreatment values, although the difference was not quite statistically significant (p=0.053), whereas the scores of men who were exercising showed a slight (albeit nonsignificant) improvement over their pretreatment reports. A standardized measure of physical performance, the “shuttle test,” found that the walkers were able to walk 24% farther (p=0.0025) during the specified interval of time than the control group at the end of their radiotherapy regimen.

Those findings aren’t surprising, said Anna Schwartz, FNP, PhD, FAAN, an
expert in physical activity during cancer treatment who was not involved with the research. Radiation tends to cause fatigue that gets worse over time as the effects of treatment accumulate. Exercising can help counteract that trend, she said.

“Almost all patients feel better if they get up and move around a little bit,” said Schwartz, who is Research Associate Professor in Biobehavioral Nursing and Health Systems at the University of Washington in Seattle. “People who exercise stay stronger, fitter, and actually get faster and stronger during treatment. So they are more physically fit and don’t experience the physical decline and debilitation that most patients suffer through.”

Windsor and her colleagues, in fact, speculated that men who did not exercise during treatment may have actually lost muscular conditioning, making everyday activities more difficult and causing greater fatigue. Encouraging men with prostate cancer to exercise may not only help them cope with the fatigue of radiation, they say, but also could have long-term health benefits.

Schwartz agreed. “It should be the advice that all cancer patients receive,” she said, predicting that the prescription will one day become as routine as physical rehabilitation for cardiac patients.

Exercise may be particularly helpful to men receiving hormone therapy for prostate cancer, she added, because it can help counteract the muscle loss and bone thinning hormone therapy can cause. Walking is a good choice because it is good for the heart and the bones and helps patients maintain mobility.

Even small amounts of exercise can help, Schwartz said. Someone who is unable to walk for 10 minutes straight can try walking five minutes in the morning and five in the evening. Even walking around the living room is a start. Bedridden patients can ask a physical therapist or other professional for exercises to do in bed that can help them retain some muscle tone.

The important thing is to do something, Schwartz said, even when fatigue sets in. Exercise not only reduces fatigue, but appears to have an indirect impact on other quality of life domains. Prior studies have reported that fatigue is correlated with other self-reported side effects of radiotherapy (for example, urinary and bowel symptoms in men with prostate cancer) and with depression.

“Patients tell me all the time the most important time for them to exercise is when they feel their worst,” Schwartz said, “but it’s a balancing act. If someone feels worse when they exercise, they should rest. But if you keep saying I’m too tired to exercise today, and tomorrow, over time you start to get the debilitating effects of not using your body.”

GROWING INTEREST IN COMPLEMENTARY AND ALTERNATIVE CANCER THERAPIES

Try the Google search “cancer, alternative OR complementary” (in other words, cancer and either complementary or alternative), and the Internet search engine returns a list of more than 3.4 million sites with information both credible and questionable about nontraditional treatments for cancer.

This abundance of information reflects the enormous public interest in complementary and alternative methods (CAM) for cancer treatment. Despite this volume of Web site content, clinicians have sparse evidence upon which to base recommendations for or against many of these therapies.

“I would guess that over 80% of cancer patients use... some form of complementary or alternative therapies,” says Barrie Cassileth, PhD, Chief of the Integrative Medicine Center at Memorial Sloan-Kettering Cancer Center in New York. “Patients often can’t distinguish which are good and which are harmful, and we’ve got to help them do that.”