

Clinically significant fatigue in adult leukemia patients: prevalence, predictors, and impact on quality of life



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Biography

Isamme Al Fayyad is an Experienced Clinical Fellow with a demonstrated history of working in the hospital & healthcare industry. Skilled in Epidemiology, Cancer Care Nursing, Healthcare Management, Medical Ethics, and Clinical Research. Strong research professional with a Master of bioethics focused in Bioethics from King Saud bin Abdulaziz University for health sciences



Abstract

Background: Cancer-Related Fatigue (CRF) is a common distressing symptom in leukemia patients. CRF becomes Clinically Significant Fatigue (CSF) when adversely affects health-related quality of life (HRQoL) and warrants further workup, referrals, and treatment. We aimed to assess the prevalence and predictors of CSF and assess its impact on HRQoL in adult leukemia patients.

Methods: Analysis was performed on 168 leukemia patients. The primary study outcomes were CSF (score ≥ 4) as measured by the fatigue numerical rating scale and HRQoL using a validated Functional Assessment of Cancer Therapy- Leukemia (FACT-Leu) scale. Univariate and multivariate regression analyses were conducted to identify independent predictors of CSF and HRQoL.

Results: The prevalence of CSF was 89 (53%) with a mean score of 6.66 ± 2.02 . The ROC curves for the FACT-Leu scale indicated a score of ≥ 126 out of 176 as the optimal cutoff score for good HRQoL. About 106 (63.1%) of leukemia patients had poor HRQoL (102.61 ± 23.50). Overall, FACT-Leu mean score indicated that study participants had poor HRQoL (114.70 ± 29.67). There was a statistically significant difference in HRQoL between the patients with CSF 104.89 ± 28.82 and Non-CSF 125.76 ± 26.71 , $p < 0.001$. Poor appetite (odd ratio: 3.02 [95% CI: 1.33-6.85]) was statistically significant predictors ($p < 0.010$) of CSF. Dependence on caregiver (odd ratio: 3.31 [95% CI: 0.41-0.75]) and having non-CSF (odd ratio: 5.22 [95% CI: 2.44-11.19]) were found statistically significant predictors of good HRQoL.

Conclusions: CSF is prevalent among leukemia patients, and adversely affects their HRQoL. The findings reported by patients are based on a patient-centered approach survey. Holistic assessment and supportive care are needed to reduce the burden of CSF and improve leukemia patients HRQoL.

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