

Demographic, Symptom, and Lifestyle Factors Associated With Cancer-Related Fatigue in Men With Prostate Cancer

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OBJECTIVES: To identify potential demographic, symptom, and lifestyle factors associated with cancer-related fatigue (CRF) in men with prostate cancer.

SAMPLE & SETTING: Data were retrieved from men with prostate cancer across the disease trajectory who were enrolled in the Genitourinary Cancer Collaborative Registry–Prostate Cancer.

METHODS & VARIABLES: Self-reported data on demographic characteristics, lifestyle habits (smoking history, alcohol consumption, physical activity/exercise, dietary habits, and vitamins/supplements), and symptom experiences (measured using the Brief Fatigue Inventory, European Organisation for Research and Treatment of Cancer Quality-of-Life Questionnaire–Prostate Cancer and –Bone Metastasis, and Pittsburgh Sleep Quality Index) were included in the registry.

RESULTS: Demographic (younger age) and symptom (sleep quality, urinary, bowel, hormone-related, and sexual activity) correlates of CRF were identified. Higher levels of moderate to vigorous exercise and activities were associated with lower CRF in the sample as a whole. However, there was no association between CRF and physical activity in men with bone metastasis.

IMPLICATIONS FOR NURSING: CRF is a common and burdensome symptom among individuals with cancer and survivors. Identification of demographic, symptom, and lifestyle factors associated with CRF can enhance understanding of this symptom and contribute to early risk assessment and intervention.

KEYWORDS prostate cancer; fatigue; symptoms; demographics; lifestyle factors

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Cancer-related fatigue (CRF) is commonly defined as “a distressing, persistent, subjective sense of physical, emotional, and/or cognitive tiredness or exhaustion related to cancer or cancer treatment that is not proportional to recent activity and interferes with usual functioning” (National Comprehensive Cancer Network [NCCN], 2020, p. FT-1). CRF is different from fatigue caused by insufficient sleep or general tiredness in that it involves physical, mental, and emotional aspects. It is persistent and not relieved by simply getting adequate rest or sleep (Charalambous & Kouta, 2016). CRF often presents at diagnosis, worsens during treatment, and lasts into survivorship, culminating in a prolonged detrimental effect on health-related quality of life. CRF remains prevalent, poorly understood, challenging to assess, and difficult to manage (Dickinson et al., 2021; Feng et al., 2017; Randall et al., 2019).

Identification of demographic, symptom, and lifestyle factors associated with CRF is essential to enhance understanding of this challenging symptom and contribute to early risk assessment and intervention. Previous studies examining the relationship between demographic and clinical data and CRF have shown that age, body composition (fat and lean mass), and hematologic values (hemoglobin, testosterone, hematocrit, and red blood cells) have been associated with CRF in men with prostate cancer (Bandara et al., 2019; Chao et al., 2018; Feng et al., 2015; Newton et al., 2018). In addition, the influence of concurrent symptoms (e.g., urinary symptoms, pain, depression) has been associated with CRF in men with prostate cancer (Chao et al., 2018; Feng et al., 2019).

Although several studies have explored demographic and clinical factors associated with fatigue in men with prostate cancer, few have examined sociodemographic or lifestyle factors—excluding physical activity and nutrition—that are associated