



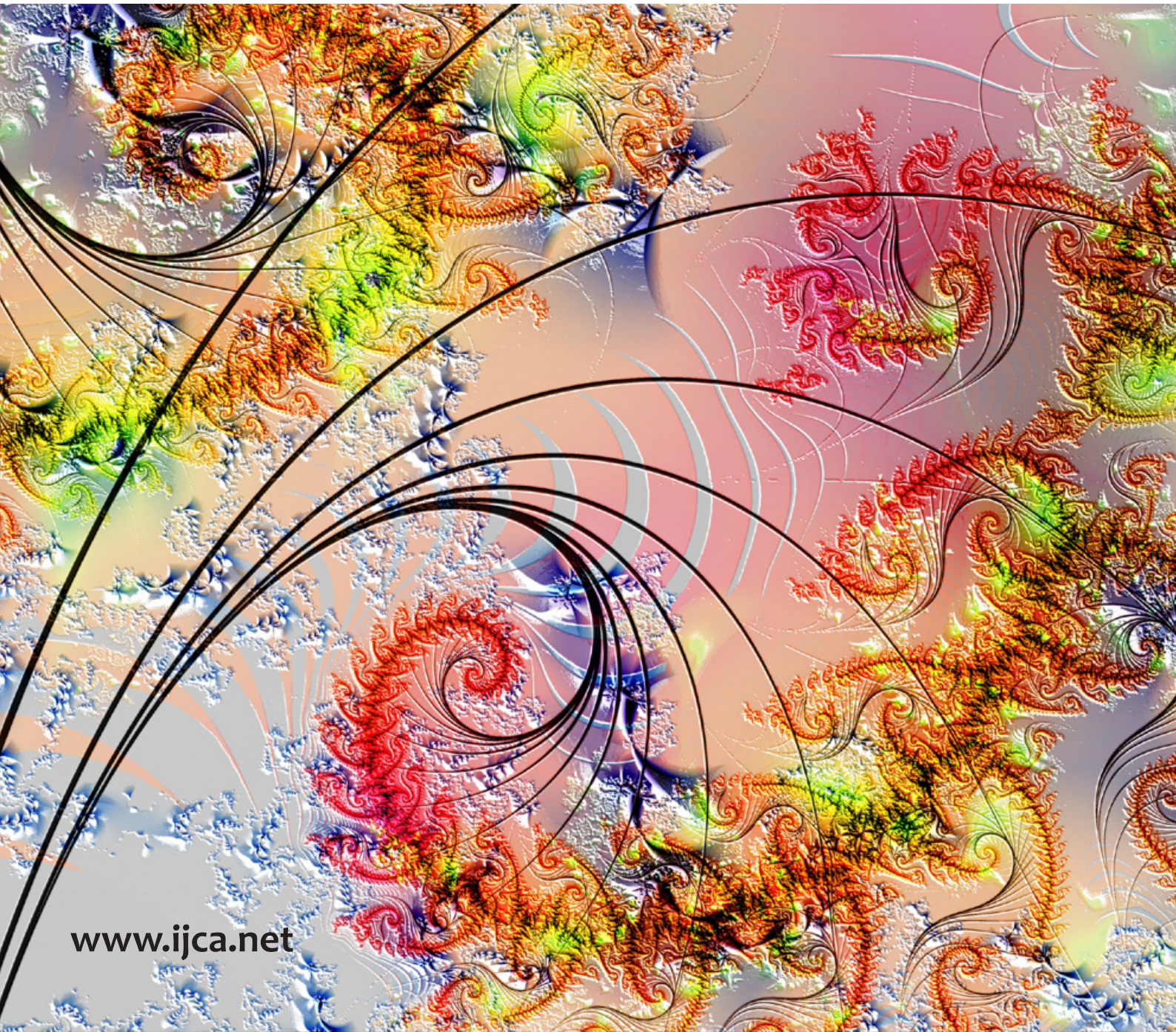
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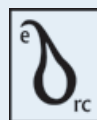
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Cancer-related fatigue: the potential of aromatherapy

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Cancer-related fatigue (CRF) possesses the greatest negative impact upon a patient's quality of life during all phases of the cancer experience (Macmillan Practice Development Unit, 1997), even after completion of curative cancer treatment (Hofman et al, 2007). Despite its prevalence, the underlying mechanisms are largely unknown, interventions are relatively sparse and the debilitating experience of CRF is often not fully appreciated by healthcare professionals, resulting in a symptom that is largely undertreated (Curt et al, 2000).

Aromatherapy offers plausible potential as a complementary intervention, particularly in the management of the key psychological indicators of cancer-related fatigue. However, current studies specific to the aromatic management of this complex symptom are limited. In order to strengthen therapeutic outcomes and clinical evidence, it is vital that we, as aromatherapists, have a comprehensive understanding of CRF, the gaps which currently exist and how these can be addressed. This paper will explore these issues and raise several points specific to clinical aromatherapy with the intention of increasing integration of aromatic approaches for patients suffering the fatigue of cancer.

Introduction

Qualitative studies have identified that cancer-related fatigue (CRF) is consistently reported by patients as one of their most distressing symptoms, negatively impacting their daily routine and quality of life more than any other cancer-related symptom including, pain, depression and nausea (Curt et al, 2000). Patients differentiate their fatigue as being more rapid in onset, more debilitating, intense and severe, as well as being unrelenting in nature and duration when compared with the fatigue of healthy individuals (Mustian et al, 2007; Lane, 2005). Their descriptions include, *“feeling listless, sluggish, faint, despondent, apathetic, tired, slack, indifferent and having paralysing fatigue”* (Ahlberg et al, 2003) which is unrelieved by rest and sleep (Glaus, 1993).

Possible causes of CRF

Despite its prevalence and the wealth of studies investigating fatigue in the general cancer population, the underlying mechanisms remain largely unknown. To date, possible causes of CRF can be categorised as physiological, treatment-related and psychological.

1. Physiological factors

This is arguably the most well-researched area, with an array of associated physiological causes including anaemia, cachexia, tumour burden and the release of cytokines (Ahlberg et al, 2003). Evidence is mounting in support of immune dysfunction, abnormal cortisol levels, increased body mass index and metabolic syndrome as other possible causative factors (Mitchell, 2010).