

FATIGUE

Nous vous renvoyons au **référentiel AFSOS « Fatigue et cancer »** qui a été réactualisé en décembre 2020 (<https://www.afsos.org/fiche-referentiel/cancer-et-fatigue/>)

Les auteurs insistent sur le fait que la fatigue, rapportée par près de deux patients sur trois, est le symptôme le plus fréquent au cours et après les traitements du cancer. Les connaissances sur la fatigue et les effets des diverses prises en charge sont de plus en plus nombreuses, diffusées et vulgarisées. Mais il existe toujours un défaut d'évaluation avec un sous diagnostic et une sous-estimation de la fatigue au regard de l'importance de ce symptôme pour les patients.

Ce référentiel Afsos est une ressource pour les professionnels de l'équipe pluridisciplinaire, en proposant des éléments facilitant la reconnaissance, l'évaluation puis la prise en charge par diverses interventions vis à vis de ce symptôme commun et impactant fortement la qualité de vie des patients.

Le référentiel Afsos « activité physique et cancer » a été réactualisé en décembre 2018 (www.afsos.org/fiche-referentiel/activite-physique-et-cancer). L'activité physique adaptée (APA) fait désormais l'objet de recommandations HAS pour les cancers du sein, du colon-rectum et de la prostate (<https://www.has-sante.fr/>). L'APA (en l'absence de contre-indication) a démontré son efficacité sur la réduction de la fatigue mais essentiellement chez des femmes atteintes de cancers du sein à un stade curable. Chez des patients atteints de cancer et dont l'espérance de vie était inférieure à 2 ans, la force musculaire était significativement améliorée dans le groupe ayant recours à l'exercice physique (93). Des études ultérieures ont montré des résultats similaires (85,86). Plusieurs études, de faisabilité puis contrôlées randomisées ont aussi indiqué une amélioration de la tolérance à l'exercice, un maintien ou une amélioration de certains domaines de la qualité de vie, un maintien du volume expiratoire forcé et de la force musculaire (87,88,89). Il est apparu qu'une tolérance à l'effort plus importante (+50 mètres au test de marche de 6 minutes) était associée avec une réduction du risque de mortalité (-13%) chez des patients atteints d'un cancer bronchique non à petite cellules métastatique (97). Enfin, les programmes d'APA sont faisables chez les patients atteints de cancer métastatique et apportent une amélioration des symptômes dus au cancer ainsi que de la qualité de vie (98). Une seule étude (avec un faible effectif) a été conduite auprès de patients traités par thérapies ciblées pour un cancer du poumon métastatique et a démontré qu'une telle activité était faisable avec un impact positif sur la qualité de vie (99). Une étude présentée récemment à l'ASCO a étudié la faisabilité et l'acceptabilité de l'utilisation d'une *Apple Watch*® et d'un *Iphone*® pour mesurer l'activité physique. Le nombre de pas quotidiens était très significativement associé à la fatigue, aux fonctions physiques, à l'état général global, à l'impact social et aux troubles du sommeil^K.

^K Thompson C-A et al. Patient-reported outcomes, emoji, and activity measured on the Apple Watch in cancer patients. ASCO 2018 #6501, disponible à <https://meetinglibrary.asco.org/record/158434/abstract> (consulté le 02/01/2019).

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