Focus on Research | Breast cancer-related fatigue: The benefits of adapted physical activity

Rennes 2 and The Conversation - This challenge served as the basis for a 2024 doctoral research project in Sports and Physical Activity Sciences (STAPS), focusing on the management of cancer-related fatigue.

Cancer-related fatigue and its impact on quality of life

Cancer-related fatigue is a multifaceted and deeply subjective condition, characterised by intensity far disproportionate to physical effort. Unlike everyday tiredness, it is unrelieved by rest and can persist for years after treatment. This fatigue disrupts daily activities, isolates patients, and often creates misunderstandings with caregivers and loved ones.

Despite its prevalence, cancer-related fatigue remains under-recognised by both healthcare professionals and families. However, solutions such as Adapted Physical Activity (APA) offer effective interventions.

Alleviating the side effects of cancer treatments

Regular physical activity is among the most effective strategies to counteract the side effects of cancer and its treatments, particularly fatigue. Reports from the National Cancer Institute (2017) and Inserm (2019) confirm the importance of incorporating APA sessions into care plans as early as possible.

Supervised by qualified APA professionals (EAPA) trained through STAPS programs, these sessions aim to address sarcopenia – a significant loss of muscle mass considered an independent risk factor. Sarcopenia-related complications can be fatal, even when tumours are medically controlled. Additionally, APA improves treatment tolerance and lowers recurrence risk for certain cancers.

L’APA, an essential oncological support care

Australian researcher Prue Cormie captured APA’s potential with this analogy: “If we had a pill called exercise, it would be demanded by cancer patients, prescribed by oncologists, and subsidised by governments.”

Although APA is recognised as an effective support care option, adoption remains limited. Patients often feel too fatigued to exercise, creating a paradoxical challenge: the very exhaustion APA mitigates becomes a barrier to its practice.

In practice, although APA is now recognised as a supportive oncological care, its adoption remains limited. Willpower alone is not enough for these patients, who specifically complain of being too fatigued!

This paradox emerged during a study of 25 women undergoing breast cancer treatment. Their experiences underscored the need for personalised APA interventions tailored to the different stages of their disease journey.

However, the analysis of patient narratives suggests viewing this feeling as it evolves throughout the stages of the disease. Understanding the various nuances of fatigue more precisely allows for the development of more targeted therapeutic approaches, particularly through adapted physical activity.

Fatigue through the lens of seasons

To better understand the variations in fatigue, the study employed a seasonal metaphor:

- Autumn: The diagnosis phase brings upheaval as patients adjust to their new identity as “patients.” This phase is marked by cognitive overload and mental fatigue. Individual APA sessions can prepare patients for treatment while providing personal focus and stability amidst relational disruptions.
- Winter: Representing the acute treatment phase, winter reflects the harsh effects of chemotherapy and radiotherapy, compounded by isolation and profound fatigue. Group APA sessions during this time foster emotional and cognitive support, helping participants find solidarity with peers.
- Spring: The remission phase, symbolised by spring, is a period of ambivalence. Patients grapple with reintegration into “normal” life while managing lingering side effects and fear of recurrence. Mixed APA sessions, involving former patients and healthy participants, support the transition to post-cancer life.

The social dimensions of fatigue

Combating physical fatigue is the primary focus of these sessions. However, an analysis of patient accounts reveals that, such as pain, fatigue often defies language when it comes to communicating the experience to others. This highlights the need to consider not only how fatigue is expressed but also how it is received by others.

Many participants emphasised the difficulty of making healthy individuals understand their fatigue. This disconnect underscores the unique value of being among other patients, both during and after treatment. Peer-based activities, such as APA sessions, create conditions that facilitate the social sharing of fatigue, fostering a sense of genuine solidarity.

Acknowledging the challenges these women face in reintegrating their experiences into a shared framework of understanding – despite fatigue being a common topic in everyday interactions – this study also reflects on the broader implications of the phatic function of fatigue.

As psycho-sociologist Philippe Zawieja has noted, it required a significant cultural shift for fatigue to become phatic – in other words, a subject that can be casually mentioned without conveying meaningful information. Much like small talk about the weather or the “Hello” that starts a phone call, references to fatigue often serve as conversational rituals: “Not too tired?”

When posed to individuals living with illnesses such as cancer, such questions may seem equally innocuous. Yet, they often contribute to trivialising the specific types of fatigue experienced by a growing patient population. These individuals are caught between societal expectations of resilience and the need for their unique experiences of fatigue to be recognised.

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