

Fatigue

Fatigue is the most prevalent symptom in KSC patients, and can be very debilitating. The aetiology is multifactorial and management can be challenging for clinicians. Nevertheless, there are some basic steps to approach fatigue that benefit patients.

Whilst fatigue can be post dialytic or related to the uraemic state, there are often co-existing reversible factors.

Correct any reversible aetiology

- Anaemia
 - Correct iron deficiency
 - Use EPO NB: in non-dialysis patients, Hb targets should be based on symptoms
- In dialysis patients aim for Hb 100-120g/L
- Iron deficiency (with or without anaemia)
- Metabolic acidosis related to ESKD
- Sleep disturbances, which can be secondary to other symptoms
 - Restless Legs Syndrome
 - Pruritus
 - Pain
- Depression
- Deconditioning
- Malnutrition
- Obstructive sleep apnoea
- Medications such as benzodiazepines and opioids

Management strategies

- Moderate exercise to improve conditioning. [Link to NHS exercise for older people](#)
- Optimise nutrition
- Energy conservation strategies
- Sleep hygiene (see non-pharmacological management of sleep disturbances. [Link to sleep disturbances](#))