



Tired of being tired?

Talk to your doctor about persistent fatigue

By Drs. Harold Dion
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You're always tired and have no energy to do the things you enjoy most. Even when you do sleep, you don't feel rested when you wake up. Your days and nights have started blending together in a haze. Fatigue is one of the most common symptoms in people living with HIV and it can be one of the most debilitating. Talk to your doctor to find a way to put the spring back in your step.

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As many as 80% of people living with HIV will experience fatigue at one point or other during their illness. For some, fatigue is one of the earliest symptoms of HIV. For others, it may only show up much later — people with advanced AIDS report fatigue more often than those at earlier stages of infection.

There are many possible explanations for persistent or chronic fatigue. Nutritional and hormone deficiencies, anemia, depression and lack of physical activity can all make you feel tired. HIV itself, as well as other infections like hepatitis B, C and tuberculosis, take their toll on your body over time. Fatigue is also a direct side effect of certain antiretroviral drugs (ARVs).

To identify the cause, your doctor will need to know how long you've been feeling tired, and how severe your fatigue is. It helps if you can tell your doctor whether it often hits at a certain time of day or after certain activities. Record your sleep patterns and changes in your level of physical activity. The more information you have for your doctor, the easier it will be to find a solution.

Causes of fatigue

Fatigue may be a sign that your body is spending energy on something else: you may be fighting

off an infection, suffering from a hormone imbalance or not getting enough nutrients in your diet. One of the first things your doctor will do is order a series of simple blood tests. Complete blood count, **hemoglobin** and red blood cell count are used to diagnose anemia. Hormone and nutrient levels may reveal hormone deficiencies and poor nutrition. Other tests identify specific infections that may contribute to fatigue.

Since your body is constantly fighting the virus, HIV itself can make you feel tired. Many people find that their energy levels improve when they start taking ARVs and their viral load goes down. However, simply controlling the virus won't necessarily address all of the causes of fatigue.

Anemia

HIV-related anemia is quite common and thought to be one of the most important causes of fatigue. Anemia is a deficiency in oxygen transport in the blood. It may be due to a low number of red blood cells (the oxygen-carrying cells) or reduced hemoglobin. An anemic person's heart has to pump harder to get enough oxygen to the organs, which means they get tired more easily. Headache, pale skin, shortness of breath, dizziness and weakness are other signs of anemia.

HIV can interfere with your body's ability to produce new red blood cells. In more severe cases, injections of erythropoietin (EPO, Epogen®, Procrit®), a drug that stimulates the production of red blood cells, or blood transfusions can correct the problem.

Anemia is also a side effect of certain ARVs, particularly higher doses of AZT (zidovudine, Retrovir®, also in Trizivir® and Combivir®). Sometimes anemia can be caused by low levels of iron, vitamin B12, or folate, in which case supplements may be helpful.

Hypogonadism

A lack of testosterone (also called hypogonadism) can affect both men and women living with HIV. Testosterone regulates mood and the metabolism of nutrients. In addition to fatigue, low testosterone levels can lead to loss of appetite, wasting, depression and low libido.

Testosterone deficiencies can be detected by a blood test, but the interpretation of results can be tricky because what's "normal" varies significantly from one person to the next. Some doctors choose to get a baseline, or starting testosterone measurement from the very beginning, so abnormalities are easier to pick up.

In men, hypogonadism is treated with testosterone or anabolic steroids. Women need much less testosterone, so a combination of estrogen and testosterone (Estratest®) is preferred.

Thyroid dysfunction is another hormone imbalance that can lead to fatigue. Your doctor can check



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the amount of thyroid hormone in your blood and prescribe supplements if the levels are low.

Poor nutrition

Feeling tired could be a sign you're not getting adequate nutrition. Since the introduction of newer ARVs, stomach problems that interfere with the absorption of nutrients, such as vomiting and diarrhea, are much less common, but drugs still aren't without side effects: loss of appetite, nausea and mouth sores can still make it difficult to eat. A well-balanced diet can also tax your wallet; many community organizations offer food programs or can give you advice on how to eat well on a limited budget. Finally, some opportunistic infections — particularly gastrointestinal ones — can prevent your body from absorbing nutrients properly.

Most doctors and nutritionists recommend that you try to get all your vitamins and minerals from food, but supplements can sometimes help make up the difference.

Common causes of HIV-related fatigue

CAUSE	CLUES	TREATMENT
Anemia	Low hemoglobin or red blood cells, dizziness, pale skin, shortness of breath, fatigue with activity	Supplements if nutritional deficiencies are found, medication change, erythropoietin or blood transfusion if severe
Hypogonadism	Low testosterone, low libido, weight loss, depressive symptoms	Testosterone replacement
Depression	Fatigue on awakening, personal or family history of depression	Psychotherapy, antidepressants
Insomnia	History; daily, constant fatigue	Rule out anxiety / depression, good sleep habits (going to bed at same time, reserving bed for sleep, etc.), low-dose tricyclic antidepressants, sleeping aids
Idiopathic fatigue	Pattern of fatigue, lack of other specific causes	Stimulants like methylphenidate (Ritalin®) and dextroamphetamine (Dexedrine®), activity motivation

Adapted from: Capaldini, L. *Symptom Management Guidelines, HIV InSite Knowledge Base Chapter*, July 2004.



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Depression

Depression is very common in people with HIV and has been associated with a higher risk of death (for more, see "In the News" on page 15). Both depression and anxiety can cause fatigue, lethargy and a lack of motivation or interest in things you usually enjoy. On top of it, people who are anxious or depressed may lose their appetite, have poor eating habits and suffer from insomnia, which all make fatigue worse.

Doctors may overlook a diagnosis of depression because they assume that the feelings of sadness, frustration and anxiety are "natural" in people living with HIV. However, biochemical imbalances causing depression shouldn't be ignored and can be well managed with antidepressants.

Insomnia

Having trouble falling asleep, not getting enough sleep, or waking up several times during the night will all make you feel more tired during the day. Even if you think you're sleeping enough each night, you may not be reaching the deep stages of sleep that are the most restorative. Certain ARVs can cause insomnia, while others may lead you to have strange or troubling dreams. Chronic pain or your medication schedule may be waking you up at night. Finally, depression and anxiety can interfere with your sleep patterns, either by preventing you from falling asleep, or by causing you to sleep too much. People who are depressed can sleep 12, 14 or even 16 hours a day, which only makes them more tired.

How to cope

The first step is to figure out if there is a physical or psychological cause for your fatigue. If none is found, your doctor may tell you your fatigue is **idiopathic**, which basically means they can't find a specific reason for it.

Regardless of the cause, eating a well-balanced diet, staying active, getting rest when you need it and keeping tabs on your use of caffeine, alcohol and recreational drugs can improve your energy levels and overall quality of life (see sidebar).

In addition to the treatment recommended by your doctor, some people find that herbal remedies help combat fatigue. Others rely on acupuncture, massage therapy or tai chi. None of these alternative therapies have been proven to work in clinical trials, but they may help you relax and feel more invigorated. **R**

Energy-saving strategies

While you and your doctor look for a more permanent solution, try to:

- Schedule important activities for times of day when you know your energy levels are highest
- Reduce or eliminate nonessential tasks
- Get help with daily tasks (like shopping, cleaning and cooking) if needed
- Alternate strenuous activities with more restful ones
- Take naps or rest during the day as needed (but not within six hours of bed time if you suffer from insomnia)