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CarEdOn

Improving Care for Edema and Oncology patients

PAIN IN MOTION

# Ongewone vermoeidheid na de behandeling voor (borst)kanker

Lore Dams - PT, PhD  
@DamsLore/ @CaredonNews

# Inhoud

- **Wat is ongewone vermoeidheid na (borst)kanker?**
- **Hoe ontstaat ongewone vermoeidheid bij kanker?**
- **Wat kunnen we als zorgverlener doen bij ongewone vermoeidheid?**
- **Praktische links**

# Kennismaking

- Is rust de eerstelijnsbehandeling voor vermoeidheid?
- Vermoeidheid wordt meer gerapporteerd na chemo dan na radiotherapie?
- Trauma (in de kindertijd) kan bijdragen tot aanhoudende vermoeidheid?

# Wat is ongewone vermoeidheid na (borst)kanker?

# Vermoeidheid bij en na kanker - definitie

*Cancer-related fatigue (CRF) is a persistent, often overwhelming feeling of physical, mental, and/or emotional exhaustion and differs from fatigue caused by exertion as it is not necessarily relieved by rest or sleep*

*Management of Fatigue in Adult Survivors of Cancer: ASCO–Society for Integrative Oncology Guideline Update, May 2024*

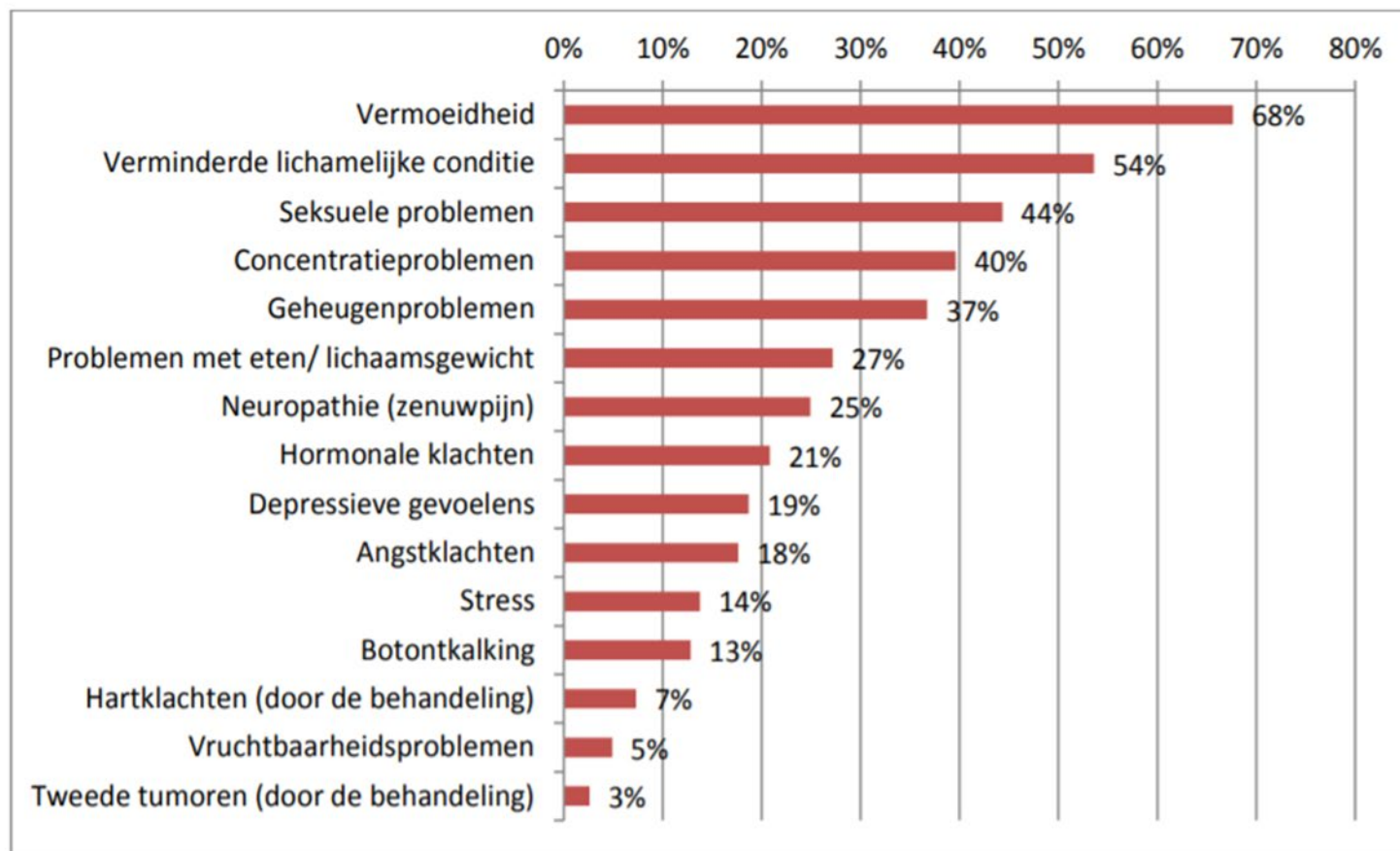
# Vermoeidheid bij en na kanker - definitie

## Gewone vermoeidheid

- Verwacht, voorspelbaar
- Normaal
- Af en toe
- Kort
- Duidelijk verband met een inspanning  
duidelijke oorzaak
- Rust of slaap helpt

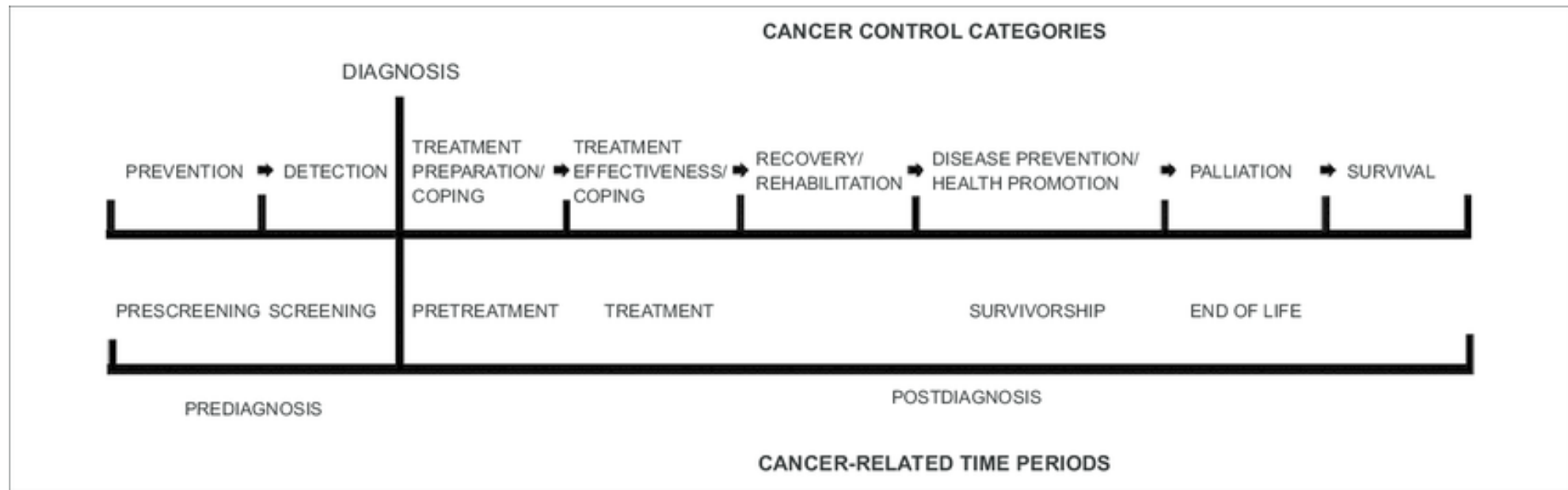


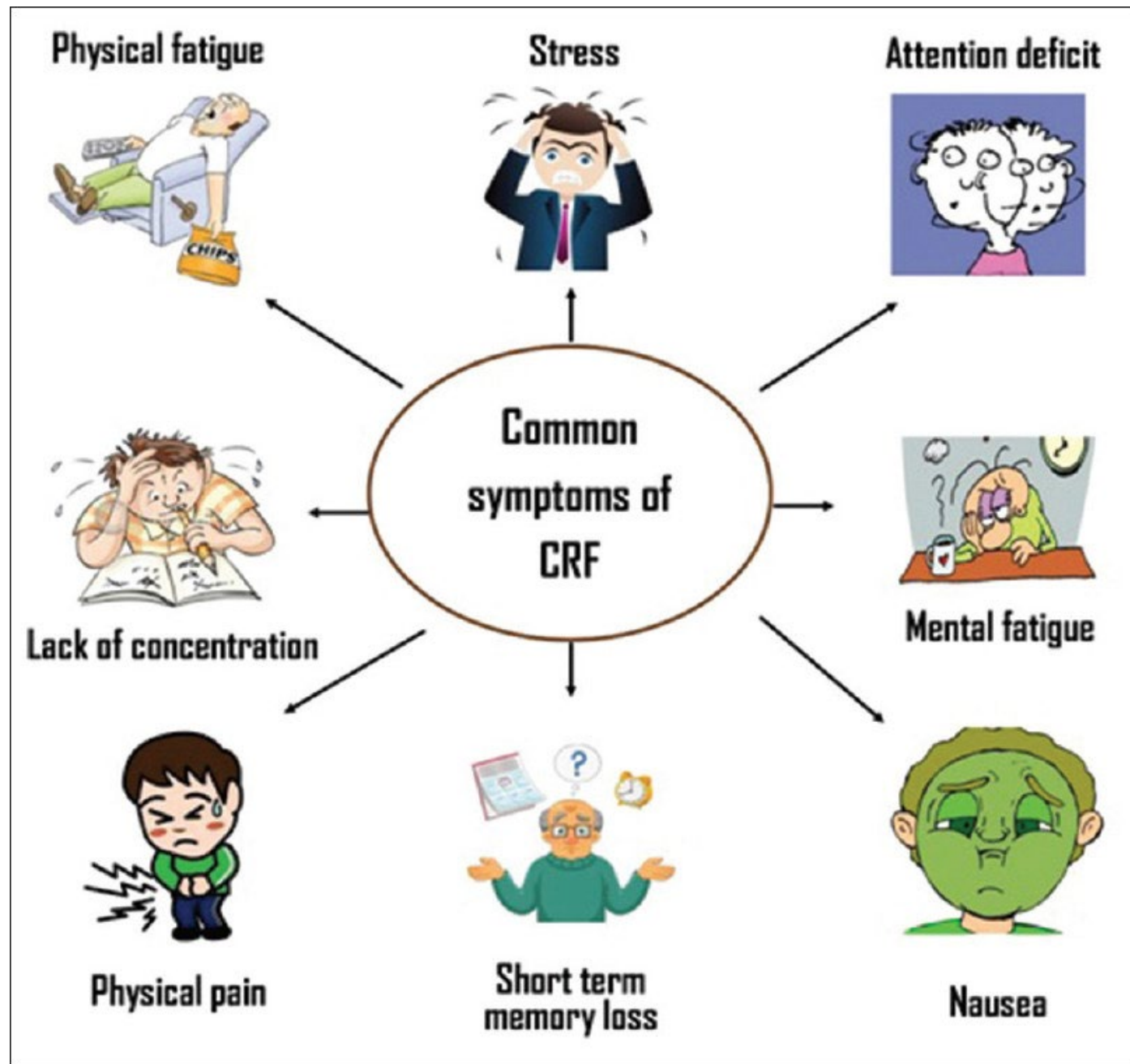
# Vermoeidheid bij en na kanker - prevalentie

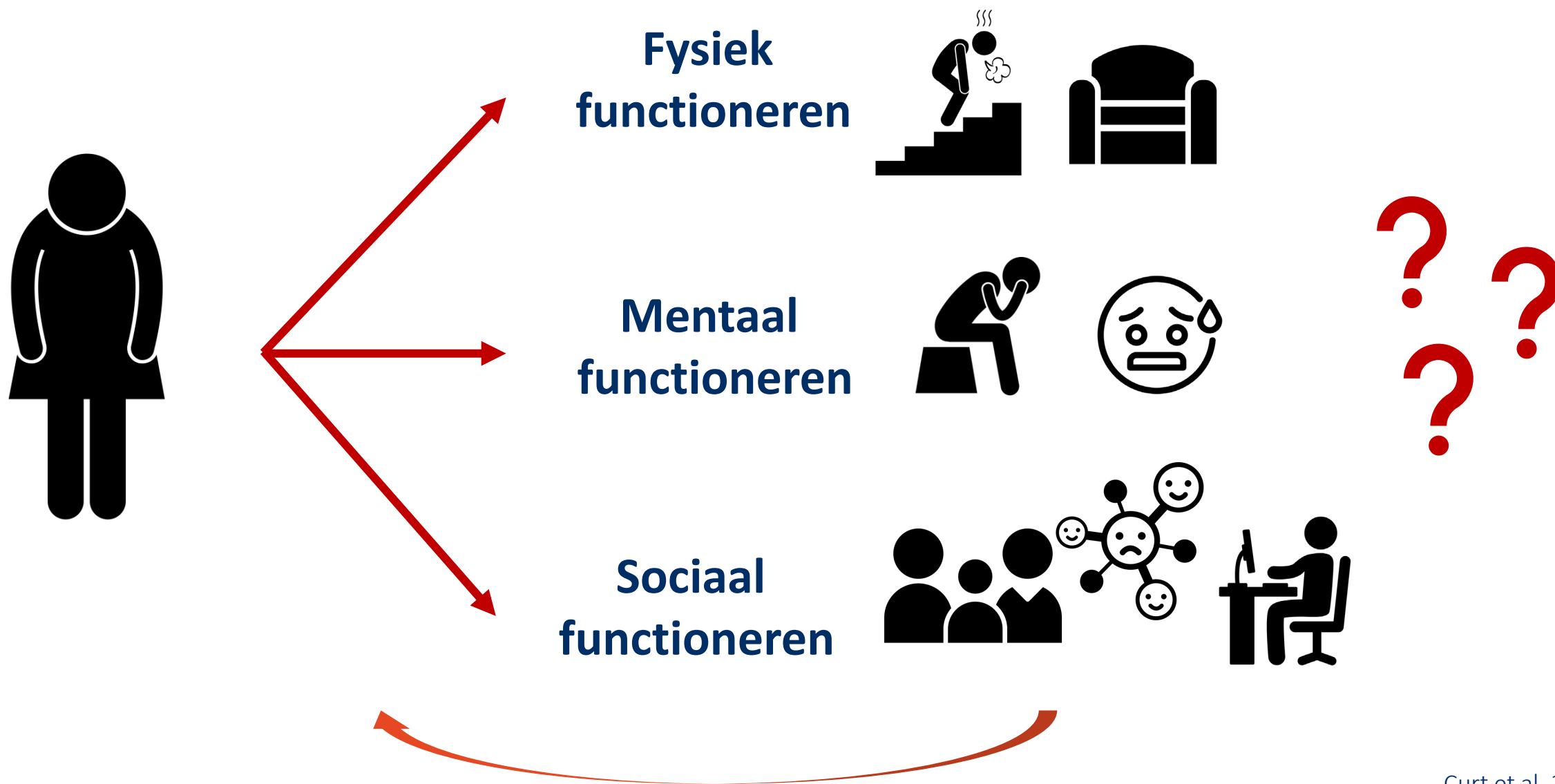


Figuur 1. Ervaren 'late gevolgen' door (ex-)kankerpatiënten.

# Vermoeidheid bij en na kanker - prevalentie





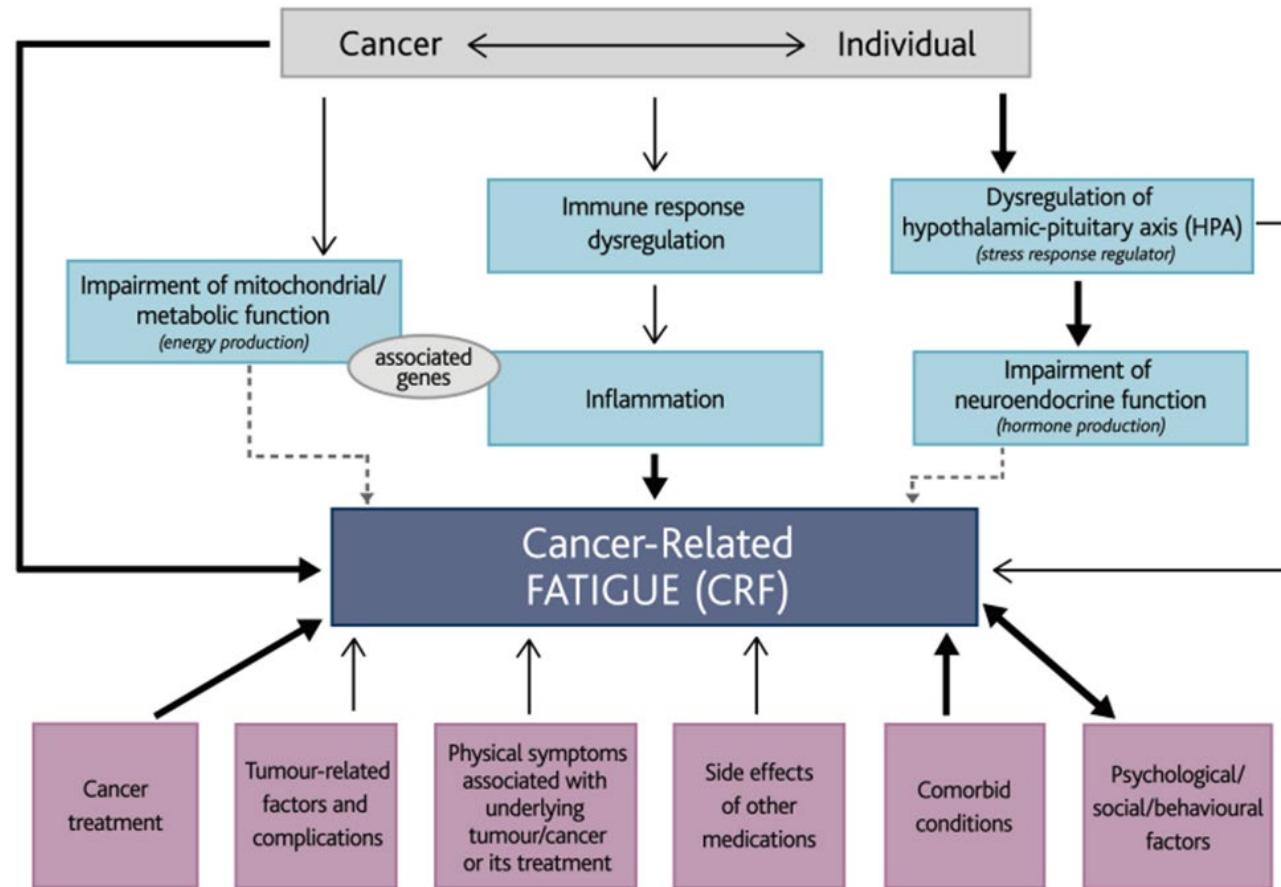


# Hoe ontstaat ongewone vermoeidheid bij kanker?

# Mechanismen

- **Cytokine hypothese: pro-inflammatoire cytokines**
  - Tumor
  - Weefselschade agv chirurgie, radiotherapie etc.
  - Psychologische stress
- **Neuro-endocriene processen**
  - Autonoom zenuwstelsel, HPA-as (hypothalamus – hypofyse – bijnier)
- **Metabole verstoringen (ATP, musculair)**
- **Mitochondriale dysfunctie**
- **Anemia**
- ...





**Legend**

- - - - - Earlier evidence of association
- Association
- Stronger association
- Biological processes/mechanisms
- Patients' clinical/demographic contributors

# Risicofactoren

## Voorbeschikkende factoren

- Trauma in kindertijd
- Voorgeschiedenis depressie
- Angstige persoonlijkheid
- Eenzaamheid

## Uitlokkende factoren

Kanker en het effect van de behandeling op het lichaam

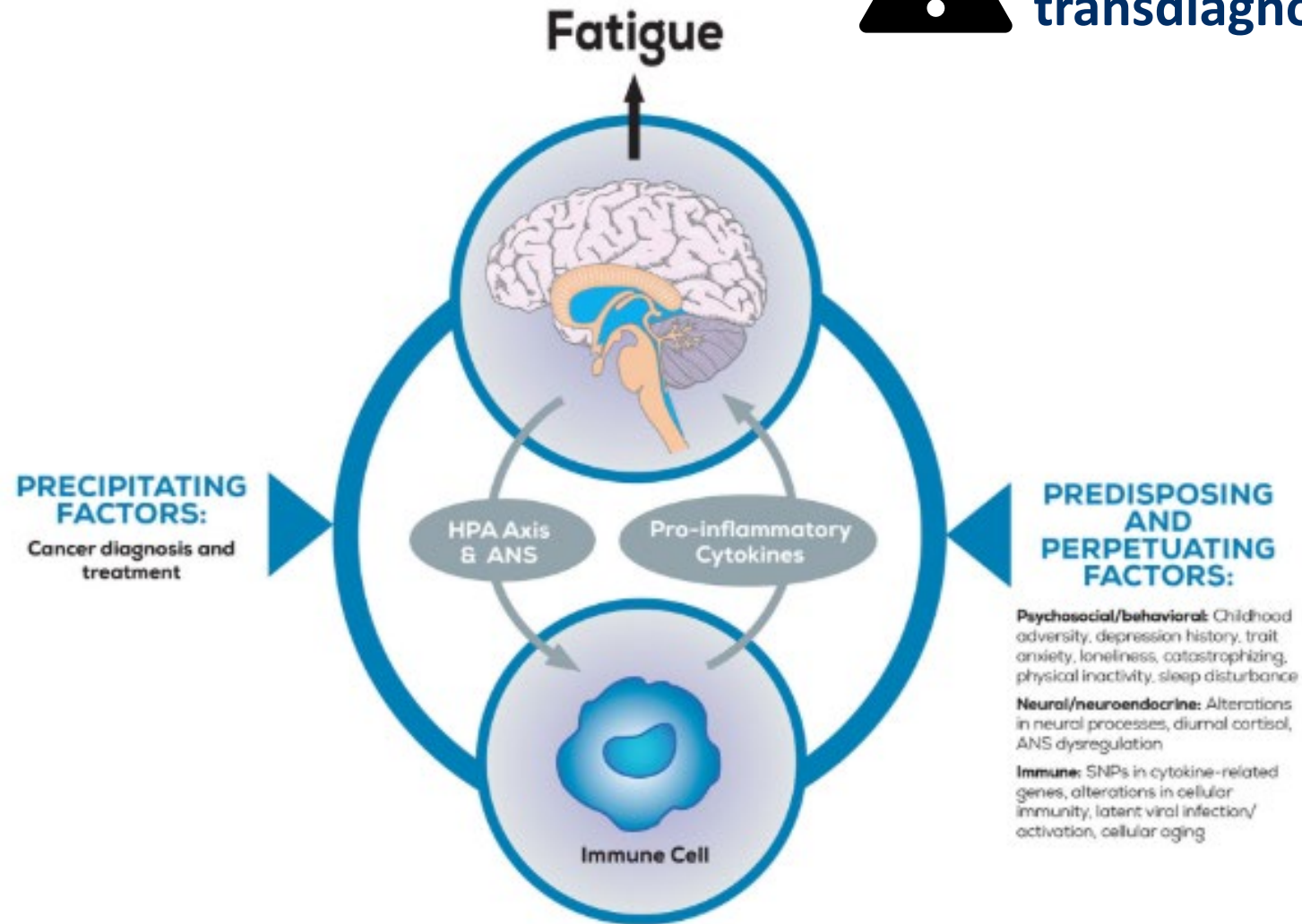
## Onderhoudende factoren

- Catastrofen
- Fysieke inactiviteit
- Slaapverstoring

# Risicofactoren



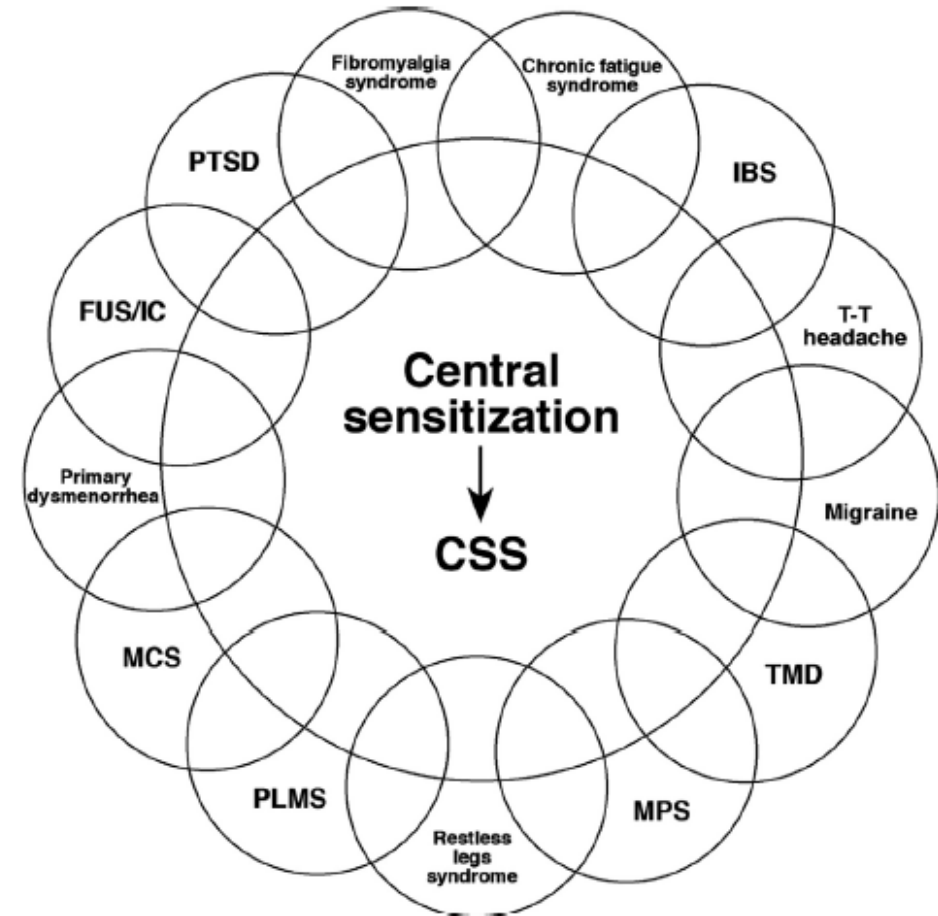
Ongewone vermoeidheid als  
transdiagnostisch symptoom



# Vermoeidheid als transdiagnostisch symptoom

- Ernst van vermoeidheid bij chronische ziekten wordt vooral verklaard door factoren die ziekte-overstijgend zijn

- COPD
- Chronic Kidney Disease
- Post COVID-19 syndrom / Long Covid
- Chronic Heart Failure
- Chronic Fatigue Syndrome
- Fibromyalgia
- Inflammatory Bowel Disease
- Parkinson's Disease
- Multiple Sclerosis
- Post traumatic stress disorder
- Burn Out/Depression
- Migraine
- ...

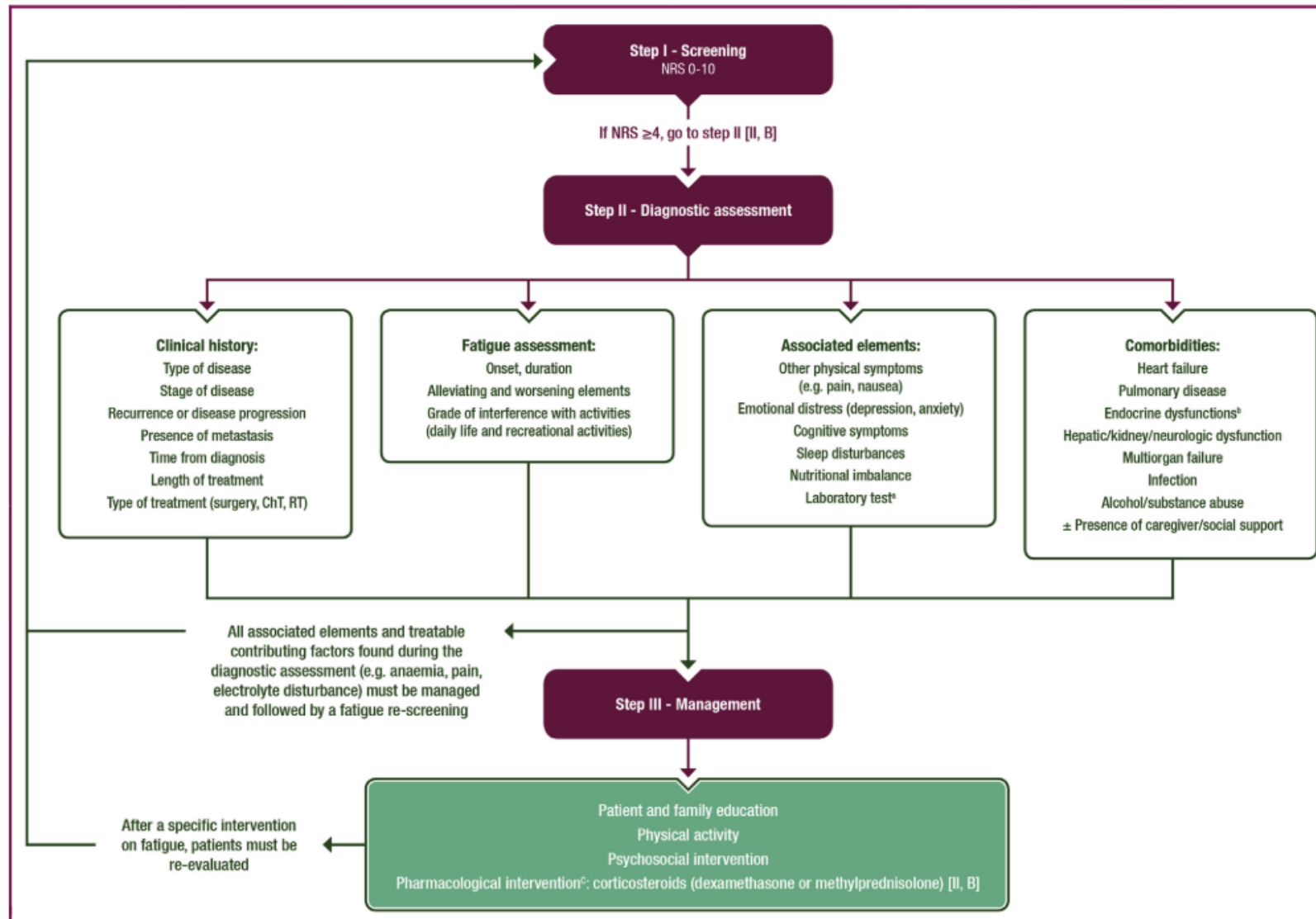


**Figure 1** Currently proposed members of the CSS family with overlapping relationships and a common pathophysiological link of CS. IBS, irritable bowel syndrome; T-T headache, tension-type headache; TMD, temporomandibular disorders; MPS, myofascial pain syndrome; RSTPS, regional soft-tissue pain syndrome; PLMS, periodic limb movements in sleep; MCS, multiple chemical sensitivity; FUS, female urethral syndrome; IC, interstitial cystitis; PTSD, posttraumatic stress disorder. Depression may also be a member (see text). Modified from reference 198.

# Wat kunnen we als zorgverlener doen bij ongewone vermoeidheid?

# Screening - assessment





**Figure 1. Practical assessment of CRF.**

ChT, chemotherapy; CRF, cancer-related fatigue; NRS, numerical rating scale; RT, radiotherapy.

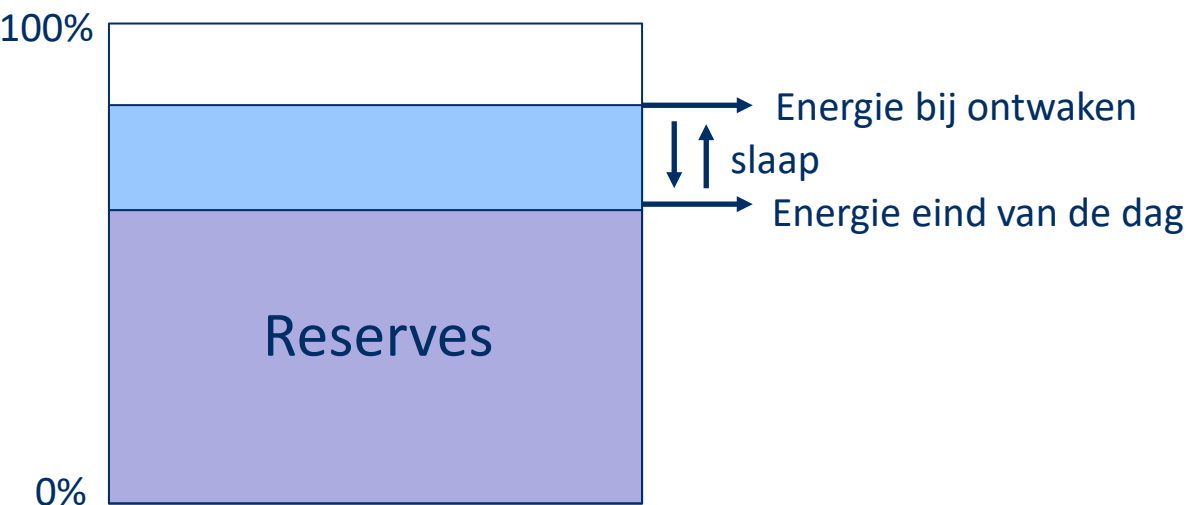
<sup>a</sup> Urinalysis for protein, blood and glucose, full blood count, urea and electrolytes, liver function, thyroid function, erythrocyte sedimentation rate, C-reactive protein, blood glucose, serum creatinine.

<sup>b</sup> For example, hypothyroidism, hypogonadism, adrenal insufficiency and hypopituitarism, especially in patients receiving immunotherapy.

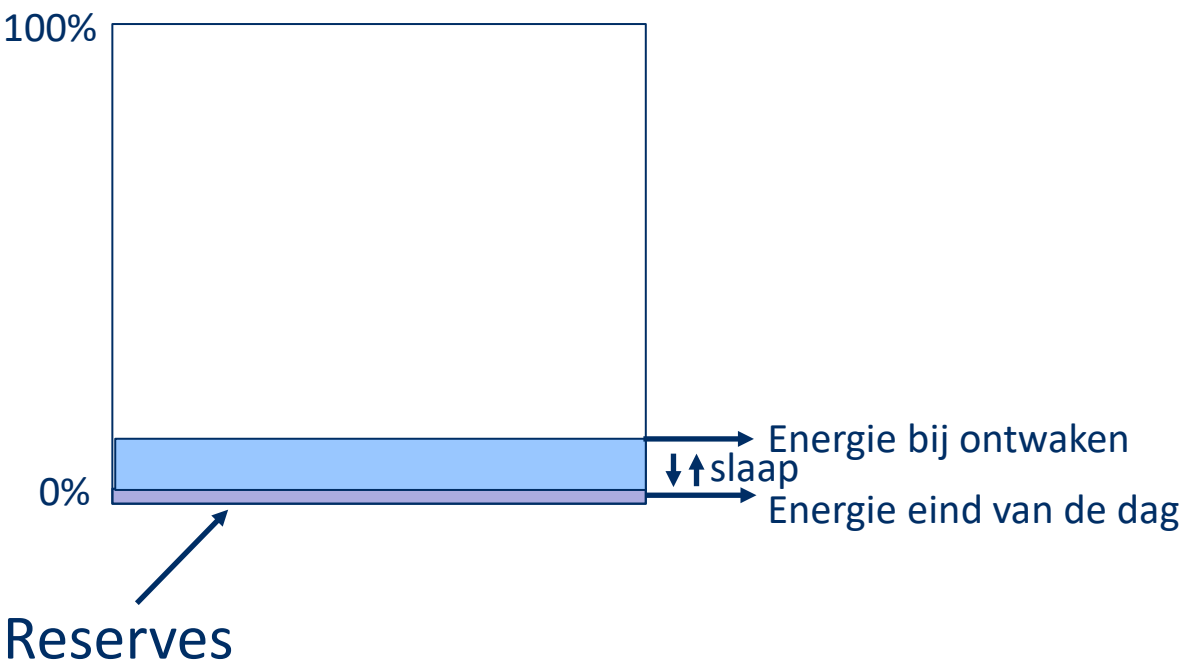
<sup>c</sup> Only for short-term use in metastatic cancer patients.

# Management - Batterij

Batterij gezond persoon



Batterij uitgeput persoon



## Als u gezond bent



Als je gezond bent is de accu helemaal vol. Je start de dag met een volle accu en volop energie.



Je kan met deze accu de hele dag lichamelijke en mentale inspanningen leveren. Je verbruikt je energie om te bewegen, te denken, je te concentreren en gesprekken te voeren.



In de loop van de dag raakt de accu wel wat leger door al deze activiteiten. Dat geeft niet, want 's nachts wordt de accu weer netjes opgeladen. De volgende dag is de accu weer vol.



## Beperkte belastbaarheid



Bij beperkte belastbaarheid is de accu niet meer helemaal vol. Daarnaast loopt de accu sneller leeg.



Activiteiten kosten meer energie. Je raakt eerder vermoeid door gesprekken, tv-kijken, lezen of werken op de computer. Aan het einde van de dag is je energie op. De bodem van de accu is bereikt.



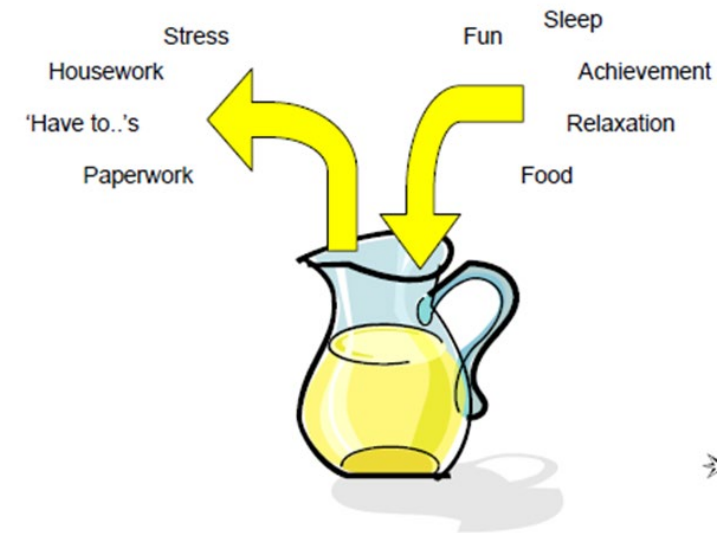
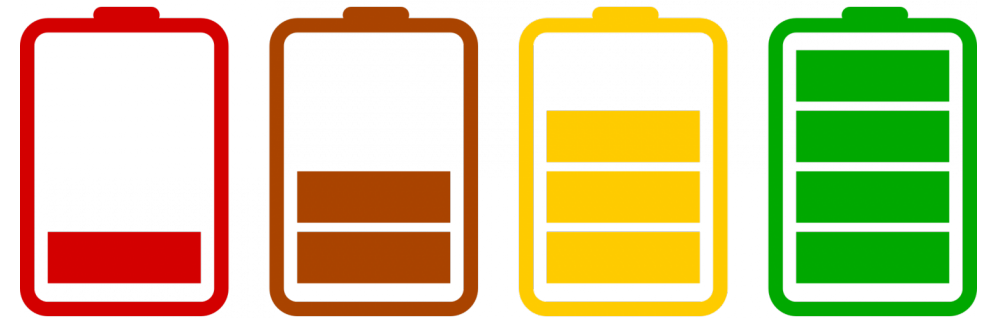
's Nachts laadt de accu niet meer helemaal op. Je start de volgende dag met veel minder energie dan gezonde mensen.



# Energiemanagement

## “Mijn energie rekening”

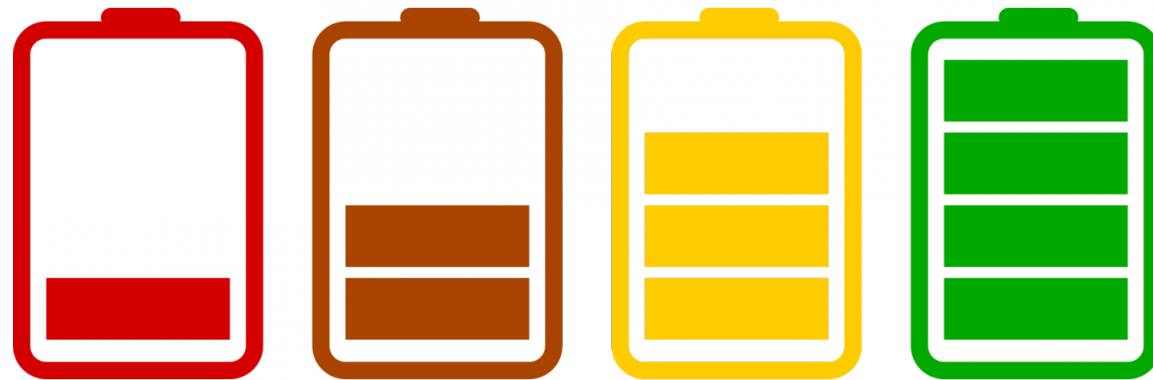
- Stap 1: balans belasting – belastbaarheid
  - Inefficiënt gebruik van energie?
  - Avoidance – persistence
  - 3Ps: Plannen, Prioritiseren, Pacen
- Stap 2: graduele toename



# Energiemanagement

## OEFENING

Wat geeft jou energie? Wat vraagt energie?





# Management



## SPECIAL ARTICLE

### Cancer-related fatigue: ESMO Clinical Practice Guidelines for diagnosis and treatment<sup>†</sup>

A. Fabi<sup>1</sup>, R. Bhargava<sup>2</sup>, S. Fatigoni<sup>3</sup>, M. Guglielmo<sup>4</sup>, M. Horneber<sup>5</sup>, F. Roila<sup>3</sup>, J. Weis<sup>6</sup>, K. Jordan<sup>7</sup> & C. I. Ripamonti<sup>4</sup>, on behalf of the ESMO Guidelines Committee

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Available online 12 March 2020

FREE ACCESS | ASCO SPECIAL ARTICLES | May 16, 2024



## Management of Fatigue in Adult Survivors of Cancer: ASCO–Society for Integrative Oncology Guideline Update

Authors: [Julienne E. Bower, PhD](#) , [Christina Lacchetti, MHSc](#) , [Yesne Alici, MD](#), [Debra L. Barton, RN, PhD](#) , [Deborah Bruner, RN, PhD](#) , [Beverly E. Canin](#) , [Carmelita P. Escalante, MD](#), ... [SHOW ALL](#) ..., and [Karen Mustian, PhD](#) | [AUTHORS INFO & AFFILIATIONS](#)

Publication: Journal of Clinical Oncology • Volume 42, Number 20 • <https://doi.org/10.1200/JCO.24.00541>



## KNGF–richtlijn Oncologie

Onder redactie van:  
Dr. M.G. Sweegers; M.C.M. van Doormaal, MSc; D. Conijn, MSc; dr. M.M. Stuiver



Amersfoort, maart 2022

TABLE 3. Summary of Recommendations During Active Cancer Treatment

| Recommendation                                                                                                                                                                                                                                                                                                                                                                | Evidence Quality | Strength of Recommendation       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------|
| General note. The following recommendations (strong or conditional) represent reasonable options for patients depending on clinical circumstances and in the context of individual patient preferences. Recommended care should be accessible to patients whenever possible.                                                                                                  |                  |                                  |
| 1.1. Clinicians should recommend exercise (aerobic, resistance, or a combination) to reduce the severity of fatigue during cancer treatment. Exercise should be tailored according to the individual patient's abilities and may be either supervised or unsupervised.                                                                                                        | Moderate         | Strong                           |
| Note. Benefits for fatigue have consistently been seen with interventions that combine aerobic and resistance training and resistance-only interventions. The choice of exercise modality, intensity, and duration should be based on several important considerations, including patient preference, availability, accessibility, likelihood of adherence, safety, and cost. |                  |                                  |
| 1.2. Clinicians should recommend cognitive behavioral therapy (CBT) with or without hypnosis to reduce the severity of cancer-related fatigue in adults undergoing cancer treatment.                                                                                                                                                                                          | Moderate         | Strong                           |
| 1.3. Clinicians should recommend mindfulness-based programs to reduce the severity of cancer-related fatigue in adults undergoing cancer treatment. Mindfulness-based programs may include mindfulness-based stress reduction (MBSR).                                                                                                                                         | Moderate         | Strong                           |
| 1.4. Clinicians should recommend tai chi or qigong, practiced at a low to moderate intensity, to reduce the severity of cancer-related fatigue in adults undergoing cancer treatment.                                                                                                                                                                                         | Moderate         | Strong                           |
| 1.5. Clinicians may recommend psychoeducation to reduce the severity of cancer-related fatigue in adults undergoing cancer treatment.                                                                                                                                                                                                                                         | Moderate         | Conditional                      |
| 1.6. Clinicians may recommend American ginseng ( <i>Panax quinquefolius</i> ) at a dose of 2,000 mg daily* to manage symptoms of cancer-related fatigue in adults undergoing cancer treatment.                                                                                                                                                                                | Low              | Conditional                      |
| 1.7. Clinicians should not recommend wakefulness agents, such as modafinil or armodafinil, to manage symptoms of cancer-related fatigue in adults undergoing cancer treatment.                                                                                                                                                                                                | Moderate         | Strong                           |
| 1.8. Clinicians should not recommend L-carnitine to manage symptoms of cancer-related fatigue in adults undergoing cancer treatment.                                                                                                                                                                                                                                          | Low              | Conditional                      |
| 1.9. Clinicians should not routinely recommend psychostimulants, such as methylphenidate, to manage symptoms of cancer-related fatigue in adults undergoing cancer treatment.                                                                                                                                                                                                 | Moderate         | Conditional                      |
| 1.10. Clinicians should not recommend antidepressants, such as paroxetine, to manage symptoms of cancer-related fatigue in adults undergoing cancer treatment.                                                                                                                                                                                                                | Moderate         | Conditional                      |
| No recommendation. There is insufficient evidence to make recommendations for or against acupuncture, coenzyme Q10, guarana, brain wave vibration meditation, minocycline, music or music therapy, progressive muscle relaxation, reflexology, solution-focused therapy, or yoga to reduce the severity of cancer-related fatigue in adults undergoing cancer treatment.      | Insufficient     | No Recommendation for or against |

NOTE. The strength of the recommendation is defined as follows: strong: in recommendations for an intervention, the desirable effects of an intervention outweigh its undesirable effects. In recommendations against an intervention, the undesirable effects of an intervention outweigh its desirable effects. All or almost all informed people would make the recommended choice for or against an intervention. Conditional/weak: in recommendations for an intervention, the desirable effects probably outweigh the undesirable effects, but appreciable uncertainty exists. In recommendations against an intervention, the undesirable effects probably outweigh the desirable effects, but appreciable uncertainty exists. Most informed people would choose the recommended course of action, but a substantial number would not.

\*While there is no conclusive evidence regarding the optimal administration schedule, twice-daily dosing, preferably in the morning and before noon to avoid disrupting sleep patterns, may be considered.

|                    | During treatment | After treatment |
|--------------------|------------------|-----------------|
|                    | Recommendation   | Recommendation  |
| Exercise           | In favor         | In favor        |
| CBT                | In favor         | In favor        |
| Mindfulness        | In favor         | In favor        |
| Tai Chi - Qigong   | In favor         |                 |
| Psychoeducation    | In favor         |                 |
| Ginseng            | In favor         |                 |
| Wakefulness agents | Against          | Against         |
| L-carnitine        | Against          |                 |
| Psychostimulants   | Against          | Against         |
| Antidepressants    | Against          |                 |
| Yoga               |                  | In favor        |
| Accupressure       |                  | In favor        |
| Moxibustion        |                  | In favor        |

TABLE 4. Summary of Recommendations After Active Cancer Treatment

| Recommendation                                                                                                                                                                                                                                                                                                                                                                                                                                       | Evidence Quality | Strength of Recommendation       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------|
| General note. The following recommendations (strong or conditional) represent reasonable options for patients depending on clinical circumstances and in the context of individual patient preferences. Recommended care should be accessible to patients whenever possible                                                                                                                                                                          |                  |                                  |
| 2.1. Clinicians should recommend exercise (aerobic, resistance, or a combination) to reduce the severity of cancer-related fatigue symptoms in adults who have completed cancer treatment. Whenever possible, exercise should be tailored according to the abilities of the individual patient and may be either supervised or unsupervised                                                                                                          | Moderate         | Strong                           |
| 2.2. Clinicians should recommend cognitive behavioral therapy (CBT) to manage symptoms of cancer-related fatigue in adults who have completed cancer treatment. CBT may be delivered in person or via a web-based program                                                                                                                                                                                                                            | Moderate         | Strong                           |
| 2.3. Clinicians should recommend mindfulness-based programs to reduce the severity of fatigue in adults who have completed cancer treatment. Mindfulness-based programs may include mindfulness-based stress reduction (MBSR), mindfulness-based cognitive therapy (MBCT), and mindful awareness practices (MAPs) and may be delivered in person or via a web-based program                                                                          | Moderate         | Strong                           |
| 2.4. Clinicians may recommend yoga to reduce the severity of cancer-related fatigue in adults who have completed cancer treatment, especially in women with breast cancer                                                                                                                                                                                                                                                                            | Low              | Conditional                      |
| 2.5. Clinicians may recommend acupressure to manage symptoms of cancer-related fatigue in adults who have completed cancer treatment                                                                                                                                                                                                                                                                                                                 | Low              | Conditional                      |
| 2.6. Clinicians may recommend moxibustion to manage symptoms of cancer-related fatigue in adults who have completed cancer treatment                                                                                                                                                                                                                                                                                                                 | Low              | Conditional                      |
| 2.7. Clinicians should not recommend wakefulness agents, such as modafinil or armodafinil, to manage symptoms of cancer-related fatigue in adults who have completed cancer treatment                                                                                                                                                                                                                                                                | Moderate         | Conditional                      |
| 2.8. Clinicians should not routinely recommend psychostimulants, such as methylphenidate, to manage symptoms of cancer-related fatigue in adults who have completed cancer treatment                                                                                                                                                                                                                                                                 | Moderate         | Conditional                      |
| No recommendation. There is insufficient or inconclusive evidence to make recommendations for or against acceptance and commitment (ACT)-based or attention-based interventions, acupuncture, bright light therapy, ginseng, massage, mistletoe, or omega fatty acids, psychoeducational interventions, self-management health app, tai chi or qigong to reduce the severity of cancer-related fatigue in adults who have completed cancer treatment | Insufficient     | No Recommendation for or against |

NOTE. The strength of the recommendation is defined as follows: strong: in recommendations for an intervention, the desirable effects of an intervention outweigh its undesirable effects. In recommendations against an intervention, the undesirable effects of an intervention outweigh its desirable effects. All or almost all informed people would make the recommended choice for or against an intervention; conditional/weak: in recommendations for an intervention, the desirable effects probably outweigh the undesirable effects, but appreciable uncertainty exists. In recommendations against an intervention, the undesirable effects probably outweigh the desirable effects, but appreciable uncertainty exists. Most informed people would choose the recommended course of action, but a substantial number would not.

|                    | During treatment | After treatment |
|--------------------|------------------|-----------------|
|                    | Recommendation   | Recommendation  |
| Exercise           | In favor         | In favor        |
| CBT                | In favor         | In favor        |
| Mindfulness        | In favor         | In favor        |
| Tai Chi - Qigong   | In favor         |                 |
| Psychoeducation    | In favor         |                 |
| Ginseng            | In favor         |                 |
| Wakefulness agents | Against          | Against         |
| L-carnitine        | Against          |                 |
| Psychostimulants   | Against          | Against         |
| Antidepressants    | Against          |                 |
| Yoga               |                  | In favor        |
| Accupressure       |                  | In favor        |
| Moxibustion        |                  | In favor        |

# Effects of Exercise on Health-Related Outcomes in Those with Cancer

## What can exercise do?

- **Prevention of 7 common cancers\***

Dose: 2018 Physical Activity Guidelines for Americans: 150-300 min/week moderate or 75-150 min/week vigorous aerobic exercise

- **Survival of 3 common cancers\*\***

Dose: Exact dose of physical activity needed to reduce cancer-specific or all-cause mortality is not yet known; Overall more activity appears to lead to better risk reduction

\*bladder, breast, colon, endometrial, esophageal, kidney and stomach cancers

\*\*breast, colon and prostate cancers

Overall, avoid inactivity, and to improve general health, aim to achieve the current physical activity guidelines for health (150 min/week aerobic exercise and 2x/week strength training).

| Outcome                                                                                                                 | Aerobic Only                                                | Resistance Only                                                                                                                                                               | Combination (Aerobic + Resistance)                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Strong Evidence</b>                                                                                                  | Dose                                                        | Dose                                                                                                                                                                          | Dose                                                                                                                                                                                           |
|  <b>Cancer-related fatigue</b>         | 3x/week for 30 min per session of moderate intensity        | 2x/week of 2 sets of 12-15 reps for major muscle groups at moderate intensity                                                                                                 | 3x/week for 30 min per session of moderate aerobic exercise, plus 2x/week of resistance training 2 sets of 12-15 reps for major muscle groups at moderate intensity                            |
|  <b>Health-related quality of life</b> | 2-3x/week for 30-60 min per session of moderate to vigorous | 2x/week of 2 sets of 8-15 reps for major muscle groups at a moderate to vigorous intensity                                                                                    | 2-3x/week for 20-30 min per session of moderate aerobic exercise plus 2x/week of resistance training 2 sets of 8-15 reps for major muscle groups at moderate to vigorous intensity             |
|  <b>Physical Function</b>              | 3x/week for 30-60 min per session of moderate to vigorous   | 2-3x/week of 2 sets of 8-12 reps for major muscle groups at moderate to vigorous intensity                                                                                    | 3x/week for 20-40 min per session of moderate to vigorous aerobic exercise, plus 2-3x/week of resistance training 2 sets of 8-12 reps for major muscle group at moderate to vigorous intensity |
|  <b>Anxiety</b>                        | 3x/week for 30-60 min per session of moderate to vigorous   | Insufficient evidence                                                                                                                                                         | 2-3x/week for 20-40 min of moderate to vigorous aerobic exercise plus 2x/week of resistance training of 2 sets, 8-12 reps for major muscle groups at moderate to vigorous intensity            |
|  <b>Depression</b>                     | 3x/week for 30-60 min per session of moderate to vigorous   | Insufficient evidence                                                                                                                                                         | 2-3x/week for 20-40 min of moderate to vigorous aerobic exercise plus 2x/week of resistance training of 2 sets, 8-12 reps for major muscle groups at moderate to vigorous intensity            |
|  <b>Lymphedema</b>                    | Insufficient evidence                                       | 2-3x/week of progressive, supervised, program for major muscle groups does not exacerbate lymphedema                                                                          | Insufficient evidence                                                                                                                                                                          |
| <b>Moderate Evidence</b>                                                                                                |                                                             |                                                                                                                                                                               |                                                                                                                                                                                                |
|  <b>Bone health</b>                  | Insufficient evidence                                       | 2-3x/week of moderate to vigorous resistance training plus high impact training (sufficient to generate ground reaction force of 3-4 time body weight) for at least 12 months | Insufficient evidence                                                                                                                                                                          |
|  <b>Sleep</b>                        | 3-4x/week for 30-40 min per session of moderate intensity   | Insufficient evidence                                                                                                                                                         | Insufficient evidence                                                                                                                                                                          |

Citation: [bit.ly/cancer\\_exercise\\_guidelines](https://bit.ly/cancer_exercise_guidelines)

Moderate intensity (40%-59% heart rate reserve or  $\text{VO}_2\text{R}$ ) to vigorous intensity (60%-89% heart rate reserve or  $\text{VO}_2\text{R}$ ) is recommended.

Exercise  
is Medicine

AMERICAN COLLEGE  
of SPORTS MEDICINE

# Fysieke activiteit na de behandeling voor kanker

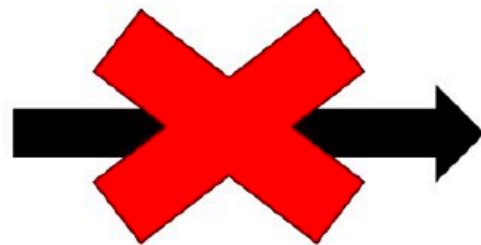


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*Med Sci Sports Exerc.* 2019 November ; 51(11): 2375–2390. doi:10.1249/MSS.0000000000002116.

## **Exercise Guidelines for Cancer Survivors: Consensus statement from International Multidisciplinary Roundtable**

**Kristin L. Campbell<sup>1</sup>, Kerri Winters-Stone<sup>2</sup>, Joachim Wiskemann<sup>3</sup>, Anne M. May<sup>4</sup>, Anna L. Schwartz<sup>5</sup>, Kerry S. Courneya<sup>6</sup>, David Zucker<sup>7</sup>, Charles Matthews<sup>8</sup>, Jennifer Ligibel<sup>9</sup>, Lynn Gerber<sup>10,11</sup>, Stephen Morris<sup>12</sup>, Alpa Patel<sup>13</sup>, Trisha Hue<sup>14</sup>, Frank Perna<sup>15</sup>, Kathryn H. Schmitz<sup>16</sup>**



**One size does not fit all**



## KNGF-richtlijn Oncologie

Onder redactie van:

Dr. M.G. Sweegers; M.C.M. van Doormaal, MSc; D. Conijn, MSc; dr. M.M. Stuiver

 Koninklijk Nederlands  
Genootschap voor Fysiotherapie  
De fysiotherapeuten van Nederland

 VvK:CM  
Vereniging van Oefentherapeuten

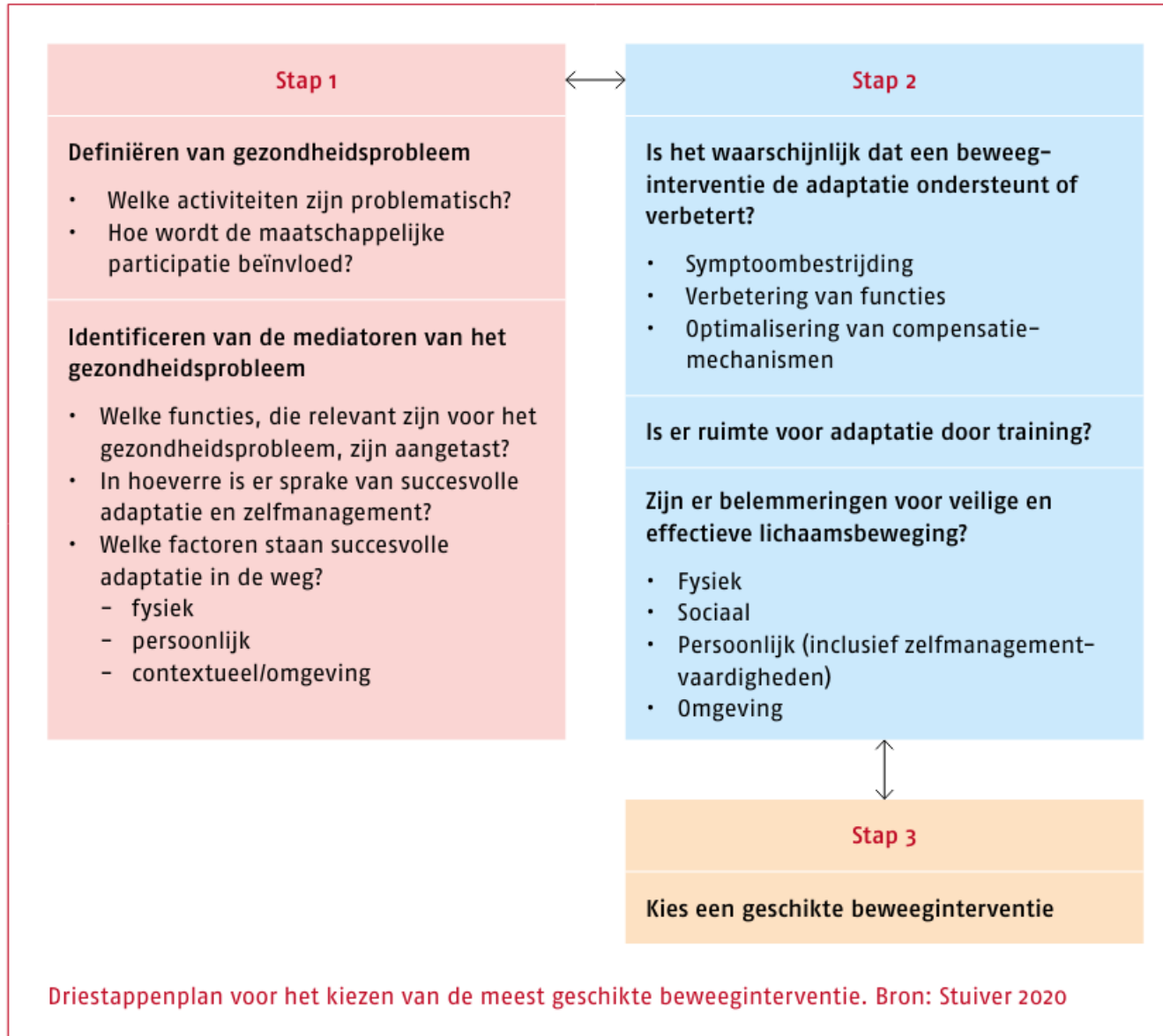
Amersfoort, maart 2022

2022

## Guideline recommendations for physical therapist guided exercise programs for people living with or beyond cancer

# KNGF richtlijn oncologie

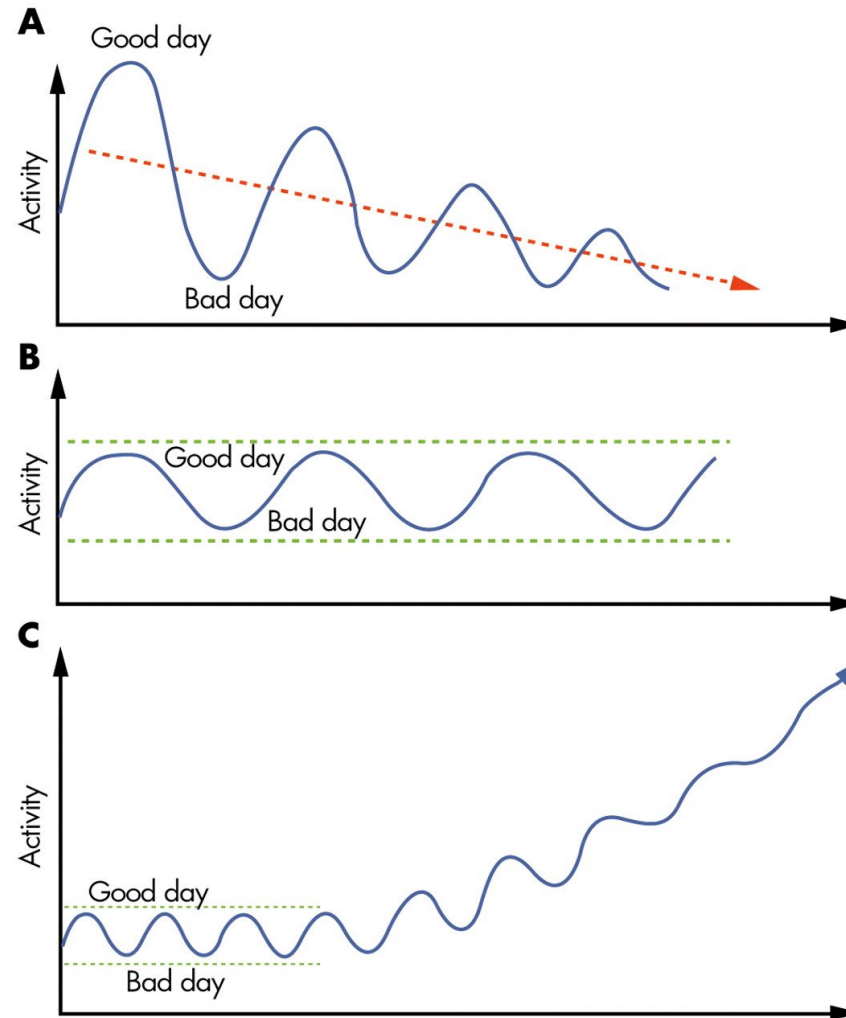
- How to safely apply an exercise intervention in people living with or beyond cancer and
  1. bone metastases?
  2. treatment-related cardiotoxicity?
- 3. How should an exercise intervention be adapted for people living with or beyond cancer with chemotherapy induced peripheral neurotoxicity?
- 4. What is the most effective exercise intervention to reduce fatigue in people living with or beyond cancer?**



# KNGF richtlijn oncologie

- Bied de beweeginterventie **gesuperviseerd** aan
- Breng in de anamnese factoren in kaart die invloed hebben op vermoeidheid
- Overweeg **multidisciplinaire behandeling of CBT** in volgende situaties
  - De patiënt ervaart op het moment van de kankerdiagnose al ernstige vermoeidheid.
  - De patiënt ervaart angst/spanning, depressie of slaapproblemen.
  - Na een beweeginterventie van 12 weken treedt geen vooruitgang op, ondanks een adequate fysiologische prikkel.
- Bepaal op basis van het ingangsniveau en de gestelde doelen de duur van een beweeginterventie, maar overweeg een beweeginterventie ten **minste 12 weken** aan te bieden met een frequentie van **drie dagen per week**, waarbij **ten minste matig-intensief getraind** wordt.
- Bied de beweeginterventie **gepersonaliseerd** aan. Houd hierbij rekening met symptomen en beperkingen die de patiënt ervaart. Besteed behalve aan de FITT-factoren (frequentie, intensiteit, type en tijd) en trainingsprogressie tijdens de beweeginterventie, ook aandacht aan de **algehele activiteitenregulatie**.

# Energiemanagement



# Energiemanagement - Activiteitendagboek

| MIJN ENERGIE-AGENDA                                                                                                                                                                                                           |                          |                          |                          |                          |                          |                          |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Schrijf voor alle momenten van de dag je energieniveau (of vermoeidheid) op met behulp van de volgende scores:                                                                                                                |                          |                          |                          |                          |                          |                          |                          |
| 1 = Ik voel geen enkele vermoeidheid, ik voel me energiek<br>2 = Ik voel een lichte vermoeidheid<br>3 = Ik voel een gematigde vermoeidheid<br>4 = Ik voel een grote vermoeidheid<br>5 = Ik voel me uitgeput en zonder energie |                          |                          |                          |                          |                          |                          |                          |
| Vermeld ook je activiteiten, dutjes en rustperiodes, eetmomenten, emoties of andere opmerkingen.                                                                                                                              |                          |                          |                          |                          |                          |                          |                          |
| Datum                                                                                                                                                                                                                         |                          |                          |                          |                          |                          |                          |                          |
| Ik ben gisteren gaan slapen om                                                                                                                                                                                                |                          |                          |                          |                          |                          |                          |                          |
| Ik ben vanochtend opgestaan om                                                                                                                                                                                                |                          |                          |                          |                          |                          |                          |                          |
| Kwaliteit van mijn slaap                                                                                                                                                                                                      |                          |                          |                          |                          |                          |                          |                          |
| <b>Bij het opstaan</b><br>⇒ Vermoeidheid (1 tot 5)<br>⇒ Activiteiten / maaltijden / dutjes / emoties                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>'s Middags</b><br>⇒ Vermoeidheid (1 tot 5)<br>⇒ Activiteiten / maaltijden / dutjes / emoties                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Om 16 uur</b><br>⇒ Vermoeidheid (1 tot 5)<br>⇒ Activiteiten / maaltijden / dutjes / emoties                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>'s Avonds</b><br>⇒ Vermoeidheid (1 tot 5)<br>⇒ Activiteiten / maaltijden / dutjes / emoties                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

# Energiemanagement - Activiteitendagboek

| Uur   | Activiteit/rust               | Vermoeidheid (0-10) |
|-------|-------------------------------|---------------------|
| 7-8   | Opgestaan om 6u30             | 8                   |
| 8-9   | Rust in zetel + ontbijt       | 8                   |
| 9-10  | In zetel gelegen, TV + slapen | 10                  |
| 10-11 | "                             |                     |
| 11-12 | "                             |                     |
| 12-13 | "                             |                     |
| 13-14 | Middageten + douchen          | 5                   |
| 14-15 | Kapper                        | 5                   |
| 15-16 | Rust                          | 6                   |
| 16-17 | Rust                          | 6                   |
| 17-18 | Eten                          | 6                   |
| 18-19 |                               |                     |
| 19-20 | Voetbalwedstrijd kind         | 6                   |
| 20-21 | "                             |                     |
| 21-22 | "                             |                     |
| 22-23 | Thuishkomst                   | 9 + pijn            |
| 23-24 | Slaapmedicatie + slapen       |                     |
| 24-1  |                               |                     |

| Uur   | Activiteit/rust         | Vermoeidheid (0-10) |
|-------|-------------------------|---------------------|
| 7-8   | Opgestaan om 5u45       | 10                  |
| 8-9   | Rust in zetel           |                     |
| 9-10  | Rust in zetel           | 10                  |
| 10-11 | Rust in zetel           |                     |
| 11-12 | Rust in zetel           |                     |
| 12-13 | Eten                    | 7                   |
| 13-14 | Werken                  |                     |
| 14-15 | Werken                  |                     |
| 15-16 | Werken                  |                     |
| 16-17 | Werken                  |                     |
| 17-18 | Werken                  |                     |
| 18-19 | Eten maken              | 7                   |
| 19-20 |                         |                     |
| 20-21 | Douche                  | 9                   |
| 21-22 | Rust in bed (Netflix)   | 9                   |
| 22-23 | Slaapmedicatie + slapen | 10                  |
| 23-24 |                         |                     |
| 24-1  |                         |                     |

# Energiemanagement - Pacing

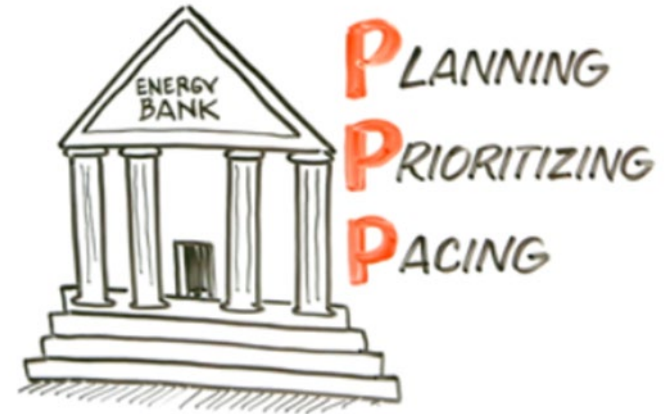
- Een evenwicht leren bewaren tussen activiteit en rust: een dagelijks ritme opbouwen, tijdscontingent, taken opdelen in beheersbare stappen

## Voorbeeld tijd-gebaseerd

10 min stofzuigen  
3 min pauze  
10 min stofzuigen  
5 min pauze  
10 min dweilen  
5 min pauze

## Voorbeeld activiteit-gebaseerd

Stofzuigen kamer 1  
Pauze  
Stofzuigen kamer 2  
Pauze  
Dweilen kamer 1  
Pauze  
Dweilen kamer 2



# Energiemanagement - Graded activity

- Een integratieve, **gestructureerde** vorm van behandeling, gebaseerd op cognitieve en gedragsmatige leertheorieën, gericht op het geleidelijk opbouwen van activiteiten volgens een **tijdgebonden** schema, waarin de patiënt leert zijn **activiteitsniveau** zelfstandig op te bouwen en te handhaven.



Focus op betekenisvolle activiteiten



Graduele opbouw



Doe niet meer op een goede dag, en niet minder op een slechte dag

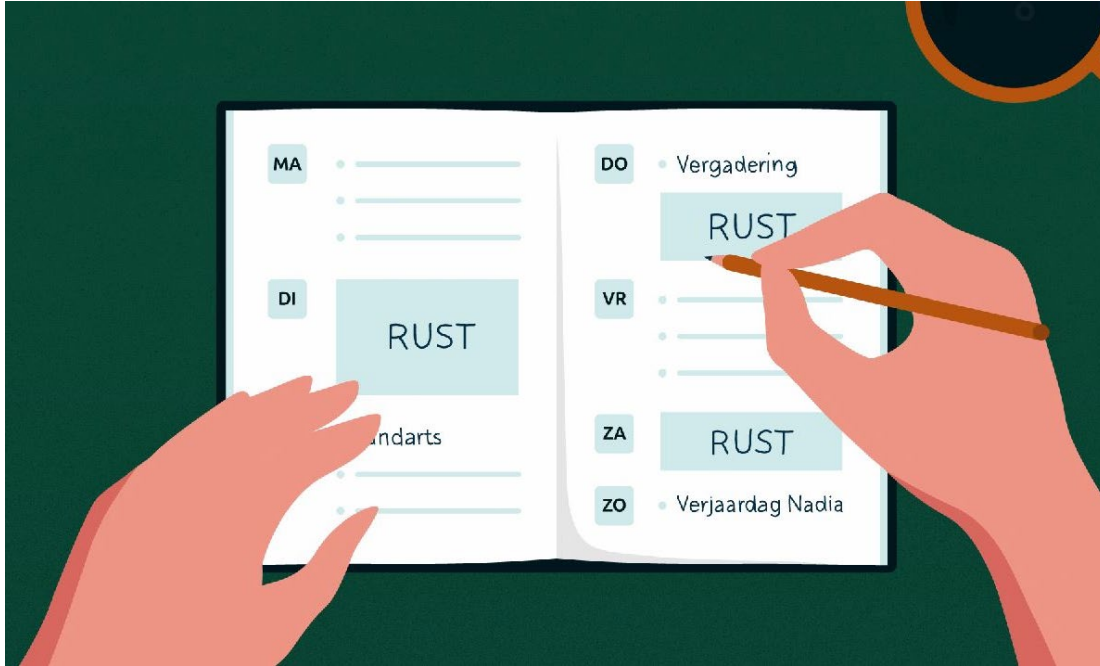


Positief bekrachtigen van gezond gedrag

# MAKING THE GRADE



# Energiemanagement



Afwisselen-plannen activiteiten



Stellen van grenzen

TABLE 4. Summary of Recommendations After Active Cancer Treatment

| Recommendation                                                                                                                                                                                                                                                                                                                                                                                                                                       | Evidence Quality | Strength of Recommendation       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------|
| General note. The following recommendations (strong or conditional) represent reasonable options for patients depending on clinical circumstances and in the context of individual patient preferences. Recommended care should be accessible to patients whenever possible                                                                                                                                                                          |                  |                                  |
| 2.1. Clinicians should recommend exercise (aerobic, resistance, or a combination) to reduce the severity of cancer-related fatigue symptoms in adults who have completed cancer treatment. Whenever possible, exercise should be tailored according to the abilities of the individual patient and may be either supervised or unsupervised                                                                                                          | Moderate         | Strong                           |
| 2.2. Clinicians should recommend cognitive behavioral therapy (CBT) to manage symptoms of cancer-related fatigue in adults who have completed cancer treatment. CBT may be delivered in person or via a web-based program                                                                                                                                                                                                                            | Moderate         | Strong                           |
| 2.3. Clinicians should recommend mindfulness-based programs to reduce the severity of fatigue in adults who have completed cancer treatment. Mindfulness-based programs may include mindfulness-based stress reduction (MBSR), mindfulness-based cognitive therapy (MBCT), and mindful awareness practices (MAPs) and may be delivered in person or via a web-based program                                                                          | Moderate         | Strong                           |
| 2.4. Clinicians may recommend yoga to reduce the severity of cancer-related fatigue in adults who have completed cancer treatment, especially in women with breast cancer                                                                                                                                                                                                                                                                            | Low              | Conditional                      |
| 2.5. Clinicians may recommend acupressure to manage symptoms of cancer-related fatigue in adults who have completed cancer treatment                                                                                                                                                                                                                                                                                                                 | Low              | Conditional                      |
| 2.6. Clinicians may recommend moxibustion to manage symptoms of cancer-related fatigue in adults who have completed cancer treatment                                                                                                                                                                                                                                                                                                                 | Low              | Conditional                      |
| 2.7. Clinicians should not recommend wakefulness agents, such as modafinil or armodafinil, to manage symptoms of cancer-related fatigue in adults who have completed cancer treatment                                                                                                                                                                                                                                                                | Moderate         | Conditional                      |
| 2.8. Clinicians should not routinely recommend psychostimulants, such as methylphenidate, to manage symptoms of cancer-related fatigue in adults who have completed cancer treatment                                                                                                                                                                                                                                                                 | Moderate         | Conditional                      |
| No recommendation. There is insufficient or inconclusive evidence to make recommendations for or against acceptance and commitment (ACT)-based or attention-based interventions, acupuncture, bright light therapy, ginseng, massage, mistletoe, or omega fatty acids, psychoeducational interventions, self-management health app, tai chi or qigong to reduce the severity of cancer-related fatigue in adults who have completed cancer treatment | Insufficient     | No Recommendation for or against |

NOTE. The strength of the recommendation is defined as follows: strong: in recommendations for an intervention, the desirable effects of an intervention outweigh its undesirable effects. In recommendations against an intervention, the undesirable effects of an intervention outweigh its desirable effects. All or almost all informed people would make the recommended choice for or against an intervention; conditional/weak: in recommendations for an intervention, the desirable effects probably outweigh the undesirable effects, but appreciable uncertainty exists. In recommendations against an intervention, the undesirable effects probably outweigh the desirable effects, but appreciable uncertainty exists. Most informed people would choose the recommended course of action, but a substantial number would not.

|                    | During treatment | After treatment |
|--------------------|------------------|-----------------|
|                    | Recommendation   | Recommendation  |
| Exercise           | In favor         | In favor        |
| CBT                | In favor         | In favor        |
| Mindfulness        | In favor         | In favor        |
| Tai Chi - Qigong   | In favor         |                 |
| Psychoeducation    | In favor         |                 |
| Ginseng            | In favor         |                 |
| Wakefulness agents | Against          | Against         |
| L-carnitine        | Against          |                 |
| Psychostimulants   | Against          | Against         |
| Antidepressants    | Against          |                 |
| Yoga               |                  | In favor        |
| Accupressure       |                  | In favor        |
| Moxibustion        |                  | In favor        |

# Cognitive-behavioural therapy (CBT)

Gaat in op emoties, gedrag en cognitieve processen en past deze toe op doelgerichte en systematische activiteiten.

Voorbeelden oncologische populatie

- Coping met de ervaring van kanker
- Angst voor herval
- Maladaptieve gedachten en overtuigingen tov vermoeidheid
- Slaapregulatie
- Activiteitenregulatie
- Negatieve sociale interacties

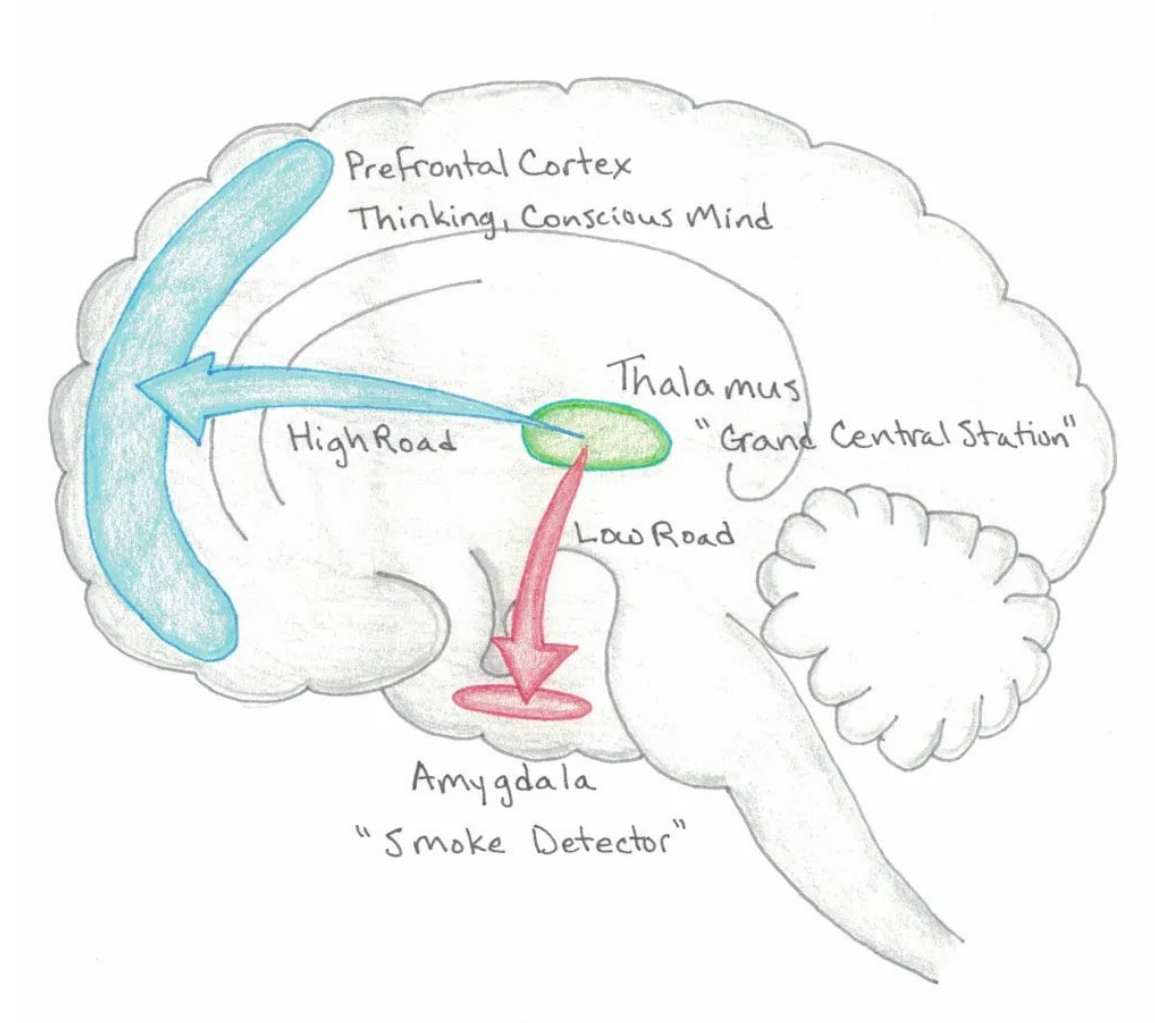
TABLE 4. Summary of Recommendations After Active Cancer Treatment

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| Antidepressants    | Against          |                 |
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| Moxibustion        |                  | In favor        |

# Mind-body interventies



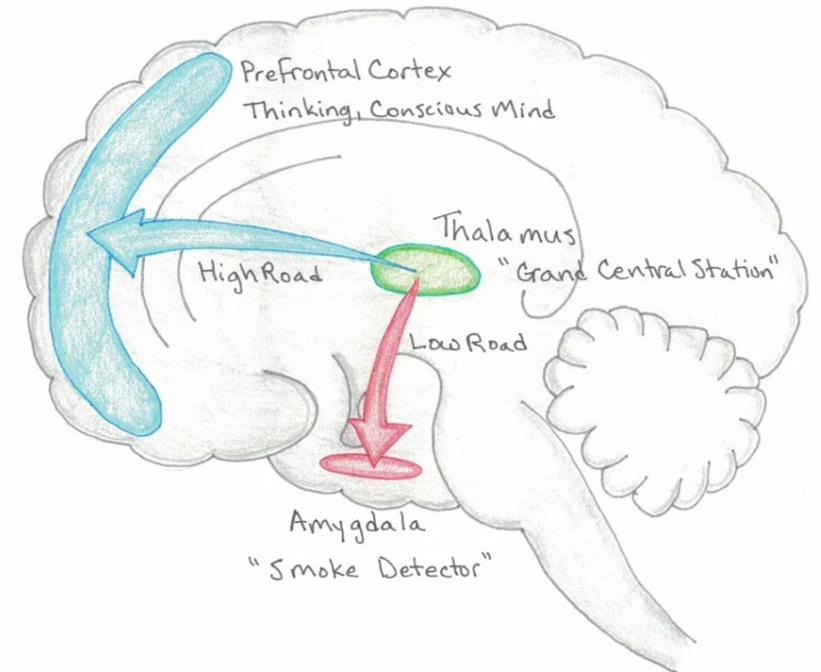
# Mind-body interventies

- Activating other brain regions
- Decrease incoming stimuli
- Training conscious mind

e.g. physical activity

e.g. relaxation

e.g. mindfulness



# Mind-body interventies

## Relaxatie

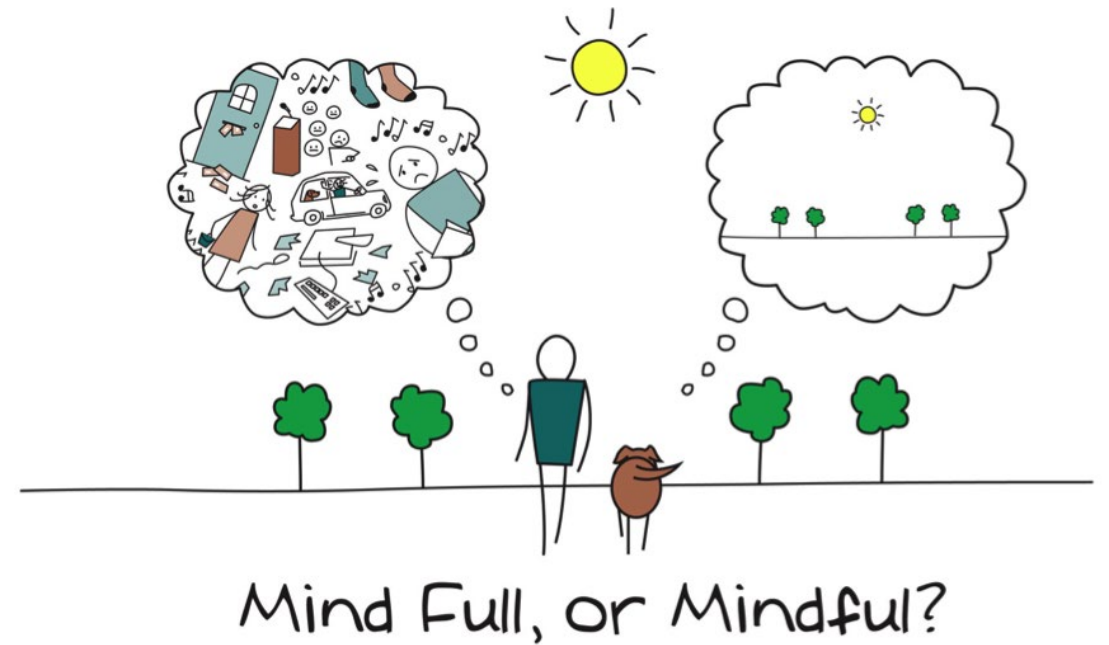
- Ademhaling: klassiek, Van Dixhoorn, combinatie met visualisatie
- Autogene training volgens Schultz
- Progressieve relaxatie Jacobson
- Begeleide visualisatie
- Biofeedback
- ...

# Mind-body interventies

## Mindfulness

- learn to be in the here and now with mild, open attention.
- learn to become aware of all kinds of experiences (such as thoughts, feelings, physical sensations, ...) without being overwhelmed by them or avoiding them

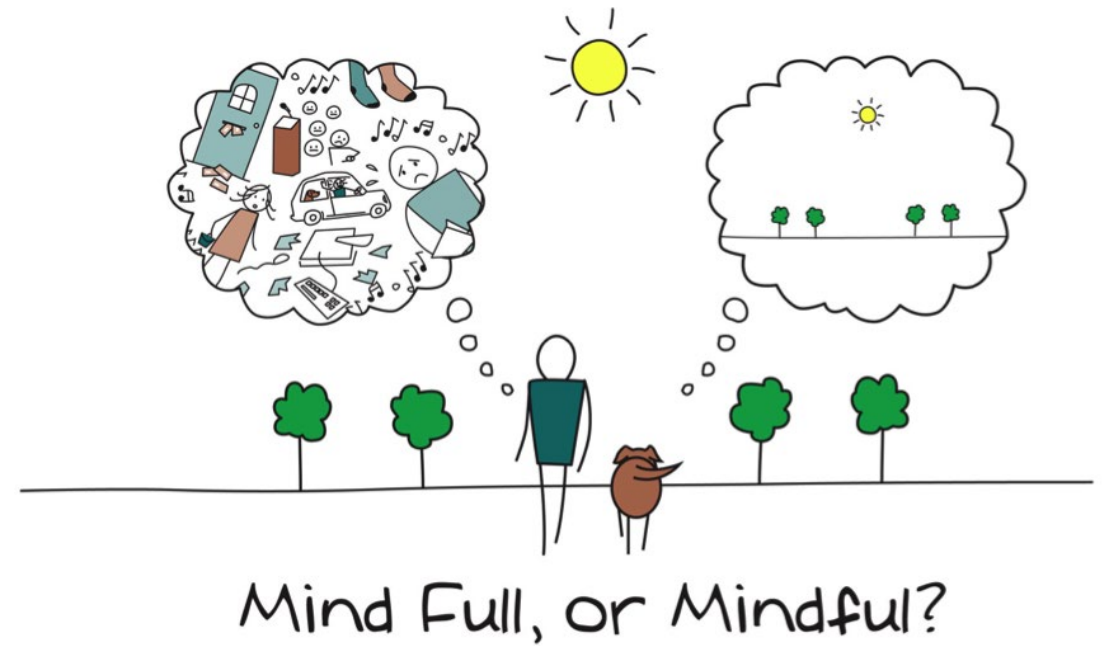
→ to find mental peace



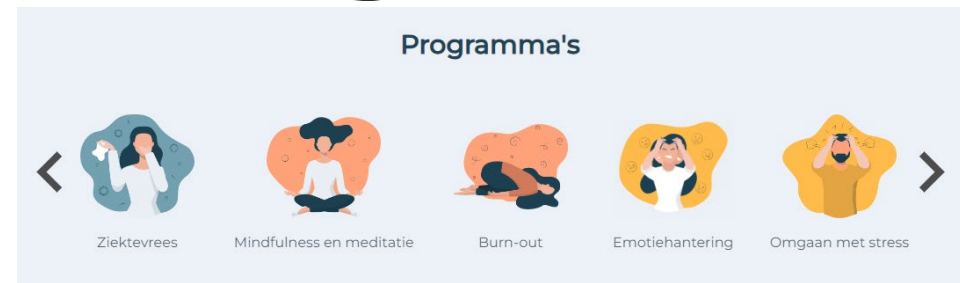
# Mind-body interventies

## Mindfulness

## OEFENING

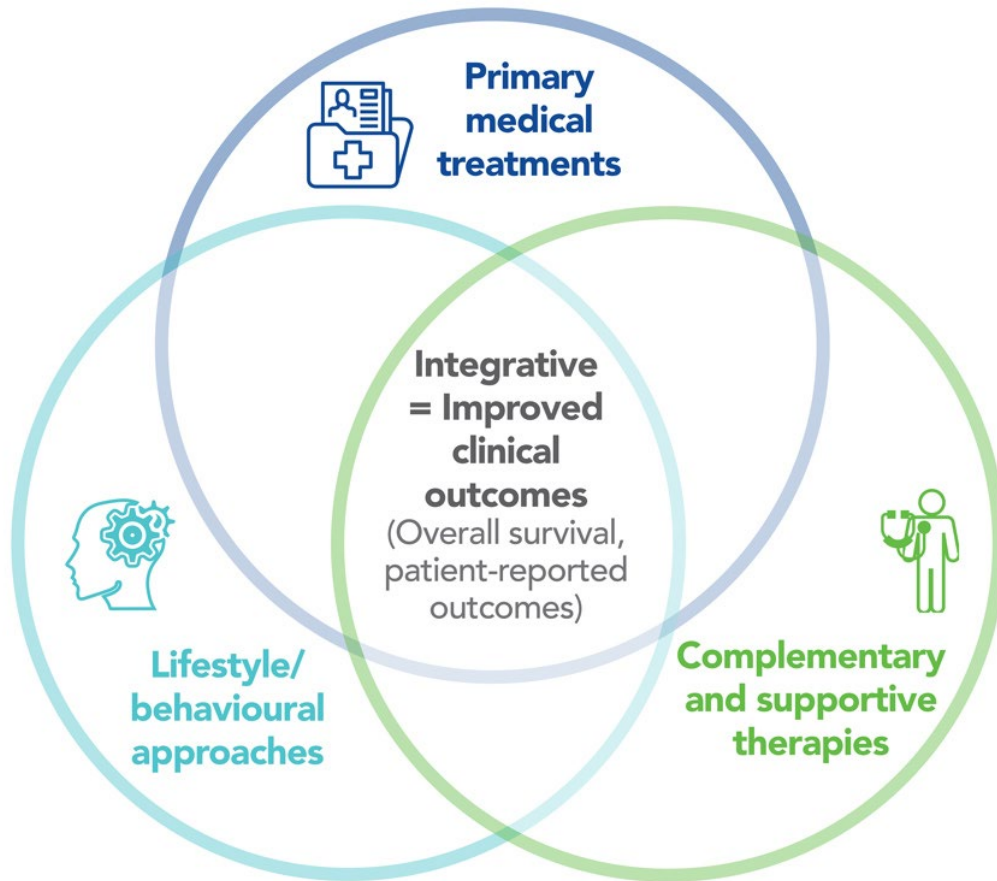


# Mind-body interventies



# Conclusie & praktische links

# Integrative oncologie



"Integrative oncology is a patient-centered, evidence-informed field of cancer care that utilizes mind and body practices, natural products, and/or lifestyle modifications from different traditions alongside conventional cancer treatments. Integrative oncology aims to optimize health, quality of life, and clinical outcomes across the cancer care continuum and to empower people to prevent cancer and become active participants before, during, and beyond cancer treatment."

# Het Leefstijlroer

## Voeding

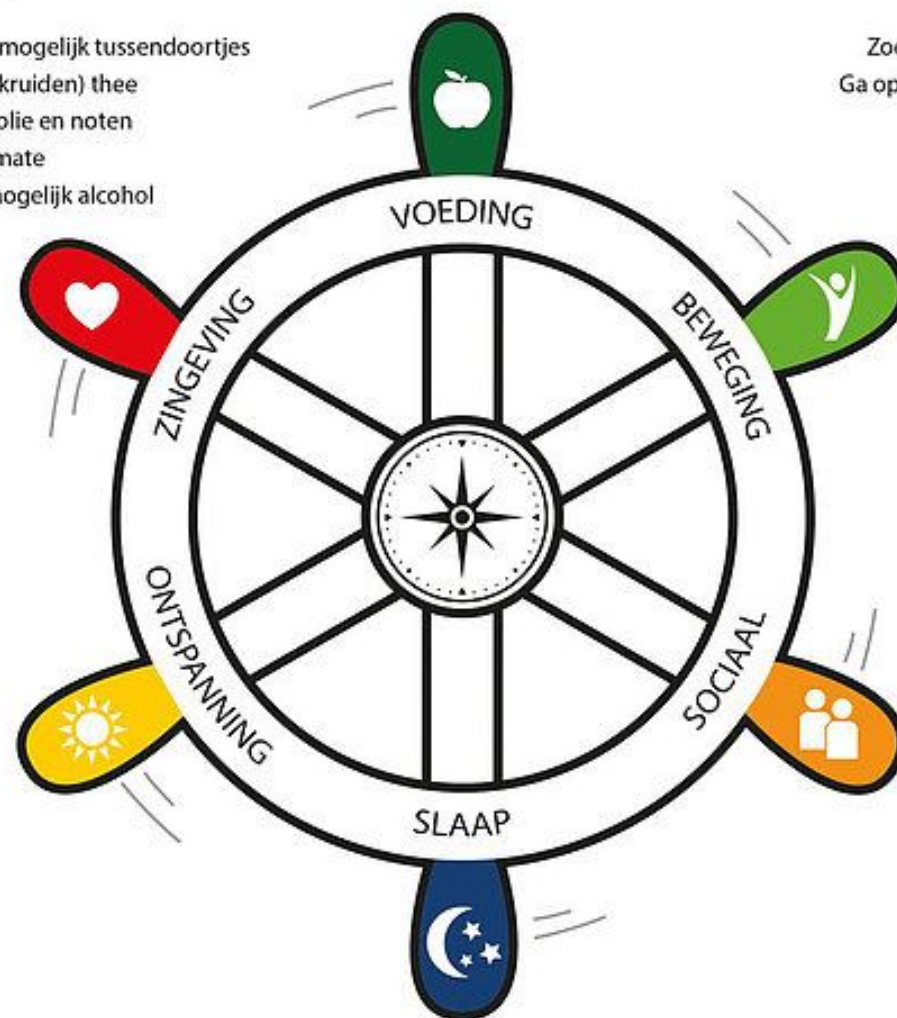
- Eet minimaal 250 gram groenten en 2 stuks fruit per dag
- Eet zo min mogelijk suiker en andere snelle koolhydraten
- Eet vers en onbewerkt (geen pakjes of zakjes)
- Eet drie volwaardige maaltijden per dag, zo min mogelijk tussendoortjes
- Drink voldoende (1,5 tot 2 liter) water, koffie en (kruiden) thee
- Eet onverzadigde vetten zoals (extra vierge) olijfolie en noten
- Eet veel plantaardig en dierlijke producten met mate
- Rook niet, gebruik geen drugs en drink zo min mogelijk alcohol
- Stop met calorieën tellen

## Zingeving

- Geniet van het leven
- Bepaal je persoonlijke doelen en missie
- Focus op wat goed gaat
- Wees dankbaar voor de goede dingen
- Blijf jezelf ontwikkelen

## Ontspanning

- Ga elke dag naar buiten
- Zoek een ontspannende activiteit of hobby
- Zet je smartphone vaker uit
- Leeg je hoofd door mindfulness of meditatie
- Vermijd te veel stress
- Luister naar je lichaam



## Beweging

- Beweeg 30 - 60 minuten per dag (10.000 stappen) •
- Sport twee keer per week •
- Gebruik een stappenteller of fit-app •
- Zoek iemand om samen mee te sporten of te bewegen •
- Ga op de fiets naar het werk of maak een lunchwandeling •
- Neem de trap in plaats van de lift •

## Sociaal

- Breng tijd door met dierbaren •
- Investeer in vriendschappen •
- Maak ook fysiek contact •
- Bouw een sterk sociaal netwerk op •
- Omring je met mensen die je energie geven •

## Slaap

- Zorg voor een koele en geventileerde slaapkamer •
- Drink geen cafeïne voor het slapen gaan •
- Zorg voor een regelmatig slaappatroon •
- Slaap 7 tot 8 uur •
- Zet twee uur voor het slapen gaan alle beeldschermen uit

# Conclusie

Verandering is een proces,  
geen gebeurtenis





## REVALIDATIE

# Oncorevalidatie

Heb je een half jaar of een jaar na de diagnose kanker ook nog niet-medische problemen? Ben je niet zo snel weer de oude als je had verwacht? Een revalidatieprogramma voor kankerpatiënten kan helpen. In veel ziekenhuizen lopen daarom zogenaamde oncorevalidatieprogramma's, die aangepaste lichaamstraining combineren met informatieve sessies in groep over allerlei aspecten van de ziekte.

## SNEL NAAR

[Wat houdt oncorevalidatie in het ziekenhuis in?](#)[Voor wie?](#)[Wat kost het?](#)[Hoe deelnemen?](#)[Waar kan je oncorevalidatie volgen?](#)[Andere bewegingsactiviteiten voor mensen met kanker](#)[De toekomst](#)

## Wat houdt oncorevalidatie in het

[Stel je vraag over kanker](#)

# Oncohulp Vlaanderen

Registreer als zorgverlener

Welkom op de website 'Oncohulp Vlaanderen'.  
Kanker kan jouw wereld en die van je naasten op zijn kop zetten. Heb jij of iemand uit jouw omgeving behoefte om hierover te praten?

Op deze website kan je op zoek gaan naar een zorgverlener met ervaring met mensen met kanker.

- psycholoog
- seksuoloog
- psychotherapeut
- diëtist
- [Beween Op Verwijzing coach \(BOV-coach\)](#)

Ben je op zoek naar een Kinecoach? Klik [hier](#).

Zoek je nog andere ondersteuning (inloophuizen, lotgenotencontact, revalidatie,...)?  
Klik dan [hier](#).

Deze website is een initiatief van het [Cédric Héle instituut](#) in samenwerking met [Kom op tegen Kanker](#).



Familienaam

Discipline

Doelgroep

Stad/Gemeente

Straal

☐ Privé-praktijk

☐ Verbonden aan ziekenhuis

Zoek

260 resultaten gevonden

**Enys Aerts**

Deinze  
Psycholoog  
Psychotherapeut  
Volwassenen  
Adolescenten

**Kristin Amssoms**

Melle  
Psycholoog  
Psychotherapeut  
Volwassenen

**Jasmine Andries**

Hoboken  
Psycholoog  
Volwassenen

**Charlotte Angenot**

**Kübra Bagci**

**Catherine Baillon**

# Untire

Untire is een app om vermoeidheid bij kanker te verminderen en je leven weer te kunnen leven.

Tijdens en na hun ziekte kampen veel (ex-)kankerpatiënten met vermoeidheid. Veel patiënten zijn dusdanig lang en ernstig vermoeid, dat ze nauwelijks meer aan het dagelijkse leven kunnen deelnemen. Vaak gaat de vermoeidheid gepaard met stress en gevoelens van somberheid en angst.

De app Untire wil (ex-)kankerpatiënten leren omgaan met vermoeidheid en zo hun kwaliteit van leven verbeteren. De app biedt elke dag activiteiten aan over thema's zoals zorgen, angsten, vermoeidheid, slaap en grenzen, zoals bijv.

**Opgelet nieuwe versie app “Untire Now” niet beschikbaar in België. Eerste versie van app wel beschikbaar in België.**

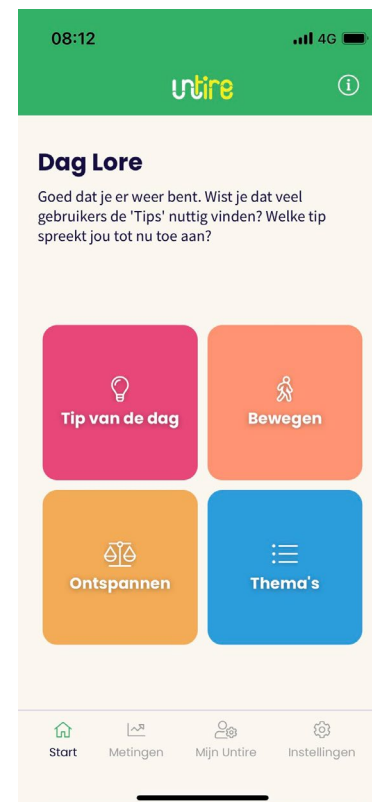
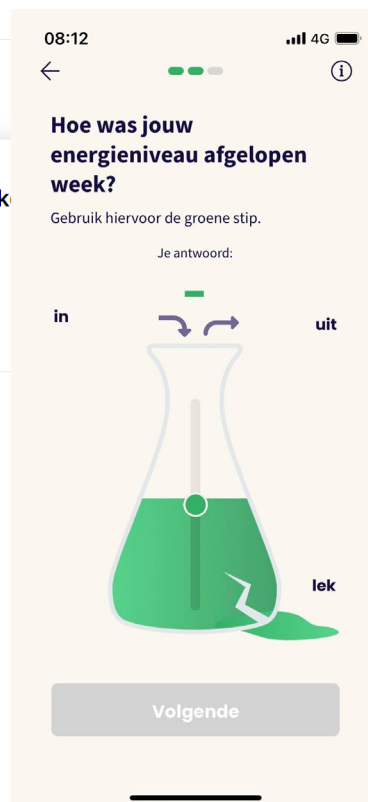
## Stel je vraag over kanker

Contacteer de Kankerlijn



Bel 0800 35 445

Nu beschikbaar  
Ma-vrij 9-12u en 13-17u





<https://www.allesoverkanker.be/leven-met-kanker/vermoeidheid-bij-en-na-kanker>

Werken tijdens/na kanker is geen evidentie. In Rentree zoek je met een coach naar antwoorden op je vragen.

Ik wil meer weten over werken tijdens/na kanker.



Sterpunt  
Inclusief  
Ondernemen

de werkplekarchitecten



Hulp en ondersteuning

Tegood: [Ontvang €100](#)

## Appstore

[Uitleg Appstore](#)

In deze Appstore vind je betrouwbare apps, modules en keuzehulpen. Al deze tools helpen je als (ex-)patiënt of naaste met de ziekte om te gaan. Je kunt zo beter keuzes maken en werken aan je herstel. Je krijgt tijdelijk €100,- tegood van KWF om tools aan te schaffen.



Hulpvragen

Kankersoort



*Opgelet nieuwe versie app "Untire Now" niet beschikbaar in België*

<https://www.kanker.nl/hulp-en-ondersteuning/appstore>

# Bedankt



[lore.dams@uantwerpen.be](mailto:lore.dams@uantwerpen.be)

