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Fatigue Associated with Rheumatoid Arthritis in Young Adults: An Integrative Literature Review

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BACKGROUND
❖ Fatigue is a subjective topic, much like pain. A broad definition of fatigue includes “mental or physical weariness, inability to carry on with physical exercise, and a whole-body tiredness”.
❖ Up to 20% of RA patients have experienced fatigue within their lifetime and seven out of ten patients state that fatigue keeps them from fulfilling daily activities.
❖ Young adults who have been diagnosed with RA are of a particular concern because unlike older adults, they are expected to be active in their careers, family lives, and social lives.
❖ Fatigue has been determined to be proportionate to the other variables, such as pain and disease progression, of rheumatoid arthritis in regard to patient quality of life, though medical professionals do not know how to accurately evaluate fatigue.

RESEARCH QUESTIONS
1) What is the cause of fatigue in patients with rheumatoid arthritis?
2) Is fatigue in rheumatoid arthritis patient an indicator to the patients' current disease status?

PROBLEM STATEMENT
Despite fatigue being a symptom of rheumatoid arthritis and a significant quality of life impairment, there is no agreement among scholars as to what causes fatigue. Therefore, it is often overlooked by healthcare providers as a significant symptom of rheumatoid arthritis.

METHODOLOGY
The databases used were PubMed and Cumulative Index to Nursing and Allied Health Literature (CINAHL) Complete using the key terms and subject headings: fatigue and rheumatoid arthritis and young adults. Inclusion criteria included a) fatigue as an indicator of disease management, b) factors affecting a patient's fatigue, c) young adults (age 19-44), d) diagnosis of rheumatoid arthritis, and e) perception of fatigue.

RESULTS
❖ Causes:
  • Diagnosis of rheumatoid arthritis
❖ Correlates
  • Patient's individual perception of fatigue
  • Temporary disease flares
  • Coping mechanisms
❖ Non-Correlates
  • Long term disease progression and duration
  • Standard causes of fatigue such as anemia, decreased hemoglobin levels, and high erythrocyte sedimentation rate
❖ Intervention
  • Wellness programs
  • Cognitive Behavioral Therapy, developing healthy coping mechanisms
❖ Prevention
  • Taking rest periods
  • The patient using coping mechanisms and realizing physical limitations to not overexert themselves
  • Maintaining drug therapy as prescribed

CONCLUSION
There are a variety of articles detailing the complex relationship between fatigue and rheumatoid arthritis. This literature is limited by the subjects in the research articles only having rheumatoid arthritis, which is ideal, but realistically, rheumatoid arthritis patients have comorbidities such as other autoimmune diseases, allergies, or genetic anomalies.