



Medicine for Managers

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Chronic Fatigue Syndrome

Between 2-300,000 people in the United Kingdom experience the symptoms of long-term illness and disability which can permeate every aspect of life and which are not relieved with rest. It may be known as Chronic Fatigue Syndrome (CFS), Myalgic Encephalopathy (ME), Post-Viral Syndrome (PVS) or the all-encompassing Chronic Fatigue Immune Dysfunction Syndrome (CFIDS).

The variety of names provides evidence for the fact that much is not understood about this condition.

What is known is that it can affect people of any age and it may be mild, moderate or severe.

The presenting symptoms are fatigue, which may feel overwhelming in severe cases, pain in muscles and joints, poor sleep, disturbances in concentration and memory and an overarching feeling of mental exhaustion and debility.

In some cases the symptoms develop following a viral illness but many other causes have been cited including a period of ill-health, an accident or an operation. In other sufferers no specific event can be

associated with the development of symptoms although factors such as disturbances in the immune system, hormone anomalies or psychiatric illness have been implicated. The condition does have a familial element in some cases which has led to a suggestion of a genetic component. The symptoms may be aggravated by exercise.

The ME Association provides help and support for sufferers.
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The diagnosis of CFS is often delayed because there is no specific test which can be used to identify it.

The exclusion of other causes for the symptoms may give an indication of the diagnosis and NICE has produced guidance to assist in reaching a definitive view.

Diagnosis should be considered if the condition had a starting point (that is, not lifelong), it is persistent, other causes have been excluded, it is associated with fatigue

and exhaustion which reduces or prevents activities and it is aggravated by exercise. In addition they should have one or more of muscle pains, poor mental function, insomnia, nausea, dizziness, palpitations or headaches.

Treatment of the condition depends on the severity of the symptoms and the nature of any co-existing illnesses. It is therefore necessary to tailor the care provided to each individual.

The illness, in its mild form, may require some simple support in a patient who can carry out normal activities but experiences days when symptoms are more troublesome.

In its severe form, a sufferer may be virtually immobilised and unable to do even simple tasks such as washing and care needs to be much more intensive.

Different treatments may be successful for different people.

Symptoms associated with exercise are often severe. The creation of a graded exercise programme to gradually increase the time and intensity and therefore the ability to do physical activity, supported by an exercise therapist, may be helpful.

This may be combined with a goal setting programme to help the sufferer to try to restore some normal activity. Medication may also help and is normally used in the

management of particular symptoms. Pain killers, muscle relaxants, anti-depressants and other symptom-specific medication may make the individual more comfortable. Cognitive Behavioural Therapy (CBT) may be useful in helping the person come to terms with the constraints of the illness and helping to control and overcome symptoms.

Other advice which may help is to avoid (where possible) stressful symptoms, avoid alcohol and caffeine containing drinks, try to have periods of relaxation and try to ensure that sleep is regulated.

Sleeping during the day will make nocturnal insomnia worse. The best outcomes are achieved in those patients in whom a diagnosis is made early with adequate rest during the acute phase and also during any relapses.

Most people with CFS may be classified into one of four groups. Some sufferers return to normal health after a variable and sometimes considerable period of time.

The majority have a fluctuating course with exacerbations and remissions, often precipitated by infections, operations or emotional disturbances such as stress.

A significant number will have severe and indefinite symptoms which require considerable support and a small number will show deterioration of variable degree.

As with the cause, the reasons for such variable outcomes remain unclear.

The ME Association provides help and support for all UK sufferers and is involved in research into the causes and treatment of the condition.

However, much remains unexplained in this significant cause of ill health and absence from work.

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