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8 – Chronic Fatigue in Primary Care

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Introduction

The chronic fatigue syndrome (CFS) is a devastating and complex disorder with high impact for the development of daily activities. People with CFS suffer from an overwhelming tiredness and a huge quantity of other symptoms that doesn't get better resting in bed, but get worse with physic or mental activity. [2]

Definition

The CFS in adult patients in primary or secondary care is very common. Nowadays this syndrome has been observed in children and teens. In the 90´s prevalences from 10-40% had been reported, depending on definition, duration and adjustment.

Even frequent fatigue is not always trivial, and it associates with disability compared with other chronic diseases. However little attention has been given to the epidemiology of chronic fatigue, probably because is not measurable. [1]

Fatigue is an early apparition of tiredness en performing a physical or mental activity, or difficulty to perform it, tiredness that do not disappear even after a resting period. According to the evolution time, we can distinguish recent fatigue (less than 1 month of evolution), prolonged fatigue (more than 1 month of evolution) and chronic fatigue (more than 6 months of evolution). We should recognize the difference between fatigue and asthenia (lack of strength) and weakness (decrease or loss of muscle tone). [3]

Epidemiology

Epidemiologic studies in United States and in United Kingdom reveal very variable prevalences, between 0,006-2.5% in general population and between 0,5-2.5% in patients seen in primary care. In Spain is esteemed a minimum of 1 case per 1.000 people with 40,000 cases in the entire country. It affects primarily adults and young adults aged 20-40 years, it also exist in children, teenagers and old people; it is 2-3 times more prevalent in women. [3]

Aetiology

Pathophysiologic mechanism of CFS it is not clear yet, however multiple somatic and physiological symptoms, are significantly disabling daily lives in a variety of presentations. [4]

Some possible causes:

- ✓ Infections
- ✓ Immunity dysfunction
- ✓ Low blood pressure that can cause faints (neurally mediated hypotension)
- ✓ Nutritional deficiency
- ✓ Stress that activates the axis where the hypothalamus, pituitary and suprarenal glands acts.
- ✓ Biopsychosocial model is credited by the association with depression, for that reason doctors believe it is a somatic disease, but there is insufficient evidence to come to this conclusion.
- ✓ In Western countries related to psychological disorders are more frequent.

The main symptom of CFS is an unexplained and intense fatigue, lasting at least 6 months, does not improve with bed rest and may worsen after physical or mental exertion.

The CDC criteria were revised in 1994, are the most widely accepted diagnostic criteria most widely accepted today which emphasize mental fatigue on physical symptoms. (Table 1).

Table 1. Centers for Disease Control and Prevention Diagnostic Criteria for Chronic Fatigue Syndrome [6]
Severe fatigue for more than six months, and at least four of the following symptoms: ✓ Headache of a new type , pattern or severity ✓ Poly-articular pain without swelling or redness ✓ Muscle pain ✓ Post-exertion malaise for more than 24 hours. ✓ Significant deterioration of short-term memory or concentration ✓ Sore throat ✓ Sensitive lymph nodes ✓ Unrefreshing

The general approach of a patient with chronic fatigue should begin with a history and physical examination, focusing on identifying the most troublesome symptoms and symptoms of red flag (Table 2) that may indicate a more serious underlying condition that is based on National Institute of Health and Excellence (NICE) guidelines. Patients should have a mental status examination, including assessment of depression, which is present in 39-47 percent of patients with CFS. (5)

Table 2. Red Flag Symptoms in people with Suspected chronic fatigue syndrome	
Red flag	*Diase process indicated*
1. Chest pain 2. Focal neurologic deficits 3. Inflammatory signs or joint pain 4. lymphadenopathy or weight loss 5. Shortness of breath	✓ Cardiac disease ✓ Central nervous system malignancy or abscess, multiple sclerosis. ✓ Autoimmune disease (e.g. rheumatoid arthritis , systemic lupus erythematosus ✓ Malignancy ✓ pulmonary disease

Diagnosis

There is no specific lab test for chronic fatigue syndrome diagnosis, only performed to rule out other diseases.

The primary care physician must perform a subsequent complete patient history, a physical and mental examination.

The CDC recommends the initial assessment urinalysis; complete blood count; complete metabolic panel; and measurement of phosphorus, thyroid stimulating hormone, and C-reactive protein. Nice also recommends the use of immunoglobulin A antibodies for the detection of coeliac disease, and if indicated by history or physical examination, drug screening in urine, rheumatoid factor and antinuclear antibodies. ([7, 8])

Further tests and track results of initial assessments are also made. If a patient has had severe fatigue for 6 months or more, but not at least 4 of the 8 symptoms of CFS (and therefore does not meet the criterion for SFC), the doctor can diagnose idiopathic fatigue (fatigue of unknown cause).

Treatment

The family doctor at the start of treatment should initially focus on the symptoms of chronic fatigue syndrome, including sleep disorders, depression and pain. Any identified co-morbidity should be treated. Patients should be encouraged to take a break periods, as needed, and practice relaxation techniques. Although there is no evidence of these methods are effective, they are unlikely to be harmful and may be helpful. [(8, 9)]

There is substantial evidence for two treatments for chronic fatigue syndrome: cognitive behavioural therapy (CBT) and graded exercise therapy. Antidepressant medications are not effective for the cure of chronic fatigue syndrome. For this reason when you start to control symptoms you should monitor patients for changes that relates and the frequency of the patient's condition before to start a new strategy. One of the keys to treating CFS is a team approach involving doctors and patients. Patients benefit when they can collaborate with a team of doctors and other health professionals among which rehabilitation specialists, mental health professionals and physical therapists. Together we can create a customized treatment program that meets the best possible CFS patient needs. This program should be based on a combination of treatments that address the symptoms, coping techniques for handling the disorder and normal daily activity.

Take Home Message

- In Patients who suffer from chronic fatigue syndrome (CFS), fatigue is the main symptom amongst others that don't ameliorate with resting and worsen with physic or mental activity, resulting on a diminished development of daily activities.
- It primarily affects adults and young adults aged 20 and 40 years
- Its cause is yet to be determined, but possible causes are: infections, nutritional deficiencies and immunological problems
- CFS is a Diagnosis by exclusion, so a complete check up must be performed in order to get the diagnosis right. It is also important to perform mental status examinations, including assessment of depression.
- Treatment is focused on the symptoms and co-morbidities, encouraging patients to take cognitive behavioural therapy. Antidepressants are not effective.

Original Abstract

http://www.woncaeurope.org/content/1025-chronic-fatigue-primary-care

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