

Chronic fatigue syndrome

What is chronic fatigue syndrome (CFS)?

CFS is a feeling of chronic fatigue that persists or keeps recurring for longer than 6 months and is associated with several other problems, including a reduction in physical activity by at least 50%. Organic disease or psychiatric causes are absent.

What are the symptoms of CFS?

Four or more of these symptoms can be present:

- extreme exhaustion (with little physical effort)
- headache or a vague 'fuzzy' feeling in the head
- aching in the muscles and legs, especially after exercise
- an emotional 'roller-coaster'
- poor concentration
- memory problems
- sleep problems, especially excessive sleeping
- feeling tired on waking
- feelings of depression
- feeling very flat and unwell after exertion
- aching in the joints
- sore throat
- palpitations
- feeling feverish (although temperature normal)
- swollen glands in neck
- various other symptoms, e.g. ringing in the ears

Does CFS have other names?

Yes; CFS is also known by several other names including *myalgic encephalomyelitis (ME)*, *postviral syndrome*, *yuppie flu*, *chronic Epstein-Barr viral syndrome*, *Icelandic disease*, *Royal Free disease*, *Tapanui disease* and *Raggedy Ann syndrome*.

What is the cause?

So far the cause is unknown. We do know that about 2 out of 3 patients have a viral flu-like illness beforehand. No single virus has yet been identified. It is similar to the chronic fatigue that can follow glandular fever. In other patients CFS simply develops out of the blue and the body's immune system responds but in an abnormal way.

Who gets CFS?

The onset usually occurs between the ages of 20 and 40 years, but it can affect people of any age, social status and occupation.

What do the tests show?

All tests will be normal. (There is no single test for CFS available, but a special urine test is being developed.) The main reason that you have tests is to make sure that you do not have an organic cause such as anaemia.

What is the usual outcome and what are the risks?

CFS usually gets better with a slow, steady improvement, but relapses can occur on and off for some time. There are usually no complications and the main concerns are feelings of anger, frustration and depression.

What is the management?

There is no magic drug treatment, so the management is mainly support and care. It is important to be reassured that CFS is usually a self-limiting problem. In some cases it can clear up in 2 years but in others it can last for 10 or more years. The patient is the major carer of his or her body and must 'listen' to it and work out a day-to-day plan of what to do, in conjunction with the doctor. It is important not to get onto a merry-go-round of visiting many practitioners.

Self-help guidelines

- Rest seems to be the best way to cope, although it does not cure it.
- Take pain-killers such as aspirin for aches and pains.
- Pace yourself—don't overdo it, and rest when you can.
- Avoid things such as stress that aggravate the fatigue.
- Avoid long distance travel if possible.
- Good supportive relationships are important.
- Attend a local support group.
- Undertake a realistic, regular, graduated exercise program.
- Join a meditation class and practise it at home.

Drug treatment

Drugs are generally not helpful, and using them is based on a 'wait and see' trial. Some patients respond to certain drugs such as antidepressants, evening primrose oil or vitamin B12 injections, while others do not seem to get any benefit. Your doctor will guide you.