



Title: Chronic Fatigue Syndrome

Agency: CAHTA, Catalan Agency for Health Technology Assessment and Research

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Reference: CAHTA HTA IN01/2001 report April 2001, Pages: 62, References: 97.
Available only in Catalan at <http://www.aatm.es/cas/informes/i.html>

Aim:

To review the scientific state of art for chronic fatigue syndrome (CFS). Specific goals are to know about specific diagnostic criteria, epidemiology, etiology, prognosis, and the general situation concerning CFS in Catalonia.

Results and Conclusions:

- CFS is characterized by debilitating fatigue persisting for 6 months or more, experienced as serious physical and mental exhaustion, which differs from somnolence and lack of motivation, and cannot be attributed to physical exercise or to any other medical or psychiatric disease. Apart from fatigue, there are several physical, constitutional, and neuropsychological manifestations: 1) short-term concentration or memory disorders, 2) pharyngitis, 3) painful cervical or axillary adenopathies, 4) myalgias, 5) multiarticular pain without arthritis, 6) headache of a new type, model, or severity, 7) non-reparative sleep, and 8) post-effort malaise lasting more than 24 hours.
- This syndrome is known by multiple names, although the term “chronic fatigue syndrome” is the most widely recognized over others (e.g. myalgic encephalomyelitis or chronic fatigue and immune dysfunction syndrome) due to the zero causal implication of the former, at least until the etiology of this condition can be ascertained. Also, some believe that reducing the entire syndrome complex to a single subjective symptom “fatigue” is inadequate. Although some people affected by CFS comply with fibromyalgia diagnostic criteria 2 (painful non-articular process mainly affecting the muscles), the latter is a clinical condition which differs from the former.
- Currently, no specific markers make it possible to establish or support the clinical diagnosis of CFS. Hence, in the clinical assessment of most patients with chronic fatigue, there is insufficient reason to systematically resort to a battery of laboratory tests. In fact, such tests are mainly indicated to assess concrete diagnostic alternatives which emerge from the case study and the physical exploration.
- The evolutionary prognosis of CFS is difficult to establish, not only due to the absence of clear prognostic factors, but also because the fluctuating nature of its symptomatology may vary, even in the same person from one day to the next. In any event, the patient must be told that CFS, despite being chronic, is neither fatal nor does it increase the risk for acquiring other diseases. Despite the quantity of studies on the etiopathogenic base of CFS, neither the etiology nor the pathogeny are known with any certainty, even although available findings show the complex and multifactorial nature of this syndrome.

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- CFS presently has no etiological treatment, nor one that leads to long-term remission despite the important number and diversity of therapies tested (pharmacological, non-pharmacological, and alternative medicine) and analyzed from many different methodological perspectives. Therefore, besides advising against total rest, the management of these patients is exclusively symptomatic, and the workable endpoint is their physical and social rehabilitation, where a good physician-patient relationship is regarded as crucial.
- Only randomized controlled trials for cognitive behavioral therapy (in an ambulatory regimen and on an individualized basis) have shown benefits (improvement in physical function) compared to routine medical treatment in adults with CFS.
- The lack of studies and the contradictory results from other treatment methods (antiviral, immunological, active agents on the central nervous system, and metabolites) mean that these treatments cannot be recommended in regular clinical practice at the present time.

Methods:

Qualitative systematic review of scientific evidence and external peer review process.