

Alamo Asthma & Allergy Associates

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The medical evaluation of “Chronic fatigue” is one of the most complicated and difficult tasks a physician can undertake. Chronic fatigue is frequently reported by persons suffering with endocrine (hormone) problems such as menopause, low testosterone (in both men and women), low thyroid and abnormal cortisol levels. Chronic fatigue can be related to psychological factors such as anxiety, depression or psychosis. Chronic fatigue can be caused by several chronic infections such as: sinusitis, Lyme disease and mononucleosis. Chronic fatigue is common among persons suffering from rheumatologic diseases as well as several neurologic disorders. Chronic fatigue is common among persons with sleep disturbance problems. Chronic fatigue can result from adverse reactions to prescribed medications and even to over-the-counter medicines and nutritional supplements. Chronic fatigue is common among persons suffering with nasal allergies and food allergies. Chronic fatigue can be the product of an unhealthy lifestyle, substance abuse, and many other factors too numerous to mention. To adequately evaluate a patient with complaints of chronic fatigue, all of these potential problems must be addressed. The diagnosis of “Chronic Fatigue Syndrome” (CFS) can be considered only if **no** specific cause of chronic fatigue can be identified. The CDC estimates that 4 million Americans have CFS, but only about 20% have been diagnosed.

The Center for Disease Control (CDC) has developed a list of criteria which are commonly found among patients with chronic fatigue. If enough of these criteria are met, the patient can be given the CDC defined “case diagnosis” of CFS. In addition to the symptoms that most patients have in common, many persons with CFS report unusual or atypical symptoms. These symptoms often do not fit a pattern of any single medical disorder and can be confusing to the evaluating physician. The presence of “atypical” physical signs or symptoms (which are not part of the listed diagnostic criteria of CFS), should not effect the decision to classify a patient as having CFS. There have been several medical conditions described that share many of the same characteristic symptoms of CFS. These include: Irritable bowel syndrome, Idiopathic environmental intolerance (previously called multiple chemical sensitivity syndrome), Gulf war syndrome, Temporomandibular joint disorder, and Interstitial cystitis. In addition, researchers have found that between 35-70% of patients who meet the diagnostic criteria for CFS have Fibromyalgia.

At this time, there are no specific medications available to treat an underlying cause of CFS however; medications are available to treat specific symptoms that are associated with CFS. Making sure that a person is accurately diagnosed with CFS is extremely important for selecting the appropriate therapy. A recent discovery, reported in the Journal **Science (November 2009)**, has suggested that a virus called Xenotropic Murine Retrovirus-like virus (XMRV) may be responsible for causing CFS. If this is proved to be true, there will undoubtedly be numerous trials of anti-viral therapies. These early medication trials will be available only to those who have been accurately diagnosed with CFS; in whom all other possible causes of chronic fatigue have been investigated and excluded. Once a reliable diagnostic test is available for XMRV, it is likely that the classification system for chronic fatigue will evolve into two groups of patients; those with and those without evidence of XMRV infection.

During the process of our chronic fatigue evaluation, we may feel that certain symptoms reported by the patient should be more carefully evaluated by a physician in another sub-specialty such as: Psychiatry, Pain Management (PM&R), Endocrinology, Rheumatology, Infectious Disease, or Neurology. Testing by another sub-specialist may be needed to “expertly” evaluate a suspected problem. This “Multi-discipline approach” is highly recommended by the CDC and it is felt to be the most likely way to insure that the patient receives a reliable diagnosis. The medical condition that is most difficult to distinguish from CFS is “Depression”. Since Depression is often a treatable disorder, it is imperative that patients who have features of Depression receive a reliable psychiatric evaluation.

When the patient is referred to another physician sub-specialist (to address a specific issue or concern) they will return to our practice after this evaluation is completed for their continuation of care. * **All patients need to understand that a thorough evaluation of chronic fatigue may take months to complete.** As an important part of the fatigue evaluation, the CDC also recommends a standard battery of laboratory and psychological testing to help identify those with a treatable cause of fatigue. Because the diagnostic criteria for Chronic Fatigue Syndrome were not developed to encompass all persons who have chronic fatigue, it is likely that many of those evaluated by this process will not meet the specific CDC criteria for the diagnosis of this disease. Whether or not the diagnosis of CFS is confirmed, there are CDC recommended physical conditioning protocols specifically designed for reducing daily symptoms which may be useful for all patients. Our office will coordinate efforts with physical therapists to design treatment programs specifically tailored to each individual CFS patient.

Initial evaluation:

- 1) Detailed History and Physical Examination: At that time, the physician will review the Zung Depression Inventory (ZDI) and the Pittsburgh Sleep Quality Index (PSQI) * which are to be completed by the patient **prior** to arrival.
- 2) Laboratory testing (routinely) will include: Urinalysis, Complete Blood Count, NK-cell enumeration, C-reactive protein, Liver function testing, Renal function testing, Thyroid testing, Serum electrolytes, Calcium, Phosphorus, Albumin, Anti-nuclear Antibody Testing, and HIV screening (if sexually active).
 - Selective testing (as indicated by History and Physical exam): Testing for menopause (LH/FSH), serum cortisol, serum testosterone, serum muscle enzyme levels, nasal allergy or food allergy evaluation by blood testing (RAST) or skin testing, and serum testing for evidence of Celiac disease.
- 3) Radiology studies: Selected for individuals based on their individual History and Physical exams.

Before your arrival – It is mandatory that you carefully complete the “Zung Depression Inventory”, and the “Pittsburgh Sleep Quality Index”. Patients arriving without this information fully completed will be re-scheduled (without exception). * These forms should not be completed in a rushed manner while waiting to be seen in our office; for accuracy, they require careful and thoughtful responses. These forms can be printed from this web site or are available from us by mail at your request.

Recommended reading: “From Fatigued to Fantastic” by Dr. Jacob Teitelbaum
www.endfatigue.com