

Basic CFS Overview

CHRONIC FATIGUE SYNDROME

Who is at risk?

- Estimates vary, but at least one million Americans have chronic fatigue syndrome (CFS) and millions more suffer worldwide.
- Research indicates that prevalence is highest in people aged 40-59, but people of every age have CFS.
- People of every ethnicity, gender and socioeconomic group can have CFS.
- CFS affects women at 4 times the rate of men.
- Although CFS is significantly less common in children than in adults, children can develop the illness, particularly in adolescence.

What are the symptoms of CFS?

- CFS is characterized by medically or psychiatrically unexplained fatigue that lasts at least 6 months, is not the result of ongoing exertion, is not substantially relieved by rest and causes a substantial reduction in daily activities.
- In addition to fatigue, CFS includes 4 or more characteristic symptoms: postexertional malaise (relapse of symptoms after physical or mental exertion); unrefreshing sleep; substantial impairment in memory/concentration; muscle pain; pain in multiple joints; headaches of a new type, pattern or severity; sore throat; and tender neck or armpit lymph nodes.
- Symptoms and their consequences can be severe. CFS can be as disabling as multiple sclerosis, lupus, rheumatoid arthritis, congestive heart failure and similar chronic conditions. Symptom severity varies from patient to patient.

How is CFS diagnosed?

- There is no diagnostic test or biomarker to clearly diagnose CFS.
- Diagnosis requires a thorough physical examination and health history to ascertain the presence of case defining symptoms and exclude other possible treatable causes, such as multiple sclerosis, lupus, or malignancies.
- A CFS case definition authored by group of international CFS experts in 1994 was intended to help researchers select appropriate cases for study; however it is also used by many clinicians to make the diagnosis of CFS. In 2003, a Canadian consensus definition was developed for clinical use.
- Studies indicate that fewer than 20% of CFS patients in the United States have been properly diagnosed.

How is it treated?

- Since there is no known cure for CFS, treatment is aimed at symptom relief and improved function. A combination of drug and nondrug therapies are usually prescribed.

- No single therapy exists that helps all CFS patients.
- Lifestyle changes, including prevention of overexertion, reduced stress, dietary restrictions, gentle stretching and nutritional supplementation are frequently recommended.
- Carefully supervised physical therapy may also be part of treatment for CFS. However, CFS can be exacerbated by physical activity. A paced, graded approach to exercise and activity management is recommended to avoid overactivity and to prevent deconditioning.
- Although health professionals may hesitate to give patients a diagnosis of CFS for various reasons, it is important to receive an appropriate and accurate diagnosis to guide treatment and evaluation.
- Delays in diagnosis and treatment may be associated with poorer long-term outcomes. Research has shown that people who have CFS for two years or less are more likely to improve. The longer a person is ill before diagnosis, the more complicated the course of the illness appears to be.

Do CFS patients recover?

- CFS affects each individual differently. Some people with CFS remain homebound and others improve to the point where they can resume work and other activities, even though they continue to experience symptoms.
- Recovery rates for CFS are unclear. Improvement rates varied from 8% to 63% in a 2005 review of published studies, with a median of 40% of patients improving during follow-up. However, full recovery from CFS may be rare, with an average of only 5% to 10% sustaining total remission.

What causes CFS?

- Despite an intensive search, the cause of CFS remains unknown. Many different infectious agents, physiologic causes and psychological factors have been considered, and the search continues.
- Much of the ongoing research into a cause now centers on the roles the brain and the immune, endocrine, cardiovascular and autonomic nervous systems may play in CFS. Recently, interactions among these factors are under evaluation.
- Genetic and environmental factors may play a role in developing and/or prolonging the illness, although more research is needed to confirm this. Researchers are applying cutting edge genomic and proteomic tools to understand the origins and pathogenesis of CFS.
- CFS is not caused by depression, although the two illnesses often coexist. However, the physical symptoms of CFS differ greatly than those of depression.