

BSUH Paediatric Guidelines

Chronic Fatigue Syndrome: diagnosis and referral criteria

AUTHORS: Dr Kamal Patel

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OVERVIEW

- A primary complaint of unexplained fatigue which is disabling and affects physical and mental functioning.
- The concurrent occurrence of four or more of the following symptoms and must not have predated the fatigue:
 - Substantial impairment in short-term memory or concentration
 - Sore throat
 - Tender lymph nodes
 - Muscle pain
 - Multi-joint pain without swelling or redness
 - Headaches of a new type, pattern, or severity
 - Unrefreshing sleep
 - Post-exertional malaise lasting more than 24 hours
 - Abdominal pain
- No clear alternative medical or psychiatric diagnosis has been made.
- The duration is at least 2 months for referral (3months for diagnosis)
- A minimum battery of laboratory screening tests including
 - Full Blood Count with leukocyte differential
 - ESR
 - LFTs (inc alanine aminotransferase, total protein, albumin, alkaline phosphatase), creatine kinase
 - Calcium, phosphate, glucose, urea, electrolytes and creatinine
 - Thyroid Function (TSH and T4)
 - Coeliac Screen
 - Urine dipstix – protein, blood.

Other Conditions That Explain Chronic Fatigue

The following conditions exclude a patient from the diagnosis of unexplained chronic fatigue.

1. Any active medical condition that may explain the presence of chronic fatigue such as untreated hypothyroidism, sleep apnea and narcolepsy, and iatrogenic conditions such as side effects of medication.
2. Any previously diagnosed medical condition whose resolution has not been documented beyond reasonable clinical doubt and whose continued activity may explain the chronic fatiguing illness. Such conditions may include previously treated malignancies, unresolved cases of hepatitis B or C virus infection, brucellosis, mycoplasma.
3. Any past or current diagnosis of a major depressive disorder with psychotic or melancholic features; bipolar affective disorders; schizophrenia of any subtype; delusional disorders of any subtype; dementias of any subtype; anorexia nervosa; or bulimia nervosa.
4. Alcohol or other substance abuse within 2 years prior to the onset of the chronic fatigue and any time afterward.
5. Severe obesity as defined by a body mass index equal to or greater than 45.

The following areas should be included in the clinical evaluation.

1. A thorough history that covers medical and psychosocial circumstances at the onset of fatigue; depression or other psychiatric disorders; episodes of medically unexplained symptoms; alcohol or other substance abuse; and current use of prescription and over-the-counter medications and food supplements.
2. A mental status examination to identify abnormalities in mood, intellectual function, memory, and personality. Particular attention should be directed toward current symptoms of depressive or anxiety, self-destructive thoughts, and observable signs such as psychomotor retardation. Evidence of a psychiatric or neurologic disorder requires that an appropriate psychiatric, psychological, or neurologic evaluation be done.
3. A thorough physical examination

Other symptoms

The frequencies of occurrence of these symptoms vary from 20% to 50% among CFS patients. They include

- abdominal pain
- alcohol intolerance
- bloating
- chest pain
- chronic cough
- diarrhoea
- dizziness
- dry eyes or mouth
- earaches
- irregular heartbeat
- nausea
- psychological problems (depression, irritability, anxiety, panic attacks)
- tingling sensations