

Chronic Fatigue Syndrome:

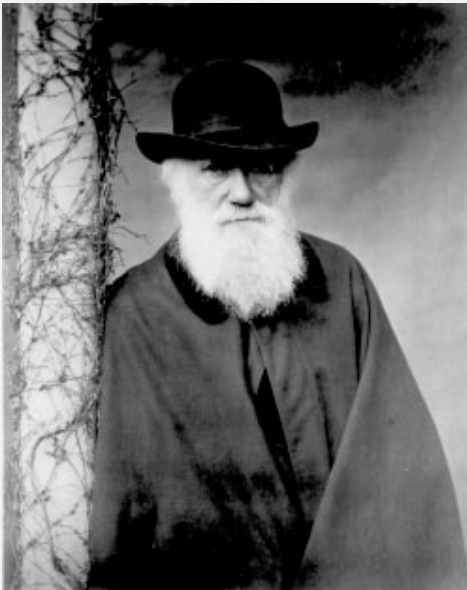
Your patients' – Not You –

So all we could do was to Sit!, Sit!, Sit!

Dr. Ric Arseneau

Division of General Internal Medicine
St. Paul's Hospital
UBC

Fatigue, Pain, & Unusual Symptoms



Charles Darwin
(1809-1882)



Weary 1887
by Edward Radford (1831-1920)

"Common and unsatisfying"

Terminology



"Fat File Syndrome"

- Chronic Fatigue Syndrome
- Myalgic Encephalomyelitis
- Chronic Myasthenic Syndrome
- Fibromyalgia
- Multiple Chemical Sensitivities
- Chronic Multiple Functional Symptoms
- Somatiform Disorders
- Gulf War Syndrome
- Functional Somatic Syndromes
- **MUPS: Multiple Unexplained Physical Symptoms**
- **CSS: Central Sensitivity Syndromes**

Multiple Unexplained Physical Symptoms

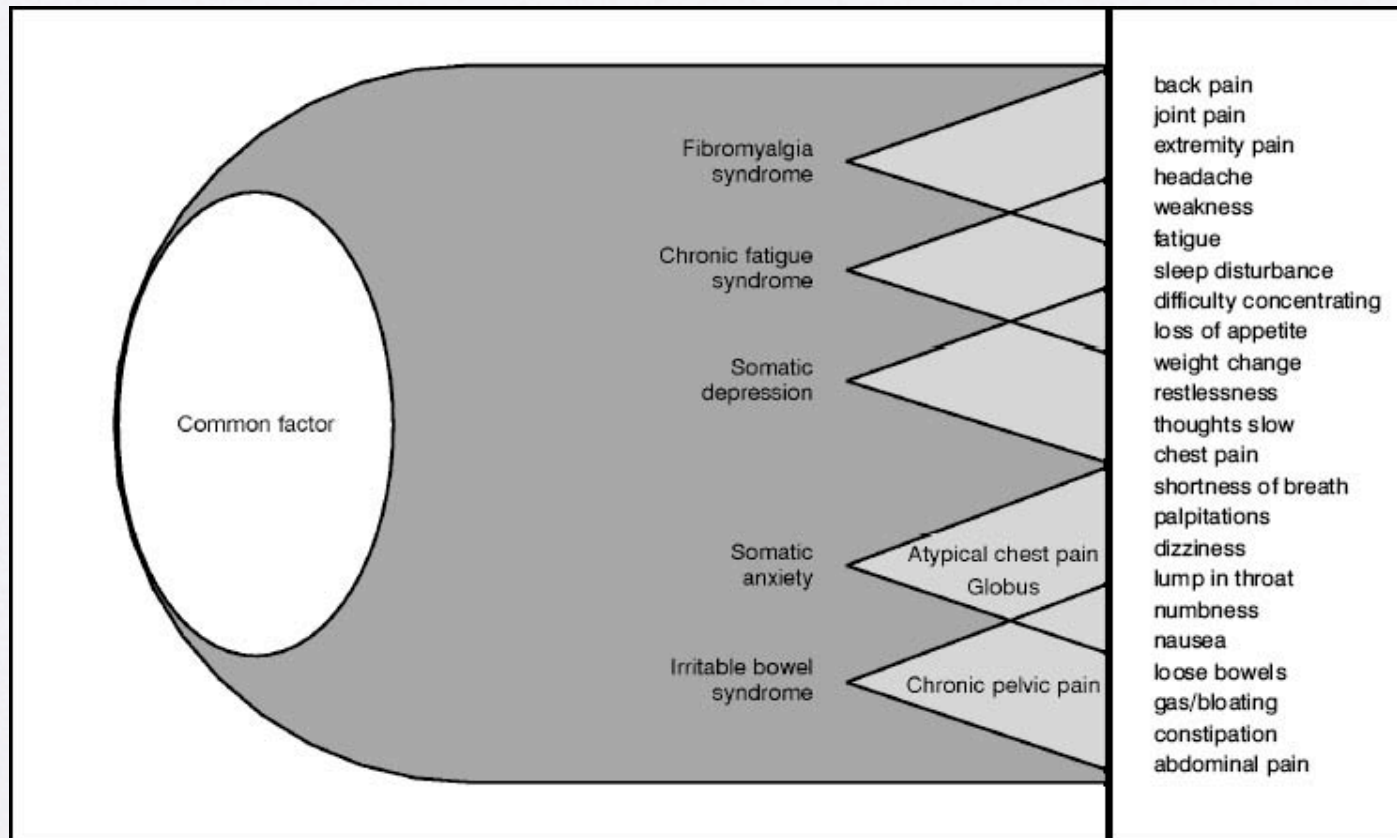


Figure 1. List of functional somatic symptoms showing link to common factor and intermediate syndrome groupings (after Deary²⁴).

- 35 - 70% of pts with CFS meet criteria for FM
- 20 - 70% of pts with FM meet criteria for CFS

Central Sensitivity Syndrome

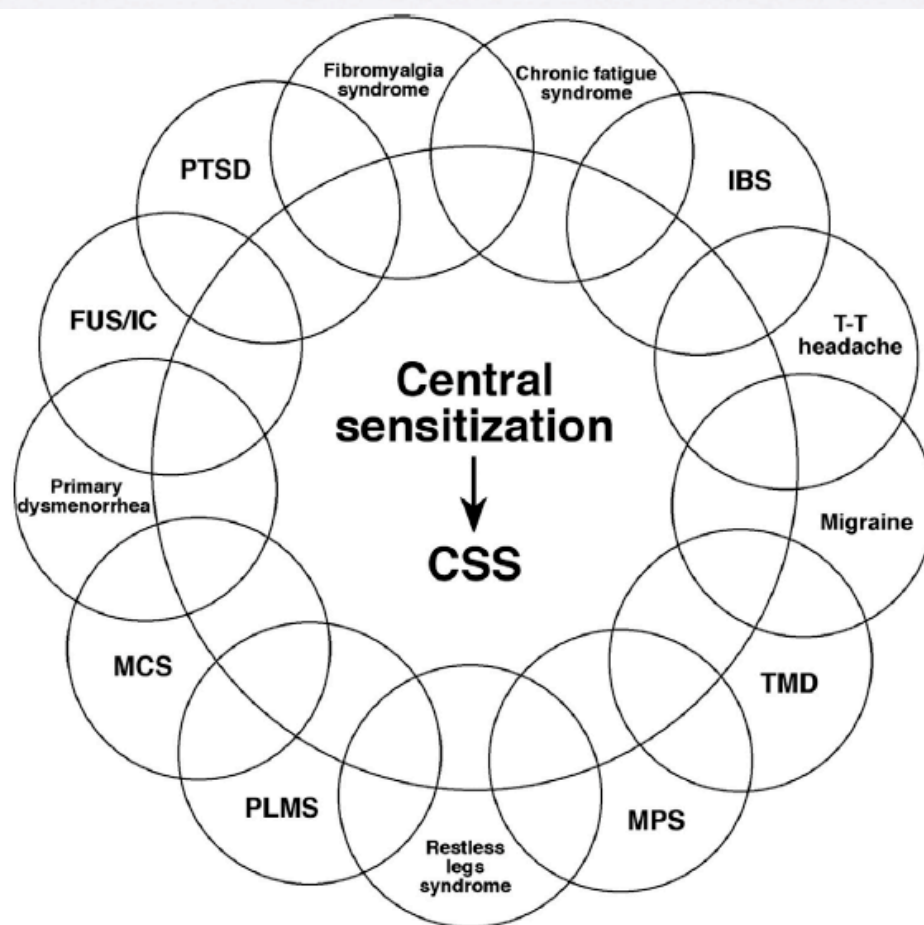


Figure 1 Currently proposed members of the CSS family with overlapping relationships and a common pathophysiological link of CS. IBS, irritable bowel syndrome; T-T headache, tension-type headache; TMD, temporomandibular disorders; MPS, myofascial pain syndrome; RSTPS, regional soft-tissue pain syndrome; PLMS, periodic limb movements in sleep; MCS, multiple chemical sensitivity; FUS, female urethral syndrome; IC, interstitial cystitis; PTSD, posttraumatic stress disorder. Depression may also be a member (see text). Modified from reference 198.

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Central Sensitivity Syndrome

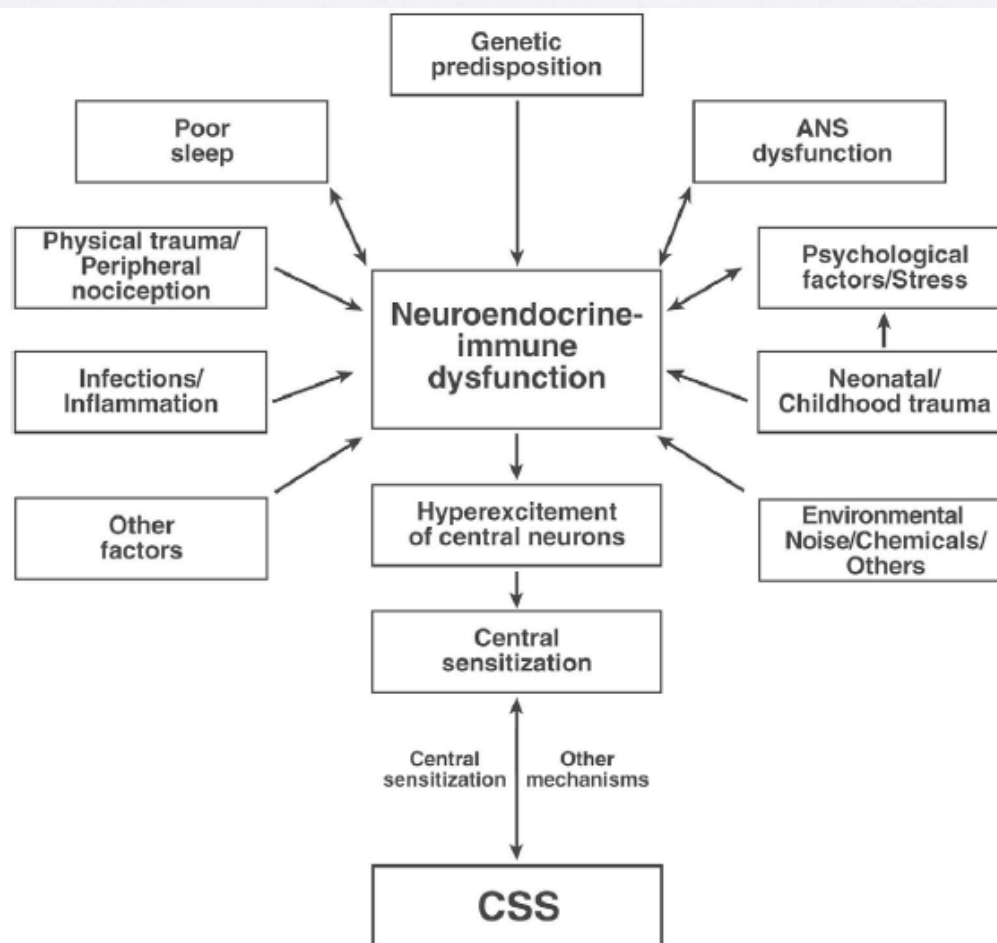


Figure 2 Simplified suggested biopsychosocial mechanisms for CS and CSS with interacting factors. ANS, autonomic nervous system. The relationship between central sensitization and CSS may be bidirectional; chronicity of CSS may accentuate central sensitization.

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Central Sensitivity Syndrome

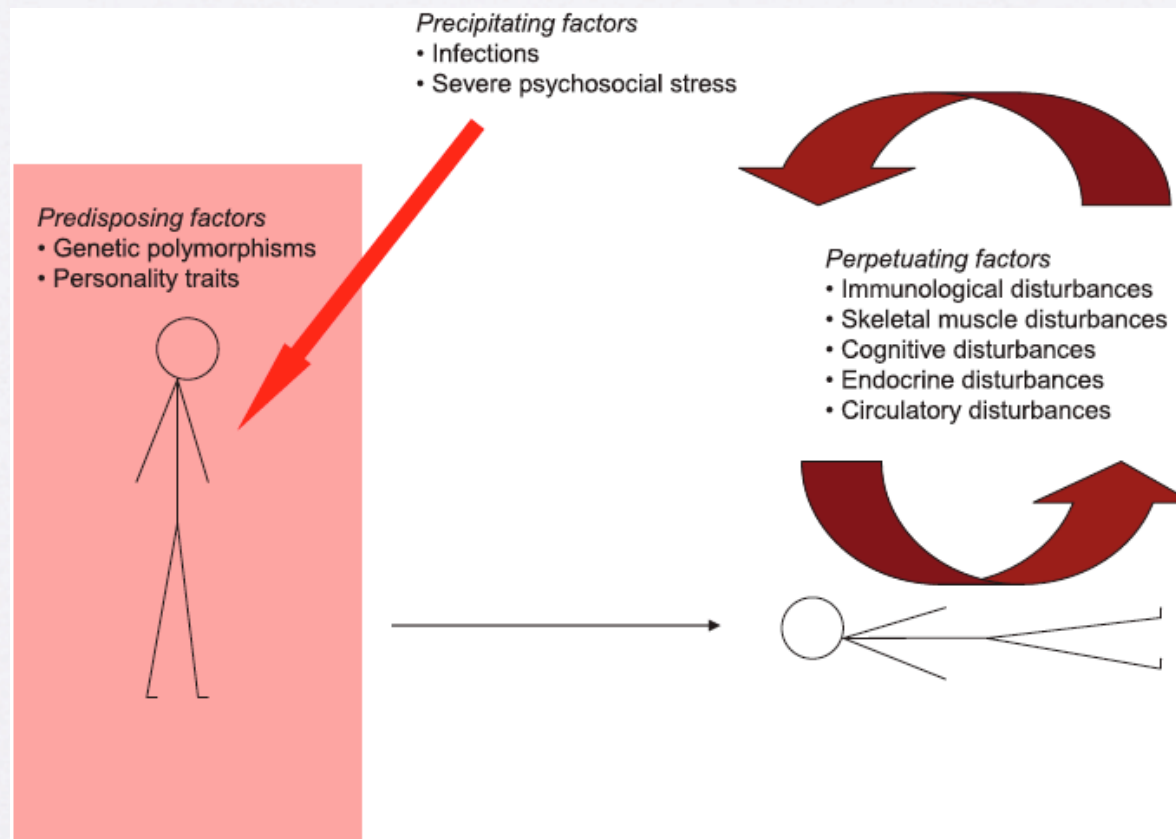


Figure 2. Possible unifying model of the chronic fatigue syndrome based upon differentiation between predisposing, precipitating and perpetuating factors.

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? Etiology ?

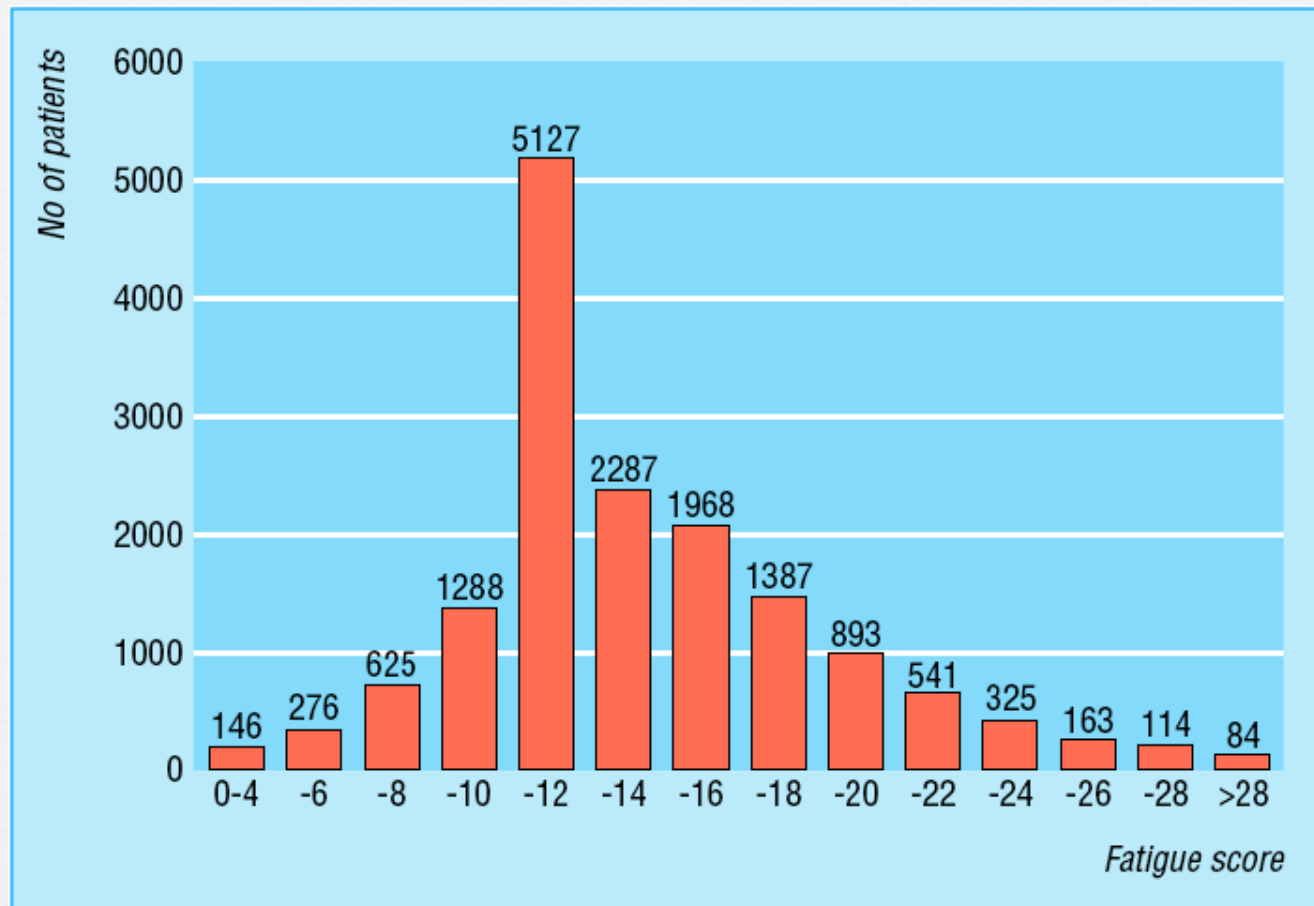


“People need to rationalized their health problems, and those with medical mysteries will find some explanation.”

Fischhoff & Wessely, BMJ 2003;326:595-7

- Attribution - illness and events
 - Contested causation
 - Etiologic neutrality
-
- Avoid the "contest"
 - Pt authority vs. MD authority
 - Knowledge of own symptoms vs. knowledge of normal tests

Diagnosing Fatigue



Distribution of the complaint of fatigue in the general population

BMJ Aug 25 2002

Diagnosing Fatigue

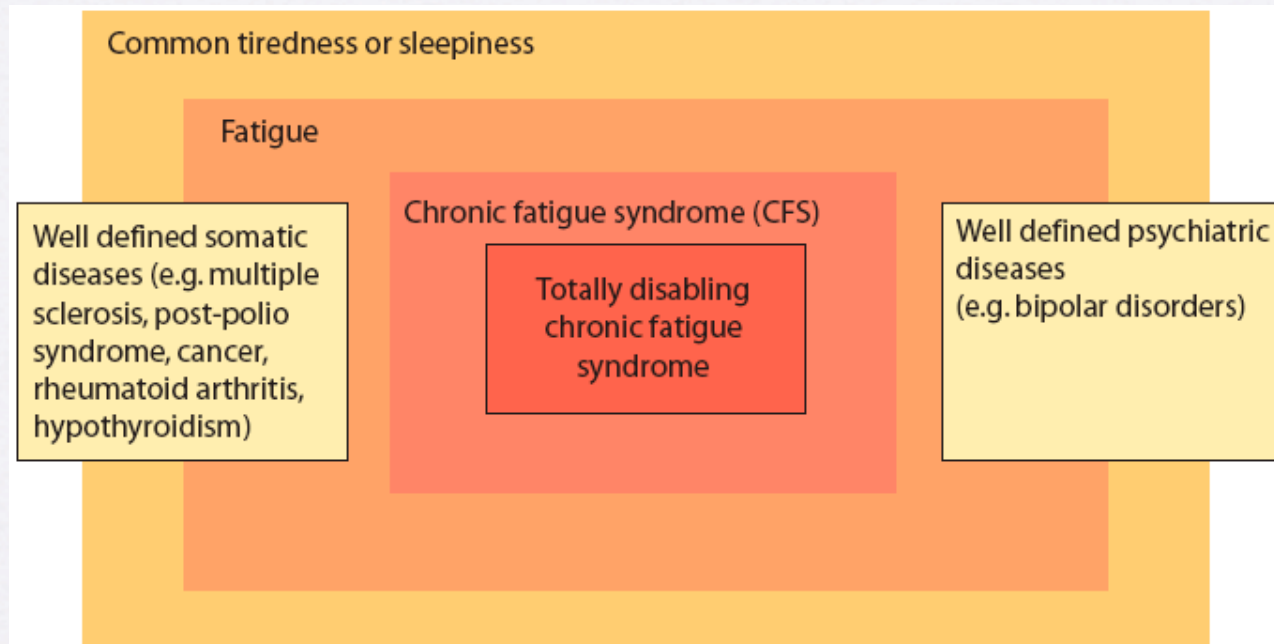


Figure 1. Schematic outline of how CFS should be differentiated from well-defined somatic and mental diseases as well as other subjective complaints (like common tiredness and sleepiness). (Adopted from (19) and slightly modified, with permission.).

Categories of Fatigue

- Recent: < 1 mo
- Prolonged: 1 - 6 mo
- Chronic: > 6 mo
 - Idiopathic (non-specific) chronic fatigue
 - Chronic Fatigue Syndrome (CDC criteria)

CDC Criteria for CFS

Adapted from: Ann Int Med 1994; 121:953

Unexplained or relapsing fatigue > 6 mo.

- New or definite onset
- Not alleviated by rest
- Affects work, social, or personal activities

4 or more of the following lasting > 6 mo.

- Problems with memory / concentration
- Headache
- Sore throat
- Tender cervical / axillary nodes
- Sore Muscles
- Sore Joints (without redness / swelling)
- Unrefreshing sleep
- Post-exertional malaise lasting > 24 h

DDx of Fatigue

- Psychologic
- Pharmacologic
- Endocrine-Metabolic
- Neoplastic
- Hematologic
- Chronic renal failure
- Chronic liver disease
- Infectious
- Cardiopulmonary
- Connective Tissue Diseases
- Disturbed sleep - apnea, reflux
- Idiopathic

Evaluation of Fatigue

History - most important !

- Open ended questions
- Underlying medical problem
- Underlying psychiatric problem
- CDC criteria for CFS
- Medications / OTC
- Social Hx / smoking / ETOH / recreational drugs

Physical Exam

- Look for specific causes
- MD - Patient relationship: “Laying of the hands”

Evaluation of Fatigue

Lab - beware false positives !

- CBC, lytes, urea, creat, glucose, Mg, Ca, Phos, CK
- Liver tests, hepatitis serology
- ESR
- HIV
- TSH
- Iron studies
- [cortisol, TTG, LH/FSH, PPD, EBV/monospot, CMV]
- Further evaluation of Hx / Px
- Screening appropriate for age and sex
 - mammogram
 - colonoscopy
 - PSA

Evidence Based Management of CSS



"Mrs. Bradbury's establishment for the recovery of ladies nervously affected,"

from *On Insanity*,
by William B. Neville, London 1836

- Therapeutic Relationship
- Cognitive Behaviour Therapy
- Graded Exercise Therapy
- Drug Therapy

Therapeutic Relationship

- The long appointment
- Patient records
- Reassurance: "ROMI - MIRO"
- Planned review
- Regular visits
 - fixed interval
 - not necessarily frequent
 - "uncoupling" symptoms & visits

Therapeutic Relationship

- Reframing

"You seem disappointed that the test was negative..."

- Unrealistic expectations

"I wish..."

- Illness beliefs and worst fears

- Acknowledge scientific uncertainty

Therapeutic Relationship

- Redirect focus from cure
- Goals:
 - Rule out pathology!
 - Vigilance
 - Focus on coping
 - Avoid substance abuse
 - Maintain work and relationships
 - Avoid iatrogenesis



The Tangible Mechanism

- Physical explanations
- Symptoms are "real"
- Avoid stigmatizing
- Link the psychological and physical
- Term "antidepressant" not helpful
- Provide mental model for discussions / plans

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What is CBT: Cognitive Behaviour Therapy ?

- Brief pragmatic psychological therapy
- Targets beliefs and behaviours that might perpetuate symptoms

What is GET: Graded Exercise Therapy ?

- Explanation of fatigue as a physiological consequence of inactivity, poor sleep, and disturbed circadian rhythm
- Discussion, agreement, and implementation of graded exercise plans
- Monitoring of progress and setting appropriate new targets

Psychiatric Referral

- Significant depression
- Anxiety / panic disorders
- Eating disorders
- Personality disorders
- Substance abuse

- "*Insight*" not always the goal

Evidence Based Management of CSS

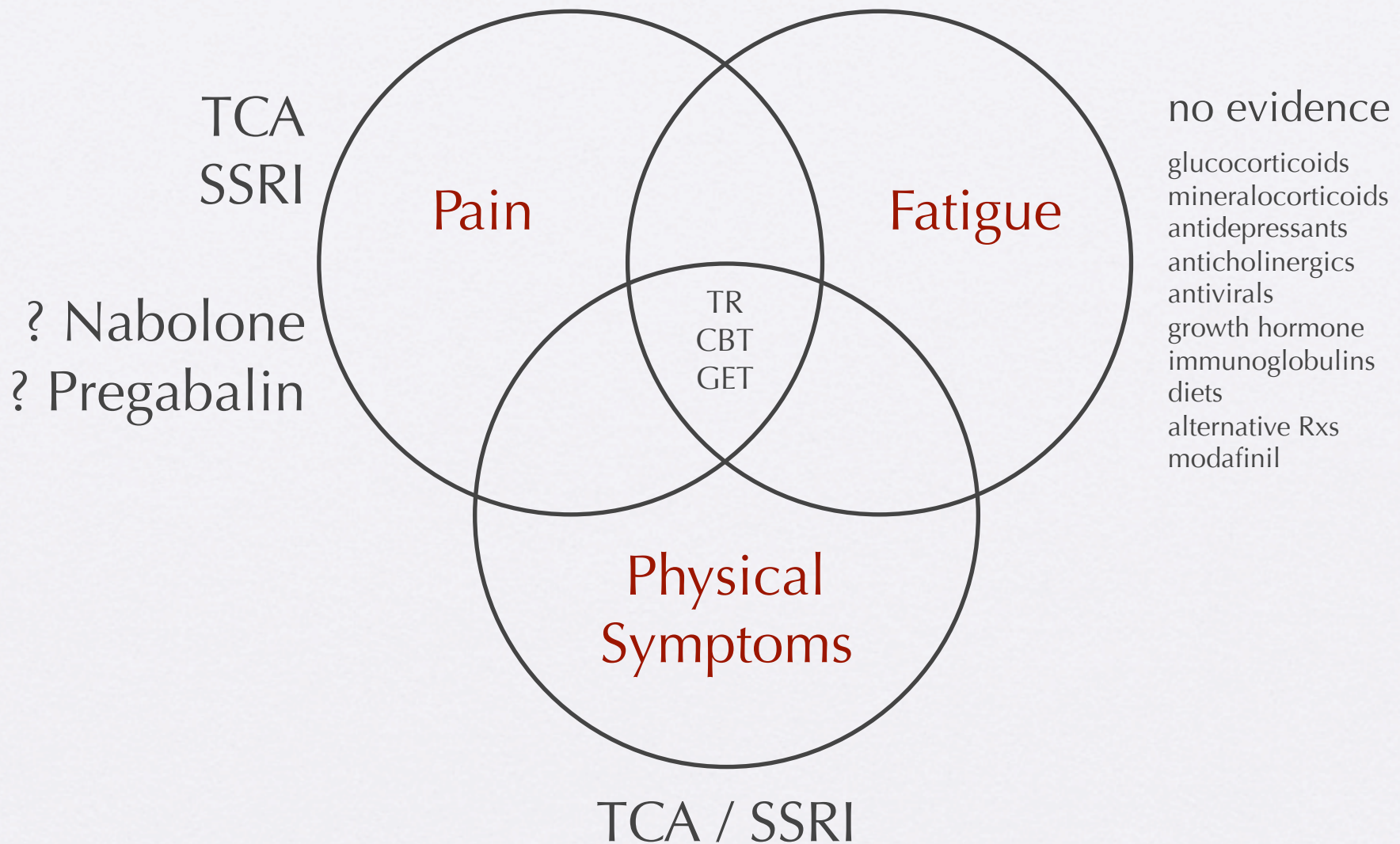


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- Therapeutic Relationship
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- Drug Therapy

Evidence Based Drug Rx of CSS





ELSEVIER

The Journal of Pain, Vol 9, No 2 (February), 2008: pp 164-173
Available online at www.sciencedirect.com

Nabilone for the Treatment of Pain in Fibromyalgia

Ryan Quinlan Skrabek, Lena Galimova, Karen Ethans, and Daryl Perry

Section of Physical Medicine and Rehabilitation, University of Manitoba, Rehabilitation Hospital, Health Sciences Centre, Winnipeg, Manitoba, Canada.

- RCT, placebo controlled
- 4 wk treatment + 4 wk washout
- 40 patients
- Pain & quality of life

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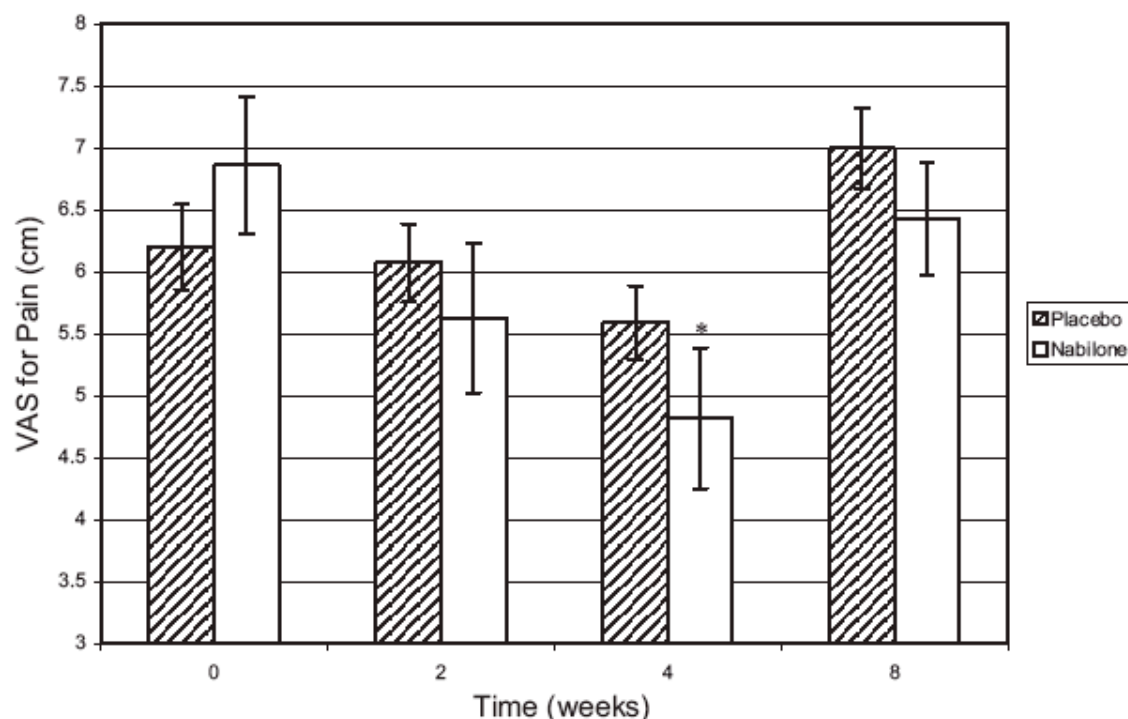


Figure 2. VAS scores, nabilone vs placebo, mean \pm SE. When compared with baseline, nabilone-treated patients had significantly improved VAS scores at 4 weeks (-2.04 , $P < .02^*$).



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Bottom line

- Modest benefit with increased side effects
- No head to head comparisons (eg., TCA, SSRI)
- Small study / ? safety profile
- Short term study / ? long term effects
- \$300 + per month

The Effect of Anxiety and Depression on Improvements in Pain in a Randomized, Controlled Trial of Pregabalin for Treatment of Fibromyalgia

Lesley M. Arnold, MD,* Leslie J. Crofford, MD,[†] Susan A. Martin, MSPH,[‡] James P. Young, MS,[‡] and Uma Sharma, PhD[‡]

*Women's Health Research Program, Department of Psychiatry, University of Cincinnati College of Medicine, Cincinnati, Ohio; [†]Division of Rheumatology & Women's Health, Department of Internal Medicine, University of Kentucky, Lexington, Kentucky; [‡]Pfizer Global Research and Development, Ann Arbor, Michigan, USA

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Pregabalin for the Treatment of Fibromyalgia Syndrome

Results of a Randomized, Double-Blind, Placebo-Controlled Trial

Leslie J. Crofford,¹ Michael C. Rowbotham,² Philip J. Mease,³ I. Jon Russell,⁴
Robert H. Dworkin,⁵ Ann E. Corbin,⁶ James P. Young, Jr.,⁶ Linda K. LaMoreaux,⁶
Susan A. Martin,⁶ Uma Sharma,⁶ and the Pregabalin 1008-105 Study Group

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Pregabalin (Lyrica - Pfizer) for Fibromyalgia

- 8 wk trial; 529 pts; >50% pain reduction
 - pregabalin 29% vs. 13% placebo
- 14 wk trial; 745 pts; >30% pain reduction
 - pregabalin 50% vs. 30% placebo
- Significant adverse effects
 - dizzy (38%), drowsy (20%), wt gain (11%),...

Pregabalin for Fibromyalgia

Bottom line

- Modest benefit with increased side effects
- No head to head comparisons (eg., TCA, SSRI)
- Short term study / ? long term effects
- \$125 + per month