

Medicine for Managers

Dr Paul Lambden BSc MB BS BDS FDSRCS MRCS LRCP DRCOG MHSM

ME

ME is one of those conditions where there are basic unanswered questions. The fact that it is called Myalgic Encephalomyelitis by some but is also referred to as Chronic Fatigue Syndrome, Myalgic Encephalopathy or Post Viral Fatigue Syndrome by others gives a clue to the uncertain aetiology and understanding of the disorder.

There is debate about which name is the more appropriate. Chronic (long term) fatigue syndrome describes the principal symptom. Myalgic encephalomyelitis (Myalgic = muscle pain, encephalomyelitis = inflammation of the brain and spinal cord) is preferred by some. Some authorities prefer the use of the umbrella term CFS/ME.

Whatever the most appropriate name, what is known is that the condition is debilitating and the symptoms vary widely in different sufferers.

It is characterised by profound fatigue which does not improve with bed rest and which is aggravated by physical or mental activity. It is estimated that quarter of a million people have ME in the United Kingdom and that it is more common in women than men, with the highest incidence between twenty and fifty years of

age. Interestingly, it also has a higher incidence in pubertal children.

As the variety of names for the disorder suggest, the cause is not fully understood.

The most popular view is that the symptoms are the manifestations of a current or previous viral illness, but hormonal disturbances and disorders of immunity have also been implicated. It may be misdiagnosed because the symptoms are often vague and variable, particularly in the early stages, and diagnoses such as hypochondriasis and depression may be proposed.

Diagnosis is complicated by the fact that basic investigations usually reveal no abnormalities so diagnosis is based on description of the symptoms for the most part. They may be *mild*, where the patient functions but needs days off work

intermittently to rest, *moderate*, resulting in reduced mobility and the need for sleep during the day and *severe* where even simple tasks like dressing may be difficult and mobility and concentration are significantly affected.

The diagnosis is essentially one of exclusion of other causes and recommendations are laid out in NICE guidance. They include persistent fatigue which reduces daily activity by 50% over a period of six months, where the symptoms are aggravated by exercise and where psychiatric conditions can be eliminated.

The symptoms do vary in nature and intensity. Some are physical and others are associated with 'nervous' disorders and impaired understanding. The cardinal feature is fatigue but other characteristics may include muscle pain and weakness, headache, dizziness, lymph node pain and swelling particularly in the armpits, sore throat, confusion and lack of ability to concentrate, insomnia, irritable bowel, disturbances in sensation and sensitivity to a variety of stimuli including foods, perfumes and even to light. Patients may experience many other symptoms as well.

Treatment of ME is directed towards the management of the presenting symptoms. Because of the diversity of symptoms treatments have to be tailored to the individual presentations. In general, however, a number of approaches are helpful.

1. **Medication** to control the symptoms including appropriate analgesia and an antidepressant where indicated. There

is no evidence to support the use of vitamins.

2. **Self help** approaches to encourage the patient to manage their symptoms by encouraging activity, setting goals, establishing sleep and activity patterns and eating a balanced diet with avoidance of foods that may trigger or aggravate the symptoms. Graded exercise therapy, such as walking or swimming, is thought to be helpful. General support is helpful; both in the home setting and at work and sometimes reorganisation of work patterns with greater flexibility may make managing the condition easier.
3. **Cognitive Behavioural Therapy (CBT)** may help the sufferer to make progress by helping to manage the degree of physical or mental activity.
4. **Complementary therapies.** Many people with ME find complementary therapies helpful although there is insufficient research to demonstrate how effective such approaches actually are.

In general the condition has a fluctuating course with relapses and remissions. Most people improve or recover but the timescale is very variable. It may be as short as 1-2 years or may last for many years.

paullambden@compuserve.com

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