Chronic fatigue syndrome or myalgic encephalomyelitis

Chronic fatigue syndrome (CFS), or myalgic encephalomyelitis (ME), is a condition predominantly characterised by exercise-induced muscle fatigue over a prolonged period.1,2

Causes
Although the cause of CFS is unknown, the onset is often associated with factors such as a viral infection affecting the immune system response, for example, glandular fever,1,4 and a genetic susceptibility. Other potential factors associated with the precipitation of CFS may include mental or physical stress and trauma, such as bereavement or an accident.1,4 However, in some cases there is no clear preceding illness or identifiable event.3

Factors thought to potentially perpetuate the symptoms of CFS include abnormalities of the nervous, immune and endocrine systems; muscular dysfunction; and recurring viral infections, such as human herpes virus 6 and Epstein-Barr virus (EBV). The prevalence of CFS is thought to be between 0.2 and 0.4 per cent of the population, affecting approximately 250,000 people in the UK.4 The condition is more common in women,1,2,4 with the onset in most cases between the ages of 20 and 40 years but it can also occur in children and adolescents.4

Symptoms
The defining symptom of CFS is persistent exercise-induced muscle fatigue and pain. The fatigue does not improve with sleep or rest, and can have a major effect on a person’s ability to perform everyday activities.1,4

Other characteristic symptoms may include joint pain;1,4 cognitive dysfunction, such as impaired short-term memory and concentration; sore throat; painful lymph nodes; headaches;1,2,4 gastric disturbances and symptoms similar to irritable bowel syndrome,1,4 and problems affecting balance and body temperature control.1

CFS may also cause disturbed sleeping patterns, such as insomnia or hypersomnia,1,3,4 restless legs syndrome,1,4 heightened sensitivity to light, noise and certain foods.1 Although not a part of the CFS symptomatology or diagnostic criteria, depression, irritability and anxiety may also develop.1,8

Symptoms can vary in intensity from mild cases – where the individual can look after themselves, but may need to take days off work to rest – to severe cases, where the individual is unable to carry out everyday activities and requires bed rest for most of the day, affecting work, social life, family life and relationships.1,4

Orthodox treatment
Although there is no cure, CFS may be managed by pacing to achieve a balance between rest and activity;1,2 medication, to relieve symptoms;5,6 self-help and lifestyle changes to help people to live within the limitations of the condition, such as avoiding alcohol, caffeine and sugar, and dealing with stress.1,6 Treatments such as cognitive behavioural therapy and graded exercise therapy7 are often recommended, but not all surveys support their efficacy.4,6

Although CFS is a long-term disorder, some people make steady progress and return to normal – or near normal – health. In most cases, the condition follows a pattern of fluctuations between good health and relapses.1,2,4

Complementary therapies
A systematic review of more than 25 randomised controlled trials involving more than 3,270 patients with CFS suggested that complementary therapies such as massage, qigong and tuina may help to relieve symptoms of the condition.5

A study into tuina for the treatment of CFS divided 90 patients into three groups: a tuina group (a form of Chinese massage), a taijiquan group (style of Chinese exercise) and a fluoxetine group (antidepressant medication). After a month, the therapeutic effects of tuina was greater than that of taijiquan and fluoxetine.6

With thanks to
ME Association (www.meassociation.org.uk), which provided information and advice on the condition.

References and further reading
1 NHS Direct (www.nhsdirect.nhs.uk).
4 ME Association (www.meassociation.org.uk).