

DOWNLOAD PDF CHRONIC FATIGUE SYNDROME (THE EXPERIENCE OF ILLNESS)

Chapter 1 : What People Should Know About Chronic Fatigue Syndrome | The Mighty

Chronic fatigue syndrome (CFS) is a complicated disorder characterized by extreme fatigue that can't be explained by any underlying medical condition. The fatigue may worsen with physical or mental activity, but doesn't improve with rest.

There is no cure yet. Only make very small increases in the frequency, duration and intensity of your exercise program. Set realistic activity goals and congratulate yourself on any gains you make, no matter how small. It can occur at any age and can affect children as well as adults. For some people, the condition may be triggered suddenly by a viral infection, toxic exposure, anaesthetic, immunisation, gastroenteritis or trauma. Applying a particular treatment for one subtype can be very damaging to another subtype. This means having flu-like symptoms after exercise and not having enough energy for daily activities. This includes abnormal exhaustion after any form of exertion, and a worsening of other symptoms. The response may be delayed, perhaps after 24 hours. Depending on the amount and type of exercise, it may result in post-exertional malaise for a few days, or serious relapses lasting weeks, months or even years. For example, a short stroll, coffee with a friend, getting their child ready for school or catching the train to work, which caused no fatigue before, is followed by unusual tiredness that takes longer than usual to go away. Genes appear to be a factor in many cases. Doctors make a diagnosis by excluding all other illnesses after a person has had symptoms continually for six months. People who receive an early diagnosis and early treatment tend to do better. Treatment choice will vary and will depend on the results of the additional testing. This misunderstanding is not helpful and can often cause a person to keep pushing beyond their limits, which will cause relapses and make their condition worse. Exercise can be a problem for some people, because physical activity can worsen their symptoms. It is important that they work with their healthcare professionals to create a weekly routine that is especially for that person and focuses on doing as much activity as is possible, without any worsening of symptoms in the following days or weeks. The goal is to balance rest and activity to avoid decreasing fitness levels from lack of activity and flare-ups of illness due to overexertion. It is very important that any activity plan be started slowly and increased slowly. Suggestions on how to pace yourself include: Establish the total activity level over the course of a week that you are capable of, without any negative effects or post-exertional malaise. Using a heart rate monitor will help guide your intensity. To begin with, you need to do less than you think you can do, so that eventually you increase the chance of doing more. Maintain a level of activity that you can manage and stay on this plateau until you have a reserve of energy and are feeling very comfortable. The correct level of activity or exercise is that which can be repeated the next day without any flaring of symptoms including physical, cognitive or emotional. Do not move to the next level of activity or exercise until you have the reserve which means you can increase your activity level without a symptom flare. No one can tell you what your limits are, it must be guided completely by you and your symptom response. Repeat the pattern of staying at the next plateau of activity or exercise until you are able to increase it without any harmful consequences. You may reach a limit that should not be exceeded. Some may not be able to increase further and may need to stay at this level of activity. Balance physical, mental and emotional activity with rest, dividing activity into short segments, alternated with rest. Remember emotions will take from your energy pool. Rigid programs of activity or exercise should be avoided, and activity should be tailored to your level of ability. For some, this may mean sitting up for a few minutes once or twice a day. If you have overdone activity or exercise, or suffer a relapse for any reason, decrease the level of participation and rest more. Experiment to find the type of exercise that works best for you. Choose from a range of gentle activities such as stretching, yoga, tai chi, walking and light weight training. Keep an activity diary so you have a long-term picture of your performance levels and factors that might impact on your symptoms. Stop the physical activity well before you feel any symptom flare. Pacing yourself is very important. Remember that the amount of exercise you can do will change from one day to the next. Where to get help.

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Chapter 2 : The Real Story About Chronic Fatigue Syndrome

Chronic Fatigue Syndrome is one of the most enigmatic medical disorders of our time, striking adults most often in their most productive years. With the controversial debate over cause and treatment of the illness in mind, the authors seek to unravel many of the questions surrounding the disorder and its features and characteristics.

And like many invisible illnesses, there is a certain social stigma to it. Is he just lazy? Does everyone need some type of illness for sympathy? That is a pretend condition if I ever heard one. Not only does the sufferer of Chronic Fatigue Syndrome face the illness itself, but also potential backlash from others who doubt the very existence of the illness. What is Chronic Fatigue Syndrome? However, scientists have speculated about potential contributing factors: Chronic fatigue can occasionally develop after a viral infection. The Epstein-Barr virus, human herpes virus 6, rubella, and several others have been studied without solid conclusions. There are many studies that observe central nervous system, autonomic nervous system, and immune system abnormalities in CFS patients. CFS is a mental disorder. Without a cause, some people consider CFS a mental disorder. This is not true. The condition exhibits a collection of physical signs and symptoms that validate the medical diagnosis. CFS is an illness that affects white, middle-aged, affluent women. CFS strikes all ages and socioeconomic groups. However, this does not mean it strikes this group more than others. A CFS study indicated the highest occurrence of chronic fatigue syndrome to be among minorities, those with low levels of education, and lower occupational status. Stress does not cause the disease. Pathogens most likely cause outbreaks. There is no proven cure. CFS is not well understood at this point. However, treatment strategy usually consists of one or more of the following:

Chapter 3 : Chronic Fatigue Syndrome

Chronic fatigue syndrome (CFS) is a debilitating disorder characterized by extreme fatigue or tiredness that doesn't go away with rest and can't be explained by an underlying medical condition.

Sensitivity to pain increases post-exertionally, which is opposite to the normal pattern. Persons who feel better for a period may overextend their activities, and the result can be a worsening of their symptoms with a relapse of the illness. The deficits are in the range of 0. Simple and complex information processing speed, and functions entailing working memory over long time periods were moderately to extensively impaired. These deficits are generally consistent with those reported by patients. Perceptual abilities, motor speed, language, reasoning, and intelligence did not appear to be significantly altered. Because of this, various infectious causes have been proposed; however, there is insufficient evidence to support such causation. Inflammation may be involved. The illness is reported to occur more frequently in persons between the ages of 40 and This has led some to believe that stress-related visceral responses underlie CFS. It is unclear, however, whether this is due to those with more severe symptoms being labelled with ME, or if there is an adverse effect to being labelled with ME. However, it is unknown if this relationship is causative. However, these results were limited by inconsistency. CFS patients have an abnormal response to exercise, including increased production of complement products, increased oxidative stress combined with decreased antioxidant response, and increased Interleukin 10 , and TLR4 , some of which correlates with symptom severity. In people with CFS, it appears this increase is significantly less, but methods of measuring cortisol levels vary, so this is not certain. Clinical descriptions of chronic fatigue syndrome Notable definitions include: The definition by the Institute of Medicine now the National Academy of Sciences is not a definition of exclusion differential diagnosis is still required. Hypothyroidism , anemia , [88] coeliac disease that can occur without gastrointestinal symptoms , [89] diabetes and certain psychiatric disorders are a few of the diseases that must be ruled out if the patient presents with appropriate symptoms. The presence of allodynia abnormal pain responses to mild stimulation and of extensive tender points in specific locations differentiates FM from CFS, although the two diseases often co-occur. Chronic fatigue syndrome treatment There is no certain pharmacological treatment or cure for CFS [3] although various drugs have been or are being investigated. The report concluded that although counseling and graded exercise therapy GET have shown some benefits, these interventions have not been studied fully enough to recommend them for all persons affected. The report expressed concern that GET appears to be associated with worsening symptoms in some. Treatment strategies for sleep problems, pain, depression, stress, and anxiety dizziness and lightheadedness Orthostatic Intolerance , and memory and concentration problems are enumerated. Other useful topics mentioned that patients and doctors might discuss include; carefully monitoring and managing activity to avoid worsening of symptoms, counseling to cope with the impact the illness may have on quality of life, proper nutrition and nutritional supplements that may support better health, complementary therapies that might help increase energy or decrease pain. The NICE guideline covers illness management aspects of diet, sleep and sleep disorders, rest, relaxation, and pacing. Referral to specialist care for cognitive behavioural therapy, graded exercise therapy and activity management programmes are recommended to be offered as a choice to patients with mild or moderate CFS. Centers for Disease Control and Prevention stated that speaking with a therapist may help. Further concern was expressed that reporting of negative effects experienced by patients receiving counseling and behavior therapies had been poor. The authors concluded that, as this finding is contrary to the cognitive behavioural model of CFS, patients receiving CBT were adapting to the illness rather than recovering from it. Centers for Disease Control and Prevention recommended light exercises and stretching but not in the four hours before bed to help with sleep. The report also noted that a focus on exercise programs had discouraged patient participation in other types of physical activity, due to concerns of precipitating increased symptoms. If studies based on the Oxford criteria were excluded, there would be insufficient evidence of the effectiveness of GET on any outcome.

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Based on the findings of this survey, in the MEA concluded that GET in its current delivered form should not be recommended as a primary intervention for persons with CFS. There are two forms: Thus the principle behind pacing for CFS is to avoid over-exertion and an exacerbation of symptoms. It is not aimed at treating the illness as a whole. Those whose illness appears stable may gradually increase activity and exercise levels, but, according to the principle of pacing, must rest if it becomes clear that they have exceeded their limits. Although elimination diets are not generally recommended, many people experience relief of CFS symptoms with these diets, including gastrointestinal complaints. To avoid the risk of malnutrition, they should be supervised by a dietitian. Antiviral and immunological therapies have provided some benefit, but are limited by their side effects.

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Chapter 4 : Chronic fatigue syndrome - Symptoms and causes - Mayo Clinic

The experience was just one of the many reasons Vastag has joined a chorus of chronic-fatigue patients who are, gradually and mostly through the Internet, joining forces to draw attention to their.

Print Brian Vastag was enjoying a life that many people would envy. At age 41, he had achieved professional success as an award-winning health and science reporter for the Washington Post, covering important stories from around the world. That came to an end in July , when he found himself afflicted by a mysterious and poorly understood illness that ended up sweeping away almost every vestige of his vigorous and productive life. To add insult to injury, he also had to endure a four-year battle with his insurance company to cover his disability claim for the condition he eventually learned was chronic fatigue syndrome. Like many Americans who experience serious health setbacks, Vastag thought he could rely for help on the disability policy he got through his employer. He visited specialists, who ran test after test. They found numerous abnormalities, but none could offer him a satisfactory diagnosis, much less an effective cure. Even moderate physical activity would leave him incapacitated for days. Why did it take the CDC so long to reverse course on debunked treatments for chronic fatigue syndrome? With no alternative, Vastag retained two attorneys who specialize in disability issues — Barbara Comerford and Sara Kaplan-Khodorovsky — and sued Prudential. The lawsuit challenged the denial of benefits under the Employee Retirement Income Security Act of , a federal law that sets minimum standards for most voluntarily established pension and health plans in private industry. Sign up for our First Opinion newsletter Please enter a valid email address. Most troubling, Prudential revealed that it had attempted surveillance of Vastag but had not managed to observe him in person. Surveillance can be a valid way of exposing false claims in disability or personal injury cases. Courtesy Beth Mazur U. Because disability cases are decided on their unique facts, this decision does not set a legal precedent, and there is no assurance that other judges will reach similar conclusions in future cases. For decades, the medical establishment largely dismissed it as a psychological disorder and attributed the symptoms to deconditioning. But attitudes have shifted in recent years. According to a report from the Institute of Medicine now the National Academy of Medicine , it is an organic illness, often triggered by a viral infection, that involves immunological and neurological dysfunctions. People with it experience paralyzing exhaustion, muscle pain, unrefreshing sleep, cognitive problems, and other symptoms. Many are homebound, even bedbound. The cardinal sign is suffering severe relapses after even minimal amounts of activity — a symptom called post-exertional malaise. In the last few years, the National Institutes of Health has increased funding for biomedical research into the illness. He has been living with chronic fatigue syndrome since

Chapter 5 : Medicine is rethinking chronic fatigue syndrome. So should insurers

Chronic fatigue syndrome (CFS), also referred to as myalgic encephalomyelitis (ME), is a medical condition characterized by long-term fatigue and other long-term symptoms that limit a person's ability to carry out ordinary daily activities.

Because the symptoms of chronic fatigue syndrome can mimic so many other health problems, you may need patience while waiting for a diagnosis. Your doctor must rule out a number of other illnesses before diagnosing chronic fatigue syndrome. Chronic fatigue can be caused by sleep disorders. A sleep study can determine if your rest is being disturbed by disorders such as obstructive sleep apnea, restless legs syndrome or insomnia. Fatigue is a common symptom in several medical conditions, such as anemia, diabetes and underactive thyroid hypothyroidism. Lab tests can check your blood for evidence of some of the top suspects. Heart and lung impairments. Problems with your heart or lungs can make you feel more fatigued. An exercise stress test can assess your heart and lung function. Fatigue is also a symptom of a variety of mental health problems, such as depression, anxiety, bipolar disorder and schizophrenia. A counselor can help determine if one of these problems is causing your fatigue. Treatment There is no cure for chronic fatigue syndrome. Treatment focuses on symptom relief. Medications Many people who have chronic fatigue syndrome are also depressed. Treating your depression can make it easier for you to cope with the problems associated with chronic fatigue syndrome. Low doses of some antidepressants also can help improve sleep and relieve pain. Therapy The most effective treatment for chronic fatigue syndrome appears to be a two-pronged approach that combines cognitive training with a gentle exercise program. Talking with a counselor can help you figure out options to work around some of the limitations that chronic fatigue syndrome imposes on you. Feeling more in control of your life can improve your outlook dramatically. A physical therapist can help determine what exercises are best for you. Inactive people often begin with range-of-motion and stretching exercises for just a few minutes a day. Request an Appointment at Mayo Clinic Alternative medicine Many alternative therapies have been promoted for chronic fatigue syndrome. Coping and support The experience of chronic fatigue syndrome varies from person to person. Emotional support and counseling may help you and your loved ones deal with the uncertainties and restrictions of this disorder. You may find it therapeutic to join a support group and meet other people with chronic fatigue syndrome. It can be difficult to absorb all the information provided during an appointment, so you might want to arrange for a friend or family member to accompany you. What you can do Before your appointment, you may want to write a list that includes: Your signs and symptoms. While fatigue may be affecting you most, other symptoms – such as memory problems or headache – also are important to share with your doctor. Recent changes or major stressors in your life can play a very real role in your physical well-being. Questions to ask your doctor. Creating your list of questions in advance can help you make the most of your time with your doctor. For chronic fatigue syndrome, some basic questions to ask your doctor include: What are the possible causes of my symptoms or condition? What tests do you recommend? On what basis would you make a diagnosis of chronic fatigue syndrome? Are there any treatments or lifestyle changes that could help my symptoms now? Do you have any printed materials I can take with me? What websites do you recommend? Do you recommend that I also see a mental health provider? What to expect from your doctor Your doctor is likely to ask you a number of questions, such as: What are your symptoms and when did they begin? Does anything make your symptoms better or worse? Do you have problems with memory or concentration? Are you having trouble sleeping? How often do you feel depressed or anxious? How much do your symptoms limit your ability to function? For example, have you ever had to miss school or work because of your symptoms? What treatments have you tried so far for this condition? How have they worked?

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Chapter 6 : Chronic fatigue syndrome - Wikipedia

Chronic fatigue syndrome (also called CFS) is a disorder without a known cause, although CFS may be related to a previous infection. CFS is a state of chronic fatigue that exists without other explanation for six months or more and is accompanied by cognitive difficulties (problems with short-term memory or concentration).

Many of the symptoms experienced with CFS are similar to symptoms of severe obesity , depression , or sleep disorders. The side effects of certain drugs, such as antihistamines and alcohol , can mimic CFS as well. How is CFS treated? Each person has different symptoms and may therefore benefit from different types of treatment, aimed at managing the disease and relieving their symptoms. Treating the symptoms includes working with families and healthcare providers to make a plan and discuss the possible benefits and harms of the therapies. Addressing post-exertional malaise PEM symptoms PEM occurs when after even minor physical, mental, or emotional exertion, symptoms become worse. Worsening symptoms usually occur 12 to 48 hours after the activity and last for days or even weeks. Home remedies and lifestyle changes Making some changes to your lifestyle can help reduce your symptoms. Limiting or eliminating your caffeine intake will help you sleep better and ease your insomnia. You should limit your nicotine and alcohol intake, too. Create a sleep routine: You should go to bed at the same time every night and aim to wake up around the same time every day. Medications Typically, no one medication can treat all of your symptoms. Also, your symptoms may change over time, so your medications may have to, too. In many cases, CFS can trigger or be a part of depression, and you may need an antidepressant for it. Pain-reducing medication can also help you cope with aches and joint pain caused by CFS. Alternative medicine Acupuncture , tai chi, yoga , and massage may help relieve the pain associated with CFS. Always talk to your doctor before beginning any alternative or complementary treatments. What can be expected in the long term? Despite increased research efforts, CFS remains a poorly understood condition with no cure. Managing CFS can therefore be challenging. As a result, you may experience depression, anxiety , or social isolation, so some people find that joining a support group can be helpful. Many people benefit from working with a team of healthcare providers, including doctors, therapists, and rehabilitation specialists.

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Chapter 7 : Chronic fatigue syndrome (CFS) - Better Health Channel

Chronic Fatigue Syndrome/Myalgic Encephalomyelitis The Feelings I Experience With Invisible Illness The feeling of separation that comes from not being able to be out in the world in the way you would love to.

The cause of chronic fatigue syndrome is unknown, although there are many theories ranging from viral infections to psychological stress. Some experts believe chronic fatigue syndrome might be triggered by a combination of factors. You may need a variety of medical tests to rule out other health problems that have similar symptoms. Treatment for chronic fatigue syndrome focuses on symptom relief. Symptoms Signs and symptoms may include: Fatigue Loss of memory or concentration Sore throat Enlarged lymph nodes in your neck or armpits Unexplained muscle or joint pain Headaches Extreme exhaustion lasting more than 24 hours after physical or mental exercise When to see a doctor Fatigue can be a symptom of many illnesses, such as infections or psychological disorders. In general, see your doctor if you have persistent or excessive fatigue. Request an Appointment at Mayo Clinic Causes People who have chronic fatigue syndrome appear to be hypersensitive to even normal amounts of exercise and activity. Why this occurs in some people and not others is still unknown. Some people may be born with a predisposition for the disorder, which is then triggered by a combination of factors. Because some people develop chronic fatigue syndrome after having a viral infection, researchers question whether some viruses might trigger the disorder. Suspicious viruses include Epstein-Barr virus, human herpes virus 6 and mouse leukemia viruses. No conclusive link has yet been found. People who have chronic fatigue syndrome also sometimes experience abnormal blood levels of hormones produced in the hypothalamus, pituitary glands or adrenal glands. But the significance of these abnormalities is still unknown. Risk factors Factors that may increase your risk of chronic fatigue syndrome include: Chronic fatigue syndrome can occur at any age, but it most commonly affects people in their 40s and 50s. Women are diagnosed with chronic fatigue syndrome much more often than men, but it may be that women are simply more likely to report their symptoms to a doctor. Difficulty managing stress may contribute to the development of chronic fatigue syndrome. Complications Possible complications of chronic fatigue syndrome include:

Chapter 8 : Chronic Fatigue Syndrome: Myths, Facts, and Treatment

The Basics Description. Chronic fatigue syndrome (CFS) is a devastating and complex disorder. People with CFS have overwhelming fatigue and a host of other symptoms that are not improved by bed rest and that can worsen after physical activity or mental exertion.

Problems with memory and concentration Chills and night sweats Digestive symptoms, like irritable bowel syndrome The symptoms of chronic fatigue syndrome may look like other medical conditions. How is chronic fatigue syndrome diagnosed? The syndrome is diagnosed based on several criteria: The intensity of the fatigue and lack of energy leads to a big decrease in function. The symptoms and decreased function continue for at least 6 months. Post-exertional malaise and unrefreshing sleep. The symptoms get worse after physical or mental activity and do not get better with bed rest. Memory or concentration is impaired brain fog or gets worse when sitting or standing. How is chronic fatigue syndrome treated? A specific treatment for chronic fatigue syndrome has yet to be proven effective. Many treatments just relieve the symptoms of the syndrome and should be discussed with your healthcare provider. Your overall health and medical history Extent of the condition Your tolerance for specific medicines, procedures, or therapies Expectations for the course of the condition Your opinion or preference Treatment may include: Dealing with the severe fatigue can be very challenging. It is important that you work with your healthcare team to find treatments that help you. Some people find counseling or support groups helpful. When should I call my healthcare provider? If your symptoms get worse or you have new symptoms, let your healthcare provider know. Key points about chronic fatigue syndrome Chronic fatigue syndrome is characterized by profound tiredness and lack of energy. Symptoms get worse with physical or mental activity. In addition to severe fatigue, symptoms include inability to sit or stand, headache, muscle and joint pain, difficulty concentrating, tender lymph glands, chills, and night sweats. Treatment should be discussed with your healthcare provider and may include medicines, carefully controlled physical activity, supplements, and counseling. Next steps Tips to help you get the most from a visit to your healthcare provider: Know the reason for your visit and what you want to happen. Before your visit, write down questions you want answered. Bring someone with you to help you ask questions and remember what your healthcare provider tells you. At the visit, write down the name of a new diagnosis, and any new medicines, treatments, or tests. Also write down any new instructions your healthcare provider gives you. Know why a new medicine or treatment is prescribed, and how it will help you. Also know what the side effects are. Ask if your condition can be treated in other ways. Know why a test or procedure is recommended and what the results could mean. Know what to expect if you do not take the medicine or have the test or procedure. If you have a follow-up appointment, write down the date, time, and purpose for that visit. Know how you can contact your healthcare provider if you have questions. Disclaimer Use of the copyright symbol on this website does not limit or abridge the rights of Veterans, the general public, or the Government from non-commercial access to, and use of, the information displayed on this website.

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Chapter 9 : Chronic fatigue syndrome - Diagnosis and treatment - Mayo Clinic

Abstract. In order to examine the prevalence of patients with symptoms fulfilling the criteria for the chronic fatigue syndrome an extensive survey was carried out of general practitioners on 10 local government lists in two health boards (91% response rate).

By Eric Ries September Chronic fatigue syndrome CFS has come a long way since the s, when it was widely dismissed as "yuppie flu" and was suspected by many health care providers of being a psychological rather than a physiological condition. A note on terminology: CFS goes by at least 3 names, per the sidebar below this article. Nicole Rabanal, PT, was among the skeptics. When her fifth neurologist at last hit the nail on the head "CFS is a diagnosis of exclusion for which there is no test" he told her, "Stop doctor-shopping, get off your own back, and wrap your head around this. Today, her life is "all about pacing and management. I go back to work for another 2-hour shift. I return home to again lie down with ice and oxygen. I get up and have dinner with my family, and am in bed no later than 8 pm. On Sunday, I might get out and do something with my kids for an hour. I have significant sensitivity to light and sound, which greatly limits the surroundings in which I place myself. This of course is what PTs do every day with patients, in one form or another" we listen closely and apply our knowledge to their presentation and what we learn from them. I co-treat with other therapists in my clinic to perform manual techniques that I no longer can do because of my limited strength. During my work periods, I use a Fitbit to monitor my heartrate and its silent timer to remind me when take my medications. They are likelier to be noncompliant, disinclined to follow up with care, and present as a returning patient whose condition never seems to improve. It begins with listening and a thorough patient interview and extends through education, individualized goal-setting, pacing, movement and strengthening exercises, manual therapy, and appropriate referral. This also is hazy. He also long has been active with the Workwell Foundation "a Ripon, California, based nonprofit that researches functional aspects of the disease and conducts cardiovascular and pulmonary exercise testing to determine and document postexertional malaise and symptom exacerbation after physical activity. That individual, then, may be referred with a diagnosis of deconditioning. One of the stated aims of an analysis that Davenport and his Workwell colleagues published in Physical Therapy in was to discuss aerobic system deficits that may lead to the clinical presentation of CFS. We just know that the aerobic system is not as effective in these individuals. The first step is to teach patients about activity pacing that will keep them within the limits of their symptoms. So, we advocate for people to look at the peaks and valleys of their daily activities and saw off the peaks" using that energy to help fill in the valleys. It caused an uproar in the scientific community over its methodology and conclusions, and was famously eviscerated on the Virology Blog,⁷ a popular online resource for dissemination of knowledge about viruses and viral disease. But it all starts with the patient interview," Louw says. You almost need to be part psychologist, to ensure that they get the most out of their treatment sessions. They therefore are reluctant to recount memorable "success stories" without asterisks" even while acknowledging the significance of relative improvements. That made a big difference in her life. We created a plan of care to conserve energy and restore mobility. We incorporated all of the manual therapy and exercise components necessary to manage the low back pain, but we did it within the context of chronic fatigue" with an eye to functional activity. She told me her life was too busy to do that. Podolak has been seeing a patient with CFS for the past 2 years who, at the outset, could walk only 50 feet" "if that. The next goal will be enabling him to make short drives downtown and decrease his isolation, Podolak says. Socialization should help combat his depression issues, she notes, adding, "Depression is a common comorbidity in this patient population of which PTs should be aware. Their research, Louw says, "is very therapy-specific. I encourage PTs to look up their papers. Nicole Rabanal, meanwhile, follows developments in CFS research with all the intensity that her disease will allow. She is encouraged by what she sees. Biomarkers are being identified in Australia. National Academies Press; Centers for Disease Control and Prevention. Chronic Fatigue Syndrome General

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Information. Accessed June 9, American Physical Therapy Association. Chronic Fatigue Syndrome Causes. Comparison of adaptive pacing therapy, cognitive behaviour therapy, graded exercise therapy, and specialist medical care for chronic fatigue syndrome PACE: People with CFS have overwhelming fatigue and a host of other symptoms that are not improved by bed rest and that can worsen after physical activity or mental exertion. They often function at a substantially lower level of activity than they were capable of before they became ill. Besides severe fatigue, other symptoms include muscle pain, impaired memory or mental concentration, insomnia, and postexertion malaise lasting more than 24 hours. In some cases, CFS can persist for years. Moreover, because many illnesses have fatigue as a symptom, doctors need to take care to rule out other conditions, which may be treatable. CFS affects women more often than men. The average age at onset is 33, but it has been reported in patients younger than 10 and older than 60. Diagnostic Criteria Diagnosis requires that the patient have 1 of the following 3 symptoms: It often is seen as a diagnosis of exclusion, which also can lead to delays in diagnosis, or to misdiagnosis of a psychological problem. Once diagnosed, patients frequently complain that their health care providers do not know how to deliver appropriate care for their condition and often subject them to treatment strategies that exacerbate their symptoms. The words "systemic exertion intolerance disease" do not exactly roll off the tongue, agrees Nicole Rabanal, PT. Rabanal, who owns Kinetic Energy Physical Therapy in Steamboat Springs, Colorado, was diagnosed in late 2003 with CFS, an illness that has greatly circumscribed her personal and professional life. Did they ever figure it out? Just lie down and rest. What can I do for you? How can I help you? Sometimes a simple lack of pejorative association makes all the difference. Education is the only way to do that. He has worked clinically with people with chronic pain for 25 years and is president of the International Spine and Pain Institute. He titled it "Treat the Patient, Not the Label. Goodbye chronic fatigue syndrome, hello SEID. Accessed June 19,