

Psychologist calls for a better definition of chronic fatigue

Continued from page 6

People with chronic fatigue syndrome (CFS) may appear fine when you first meet them, but don't be fooled, said psychologist Leonard Jason, PhD, a prominent CFS researcher from DePaul University who spoke at an APA Annual Convention session on defining the disorder. "In reality, CFS patients' quality of life is extremely low because they suffer from debilitating fatigue," said Jason.

A hazy definition of chronic fatigue is causing health practitioners to overlook the disorder, misdiagnose it and confuse it with other conditions, Jason said. He believes psychologists can help solve the problem by pinpointing the disorder's symptomatology.

The syndrome's most salient symptom is new or definite onset of fatigue that persists for at least six months, said Jason. Other symptoms include a marked cutback in social and work-related activities, muscle and joint pain, prolonged fatigue and discomfort after exercise, chills and fever, problems concentrating and unrefreshing sleep, according to the current U.S. definition of the disorder, officially adopted by the Centers for Disease Control and Prevention (CDC) in 1994 (see chart below).

Patients are diagnosed with CFS if they have four of the posted CDC symptoms. However, a better, clearer definition is needed because the one

health providers use today is too confusing, Jason said. "We need to know exactly what a substantial reduction in activity is and what a new and definite onset of fatigue is," said Jason. "If you first noticed the fatigue at age 25, does that exclude you from being a CFS patient at age 40?"

Too often, people with CFS are mistakenly diagnosed with a different disorder or else people with other psychological problems are mistakenly diagnosed with CFS, said Jason. People leading high-stress lifestyles or undergoing major life transitions are particularly prone to a mistaken CFS diagnosis, said psychologist Fred Friedburg, PhD, of the State University of New York-Stony Brook.

And because at least five CFS symptoms overlap with symptoms of melancholic depression, health practitioners often confuse the two. But patients with chronic fatigue generally are not also clinically depressed, he and Jason asserted.

Psychologists must also improve treatment approaches for CFS—understanding and tackling the interaction between mind and body that may cause it. "CFS is more than just a mind condition," said Jason. "Just like other diseases, it's a combination of various psychological and biological factors." Jason believes that stress and psychological duress trigger the disorder in people who are genetically predisposed to it. Illnesses, such as flu and mononucleosis, can also provoke its onset, he said.

The prevalence of the disorder is unclear, Jason says. Occurrence of CFS in the general population varies. For instance, a 1991 CDC survey of physicians found that 15,000 people in the United States have CFS, while a 1991 survey by Jason and several colleagues concluded that 400,000 U.S. citizens—about 0.2 percent of the population—have the disorder.

Confusing matters further is a claim by British researchers that a considerably larger portion—about 2 percent—of Britain's population has CFS.

To clear up the confusion about prevalence, Jason and colleagues have secured a \$2.5 million grant from the National Institute of Allergies and Infectious Diseases for a four-year CFS study. They are surveying 26 thousand people in Chicago to pinpoint how many of them have the condition and what their symptoms are.

"We want to prove that this is not just a yuppie flu affecting white women in 30s and 40s," said Jason. "We think it affects all ages and ethnic groups."



Leonard Jason, PhD (above), believes psychologists must better pinpoint the symptoms of chronic fatigue's syndrome.

"People with CFS can make you a list of all the things they want to do tomorrow, but a person with depression cannot," Jason said. Also, CFS patients tend to suffer from exercise intolerance—they find exercising particularly difficult and tiring—whereas exercise usually makes depressed people feel better. CFS patients are also less likely to suffer from eating disturbances than depressed patients, said Jason.

Confusion about the disorders results from some similarities between the two: Both depressed and CFS sufferers tend to stay at home and lose their friends and their jobs, for example. They are also likely to have

been victimized as children and to feel defeated in life.

Current definition of chronic fatigue syndrome

(adopted by the CDC in 1994):

- Unexplained persistent or relapsing fatigue;
- New or definite onset;
- Not the result of ongoing exertion;
- Not substantially alleviated by rest;
- Results in substantial reduction in previous levels of activities;
- Impairment in short-term memory or concentration;
- Sore throat;
- Tender lymph nodes;
- Muscle pain;
- Multi-joint pain;
- Headaches of a new type or pattern;
- Unrefreshing sleep; and
- Postexertional malaise.

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Psychologists must also improve treatment approaches for CFS—understanding and tackling the interaction between mind and body that may cause it. "CFS is more than just a mind condition," said Jason. "Just like other diseases, it's a combination of various psychological and biological factors." Jason believes that stress and psychological distress trigger the disorder in people who are genetically predisposed to it. Illnesses, such as flu and mononucleosis, can also provoke its onset, he said.

The prevalence of the disorder is unclear, Jason says. Occurrence of CFS in the general population varies. For instance, a 1991 CDC survey of physicians found that 15,000 people in the United States have CFS, while a 1991 survey by Jason and several colleagues concluded that 400,000 U.S. citizens—about 0.2 percent of the population—have the disorder.

Confusing matters further is a claim by British researchers that a considerably larger portion—about 2 percent—of Britain's population has CFS. To clear up the confusion about prevalence, Jason and colleagues have secured a \$2.5 million grant from the National Institute of Allergies and Infectious Diseases for a four-year CFS study. They are surveying 26 thousand people in Chicago to pinpoint how many of them have the condition and what their symptoms are.

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To better distinguish between the two conditions, Jason called for more sensitive, comprehensive research on the condition. Psychologists and other medical researchers should carefully consider the validity of tests they use to diagnose CFS and to understand its overlap with other disorders.

For example, a distinguishing characteristic of CFS patients is a profound loss of concentration in distracting situations. Thus, testing CFS patients for concentration problems is ineffective in quiet, laboratory settings, where cognitive testing is usually done, he said.

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