

# ▶ diseases and disorders

## ▶ Chronic fatigue syndrome

BY JULIE L. McDOWELL

Fresh out of law school, Jennie Spotila was enjoying life as a young litigation attorney working in Philadelphia. Every morning she was at the gym by 6 a.m., then to her desk by 7:30 a.m. to begin 10–12-hour workdays. But in October 1994, Jennie began experiencing flulike symptoms: sore throat, severe headaches, fever, body aches, and weakness, along with swollen lymph nodes. “It came on very, very suddenly and very, very hard and basically never went away,” she says. When it was obvious Jennie wasn’t recovering, her doctor sent her to an infectious disease specialist, who diagnosed her with chronic fatigue syndrome (CFS).

The Centers for Disease Control and Prevention (CDC) defines CFS as unexplained, but clinically evaluated, persistent or relapsing chronic fatigue that is of new or definite onset (meaning that it is not a lifelong condition). CFS is not the result of ongoing exertion, nor is it significantly alleviated by rest, and it results in a substantial reduction in previous levels of occupational, educational, social, or personal activities. To be diagnosed with CFS, the patient must have four of the following symptoms: a substantial degree of diminished short-term memory or concentration, sore throat, tender lymph nodes, muscle pain, multi-joint pain without swelling or redness, severe headaches, and an inability to sleep to the point of refreshment.

CFS affects approximately 800,000 patients in the United States, according to a study of an ethnically diverse sample of 28,673 adults in Chicago (*Arch. Intern. Med.* **1999**, *159*, 2129–2137; <http://archinte.ama-assn.org/issues/v159n18/abs/loi90161.html>). The disorder afflicts about three times as many women as men—a rate similar to that of many autoimmune diseases, such as lupus and multiple sclerosis.

Unfortunately, researchers have failed to pinpoint a cause of CFS, although current research focuses on infectious agents, possible immunologic dysfunctions, and nutritional deficiency. Past research linked CFS to the Epstein–Barr virus, a herpes-like virus that causes infectious mononucleosis, but according to the CDC, it’s now believed that the disorder is not caused exclusively by one infectious agent. Current research continues to investigate possible viral causes, including human herpesvirus 6 (HHV-6), other herpes viruses, enteroviruses, and retroviruses.

Additionally, cofactors such as genetic predisposition, stress, environment, gender, age, and prior illness appear to play an important role in the development and course of the syndrome.

Many medical observers have noted that CFS often seems to be “triggered” by a stressful event, but in all likelihood the condition was previously dormant. Some people appear to get CFS following a viral infection, a head injury, surgery, excessive use of antibiotics, or a traumatic event, yet it’s unlikely that these events could be a primary cause on their own.

Despite ongoing clinical research, there is currently no cure or specific treatment for CFS. Medical treatment is limited to allevi-



People with prolonged fatigue for at least one month

CFS  
Idiopathic chronic fatigue

Overlapping disorders, e.g., depression, fibromyalgia

ating the symptoms, usually with nonsteroidal anti-inflammatory drugs such as ibuprofen. Non-sedating antihistamines also may help to relieve any prominent allergic symptoms, such as runny nose. In addition to the numbing fatigue (for which there is no medication), Jennie’s primary symptom is pain, especially in various joints and muscle groups in her legs and back. After taking increasing amounts of ibuprofen over the years, Jennie went to a pain management specialist who prescribed medication for her muscle and joint pain, but it provides little, if any, relief.

Other common treatments for CFS include low-dose tricyclic agents to improve sleep and relieve mild pain, and antidepressants have been used to treat the inevitable depression of CFS sufferers. Treatments used to ward off symptoms have included experimental drugs such as Ampligen (a synthetic nucleic acid drug) and gamma globulin, as well as dietary supplements and herbal preparations like vitamins B-12, C, and A; borage seed oil; and bromelain.

Because of a lack of proven effective treatment for CFS, some health professionals advise maintaining good health by eating a balanced diet, getting adequate rest, and exercising regularly.

When Jennie was first diagnosed with CFS in 1995, her doctor told her recovery was different for everyone—it could take months or even years before she felt like herself again. “I had to realize this wasn’t going to be a brief episode in my life. There was a lot of grieving for the loss of everything I had planned and everything I was before I was sick.” ■

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