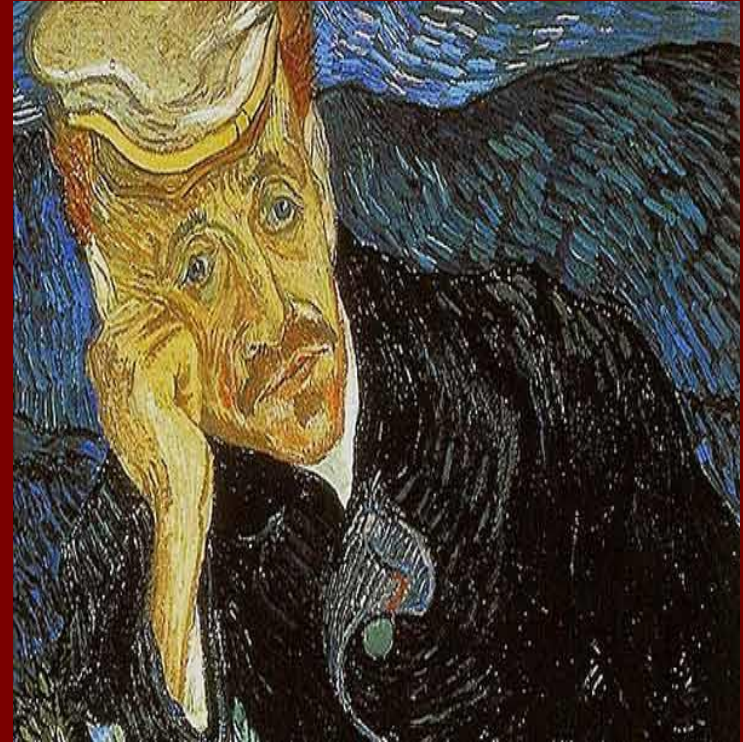


Back to Basics 2013 Fatigue

Leonard Bloom MD
Department of Family
Medicine



Rationale

- Fatigue is a common presenting complaint in Primary Care
- 20% of Family Medicine patients present with fatigue
- Specific Disease not identified 35-54% of the time.

LMCC Objectives

- 1. Given a patient with fatigue, perform a complete hx and P/E to establish the cause.
- 2. Select and interpret investigations, recognizing that tests may be of limited value. Lab values affect management in 5%.
- 3. Develop a plan of management

Fatigue Definition

- Lack of energy, mental exhaustion, poor muscle endurance, slow recovery tiredness, weariness; described as exhaustion
- Accompanied by a subjective sensation of weakness and a strong desire to sleep
- Differentiate from sleepiness

Fatigue

- Disturbs work performance, family life and social relationships.

Fatigue vs Sleepiness

- Sleepiness temporarily improved by activity but fatigue is intensified.
- Nap helps sleepiness.

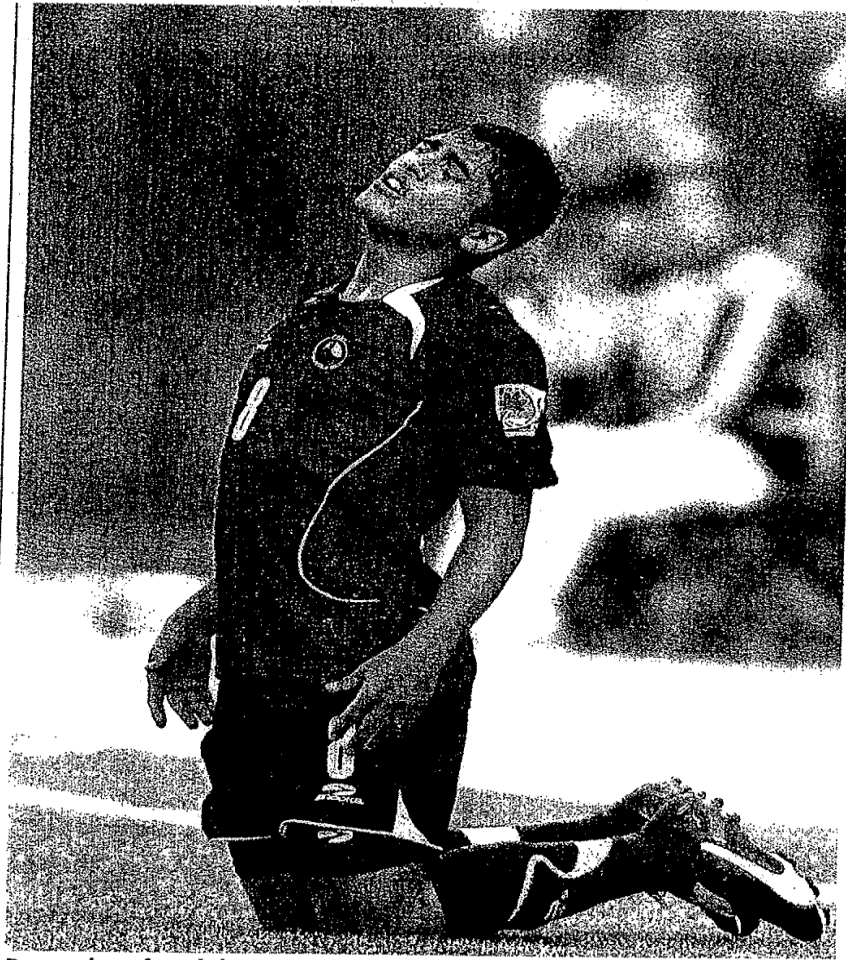
What conditions are associated with fatigue?

- (1) PHYSIOLOGIC

- (a) imbalance in routines of exercise, sleep and diet.

- (b) post intense training and post reduced training after injury

- (c) post mental exertion



Researchers found that mentally fatigued soccer players did fine on high-intensity sprints, but low-intensity activity was slowed. GETTY IMAGES

Iatrogenic/Pharmacologic Causes

- Hypnotics
- Anti-hypertensives
- Anti-depressants
- Anti-histamines
- “Recreational” Drugs: e.g. cannabis

Idiopathic Causes

- Idiopathic Chronic Fatigue
- Chronic Fatigue Syndrome
- Fibromyalgia

Chronic Fatigue Syndrome

- Major Criteria for Dx:
 - (1) Duration > 6 months
 - (2) Does not resolve with rest
 - (3) reduces daily activity to <50%
 - (4) Other conditions excluded

Chronic Fatigue Syndrome cont'd

Four of the following criteria necessary for diagnosis:

- (1) Impairment of short-term memory
- (2) sore throat
- (3) tender cervical/axillary nodes
- (4) muscle pain
- (5) joint pain

Chronic Fatigue Syndrome cont'd 2

(6) New headache

(7) Unrefreshing sleep

(8) Post-exertion fatigue lasting >24 hours

Other Diseases Associated With Fatigue

- Psychiatric
- Endocrine/ Metabolic
- Cardio-Pulmonary
- Infection
- Connective Tissue Disorders
- Sleep Disorders
- Neoplastic/Hematologic

Mnemonic

■ P S V I N D I C A T E

History

- Crucial to appropriate dx
- Open-ended questions to appreciate patient's understanding of illness
- Establishing therapeutic alliance which is essential to dx and rx.

History - 2

- What exactly is the patient's experience?
- What is the quality of sleep?
 - Is there difficulty with sleep?
 - Are there emotional or disease factors which interfere with sleep?
 - Is there snoring or apnea?

History - 3

DOES THE PATIENT FEEL RESTED IN AM
AND MORE TIRED AS DAY GOES ON; OR
IS THE MORNING THE WORST TIME?

History - 4

- Are there B symptoms: Fever, night sweats, weight loss, anorexia
- Are there symptoms related to specific organ symptoms?
- Remember the IMPORTANCE OF NOCTURNAL SYMPTOMS

History - 5

- Are there symptoms of DEPRESSION?

MSIGECAPS

- Are there ongoing stresses?

Physical Examination

- General Appearance
- Vital Signs (Blood pressure, heart rate and rhythm, ?pallour)
- ?Lymphadenopathy, ?hepatomegaly, ??splenomegaly (neoplasm lymphoma, mononucleosis)
- ?Rales (interstitial lung disease, CHF)

Physical Examination

- ?New cardiac murmur (endocarditis)
- ?Thyroid enlargement
((hypo/hyperthyroid)
- ?Edema (Hepatic, renal, cardiac, nutritional disorders)

Lab Investigations

- CBC
- ESR
- TSH
- PREGNANCY TEST
- SCREENING CHEMISTRY
- URINALYSIS
- OTHER TESTS ONLY WHEN INDICATED

Treatment of Fatigue

- Importance of Physician's Commitment:

Patients who believe that symptoms are related to modifiable factors (workload, financial issues, emotionally overburdened) more likely to improve than those who relate to organic factors e.g. virus.

Treatment of Fatigue

- Patients are actually seeking recognition and support rather than investigation.

Treatment of Fatigue

- Treat underlying Disease including sleep disorders
- Anti-depressants for depression
- Regular physical activity: walking and aerobics are the most beneficial interventions
- Short naps

Treatment of Fatigue - 2

- Caffeine, modafanil for sleep disorders; e.g related to shift work
- Sustaining inter-personal relationships, returning to work / time off work
- Yoga, group therapy, stress management decrease fatigue in patients with cancer
- Adequate sleep: ?amitriptyline ?trazodone

Treatment of Fatigue - 3

- Schedule regular visits to validate distress and not minimize it
- CBT might be useful in treating chronic fatigue.

51 yo woman with fatigue

- HPI: This is a 51 yo woman with a c/o severe fatigue, pain and swelling in her joints and muscles. Pain in the lateral thighs causes a giving way feeling. There is a concern about pain and swelling in her knees, legs, arms, feet and hands. Back and neck discomfort. Poor sleep.

Past History

- Carcinoma of the bowel with resection and no adjuvant Rx required.
- Hypothyroidism
- Perimenopausal

Medications

- Synthroid 0.125 mgs.

Social Hx

- Works in a school with children with behavioural problems and learning disabilities
- Very committed to job but emotionally draining.
- Stresses in personal family life

What is your approach?

- What questions do you wish to ask?
- What P/E would you do?
- What testing/imaging?
- What therapy is appropriate?

Fatigue – In Summary

- The history is critical.
- The diagnosis is often not obvious.
- A screening physical exam and basic lab work will compliment the history.
- Therapeutic relationship is essential to an accurate dx. and improvement

Questions?

