

## Chronic Fatigue Syndrome Fact Sheet

1. **What is Chronic Fatigue Syndrome (CFS)?** - Chronic fatigue syndrome is an illness characterized by profound, debilitating fatigue lasting at least six months that results in substantial reduction in occupational, personal, social or educational activities. The fatigue is not improved by rest, may be worsened by physical or mental activities, and is accompanied by characteristic symptoms. These symptoms include problems with memory and concentration, un-refreshing sleep, muscle and joint pain, headaches, tender lymph nodes in the neck or armpits, recurrent sore throat and an increase in fatigue and symptoms persisting longer than 24 hours following mental or physical exertion. The clinical course and symptom severity of CFS varies considerably. There is frequently a pattern of relapse and remission. The illness is marked by a dramatic decline in activity level and stamina. People with CFS perform at a significantly lower level of activity than they were capable of prior to the onset of the illness. As yet, there are no diagnostic tests or laboratory markers for CFS, and its cause is unknown.
2. **Why is CFS a public health concern?** - There are several reasons health professionals should be knowledgeable about CFS:
  - a. At least one million Americans have CFS.
  - b. Less than 20% of Americans with CFS have been diagnosed. The low rate of diagnosis supports a need for increased CFS awareness among individuals experiencing the symptoms of the illness and among health care providers.
  - c. CFS can be debilitating. By definition, all CFS patients are functionally impaired. While symptom severity varies from patient to patient, studies show that CFS can be as disabling as similar chronic conditions.
  - d. CFS has a severe economic impact. The annual economic impact of chronic fatigue syndrome in the United States is estimated to be \$9.1 billion in lost productivity, not including medical costs or disability payments. The average family affected by CFS loses \$20,000 a year in wages and earnings.
3. **Who is at risk for CFS?** - Researchers continue to explore possible causes, risk factors and triggering factors for CFS. Many questions remain, but there are some characteristics that may help identify patients who are most at risk for CFS. CFS occurs four times more frequently in women than in men, although people of both sexes can develop the disease. CFS occurs most often in people aged 40-59, but people of all ages can get CFS. CFS is less common in children than in adults. Studies suggest that CFS is more prevalent in adolescents than in children under the age of 12. CFS occurs in all ethnic groups and races. In the United States CFS is at least as common among African Americans and Hispanics as it is among Caucasians. People of all income levels can develop CFS, although there is evidence that it is

more common in lower-income than in affluent individuals. CFS is sometimes seen in members of the same family, but there is no evidence that it is contagious. Instead, there may be a familial predisposition or a genetic link.

4. **What are the obstacles to proper clinical care?** - Common barriers to diagnosing and treating CFS have been identified. The most common obstacles are:
  - a. Uncertainty about whether CFS is real. There is now abundant scientific evidence that CFS is a real physiological illness. It is not a form of depression. A number of biologic abnormalities have been identified in people with CFS, but how they individually or collectively contribute to the illness is still unclear.
  - b. Uncertainty about how to diagnose CFS. Although there is no laboratory test or marker to identify CFS, there is an international case definition for chronic fatigue syndrome that provides a reliable diagnosis. It is important to first exclude other known causes of chronic fatigue which require other forms of treatment.
  - c. Uncertainty or hesitancy about making a diagnosis that may contribute to the illness. Validating a patient's illness experience may have therapeutic value and reduce the cycle of frustration between patients and their health care team. There is also evidence to suggest that the longer a person is ill before a diagnosis, the more complicated the course of the illness appears to be, making early detection and treatment of CFS important.
  - d. Uncertainty about how to treat CFS. Although managing CFS can be challenging, there are a number of therapeutic strategies that health professionals can use to tailor a treatment program.
5. **What's the usual clinical course of CFS?** - CFS often follows a randomly cyclical course, alternating between periods of illness and relative well-being. The nature of the symptom complex often changes over time as well. The percentage of patients who recover is unknown. Some patients recover completely with time. Others improve to the point that they can resume work and other activities, but continue to experience periodic CFS symptoms. Some patients grow progressively worse. Studies have found that 40-60% of people with CFS report partial or total recovery, but more research on the long-term course of the illness is needed to validate these findings. There is some evidence to indicate that the sooner a patient is treated, the better the chance of improvement. This means delays in diagnosis and treatment could adversely affect therapeutic outcome.
6. **For more information about Chronic Fatigue Syndrome:**  
<http://www.cdc.gov/cfs/toolkit/index.html>

This fact sheet provides general information. Please contact your physician for specific clinical information.