



Topic Brief: Chronic Fatigue Admission Criteria

Date: 1/4/2023

Nomination Number: 1022

Purpose: This document summarizes the information addressing a nomination submitted on October 26, 2022, through the Effective Health Care Website. This information was used to inform the Evidence-based Practice Center (EPC) Program decisions about whether to produce an evidence report on the topic, and if so, what type of evidence report would be most suitable.

Issue: There is variability in diagnosis of myalgic encephalomyelitis (also known as chronic fatigue syndrome) since its symptoms can be similar to other conditions and there is no single diagnostic test.

Findings: The EPC Program will not develop a new evidence synthesis product because the nomination is not a request for an evidence synthesis product.

Background

Myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) is a serious, long-term illness that affects many body systems. People with ME/CFS may be confined to their beds and have severe fatigue and sleep problems. Patients may experience post-exertional malaise (PEM), in which the symptoms worsen with activities that the person may need or want to do. Other symptoms can include cognitive issues, pain, and dizziness.¹

An estimated 836,000 to 2.5 million Americans suffer from ME/CFS.¹ The annual direct total cost per ME/CFS patient has been estimated to be \$2,342 - \$8,675, with a total annual direct cost of ME/CFS to society being approximately \$2-\$7 billion.² The cause of the condition is unknown, but it is possible that it could have more than one cause and that two or more triggers might work together to cause the illness. There is no cure or approved treatment for ME/CFS. Some symptoms can be treated or managed, which provides relief for some, but not others.¹

Despite the large number of Americans suffering from ME/CFS, it is estimated that most of them have not been diagnosed.¹ While diagnostic criteria exist,³ diagnosis remains difficult due to the lack of diagnostic testing, and variability in the presentation and shared clinical symptoms with many conditions. Common differential diagnoses include Lyme disease and other tick-borne illnesses, psychiatric disorders, including depression, thyroid and adrenal gland dysfunction, various sleep disorders and other autoimmune diseases. Additionally, comorbid diseases such as mood disorders, irritable bowel syndrome, headaches, chronic pain, hypermobility and autonomic dysfunction are common.⁴ Some people with ME/CFS are able to work and have a job that is flexible and meets their needs. For those who are unable to work, disability benefits are available through the Social Security Administration, which updated the eligibility criteria in April 2014 to include ME/CFS.¹

The Social Security Act (the Act) allows small, rural hospitals to enter into a swing bed agreement, which allows hospitals to use its beds to provide either acute or skilled nursing facility (SNF) care. The SNF-level services of hospitals with swing beds are paid based on 101 percent of reasonable cost. To qualify for SNF-level services, a patient is required to receive acute care as a hospital inpatient covered under Medicare Part A for a medically necessary stay of at least 3 consecutive calendar days.¹ The nominator is concerned that individuals are not being diagnosed with ME/CFS and are not able to access short-term rehabilitation. They are also interested in identifying criteria so that those with ME/CFS can be admitted under the swing bed agreement.

Assessment Methods

We assessed nomination for priority for a systematic review or other AHRQ EHC report with a hierarchical process using established selection criteria. Assessment of each criteria determined the need to evaluate the next one.

1. Determine the *appropriateness* of the nominated topic for inclusion in the EHC program.
2. Establish the overall *importance* of a potential topic as representing a health or healthcare issue in the United States.
3. Determine the *desirability of new evidence review* by examining whether a new systematic review or other AHRQ product would be duplicative.
4. Assess the *potential impact* a new systematic review or other AHRQ product.
5. Assess whether the *current state of the evidence* allows for a systematic review or other AHRQ product (feasibility).
6. Determine the *potential value* of a new systematic review or other AHRQ product.

References

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Conflict of Interest: None of the investigators have any affiliations or financial involvement that conflicts with the material presented in this report.

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