Effective Health Care

Chronic Fatigue Syndrome
Nomination Summary Document

Results of Topic Selection Process & Next Steps

- The topic, *Chronic Fatigue Syndrome*, was found to be addressed by an AHRQ Evidence Report titled, *Diagnosis and Treatment of Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS)*. Given that the existing report covers this nomination, no further activity will be undertaken on this topic.

  - Smith MEB, Nelson HD, Haney E, Pappas M, Daeges M, Wasson N, McDonagh M. Diagnosis and Treatment of Myalgic Encephalomyelitis/Chronic Fatigue Syndrome. Evidence Report/Technology Assessment No. 219. (Prepared by the Pacific Northwest Evidence-based Practice Center under Contract No. 290-2012-00014-I.) AHRQ Publication No. 15-E001-EF. Rockville, MD: Agency for Healthcare Research and Quality; December 2014. www.effectivehealthcare.ahrq.gov/reports/final/cfm.

Topic Description

Nominator(s):   Individual

Nomination Summary: This topic was nominated by an individual who describes the specific experiences of family members who have been diagnosed with chronic fatigue syndrome (CFS). The nominator questions the etiology of CFS and expresses interest in research that will clarify the cause of the condition and lead to a cure.

Staff-Generated PICO
Population(s): Individuals with chronic fatigue syndrome (CFS)
Intervention(s): Psychotherapy, including support groups, counseling, or cognitive behavioral therapy (CBT); lifestyle management, including stress reduction techniques; exercise or physical therapy; complementary and alternative medicine (CAM) therapies
Comparator(s): Above interventions alone or in combination
Outcome(s): Elimination of condition; reduced fatigue and associated symptoms; increased levels of activity; improved quality of life; resumption of normal levels of functioning; development of coping mechanisms for fatigue and its limitations

Key Questions from Nominator: None. The search focused on the diagnosis and treatment of CFS.

Considerations

- The etiology of chronic fatigue syndrome (CFS) is unknown. CFS is defined by the Centers for Disease and Prevention (CDC) as unexplained, persistent, or relapsing fatigue of 6 months' duration that cannot be explained by other medical conditions and is not relieved by rest. The condition is characterized by impairments in concentration and short-term memory, sleep disturbances, and musculoskeletal pain. Additionally, individuals with CFS may describe post-exertion malaise lasting more than 24 hours, unrefreshing sleep, a sore throat that is frequent or recurring, tender lymph nodes in the neck or armpit, and headaches of a new type, pattern, or severity.

- There is no existing laboratory or other clinical test to diagnose CFS; the diagnosis is made by excluding other possible explanations for the symptoms. Prevalence estimates for CFS range from 0.006% to 3.0%, and the diagnosis is made more commonly in women compared to men.

- Current treatment for CFS targets symptoms associated with the condition. Typically, treatment of this condition includes some combination of psychological interventions (e.g., cognitive behavioral therapy and counseling), exercise and/or physical therapy, and patient education and self-management strategies. Some individuals with CFS may also use complementary and alternative medical approaches.

- The topic was found to be addressed by the AHRQ Evidence Report titled *Diagnosis and Treatment of Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS)*, which was published in December 2014. The following are the key questions from this report:

   Key Question 1. What methods are available to clinicians to diagnose ME/CFS, and what conditions are required to be ruled out or excluded before assigning a diagnosis of ME/CFS?

   (a) What are the accuracy and concordance of methods used to diagnose ME/CFS?
   (b) How does the use of these methods vary by patient subgroups?
   (c) What harms are associated with diagnosing ME/CFS?

   Key Question 2. What are the (a) benefits and (b) harms of therapeutic interventions for patients with ME/CFS and how do they vary by patient subgroups? (c) What are the characteristics of responders and non-responders to interventions?