EDITORIAL

Chronic Fatigue Syndrome in Army General Practice

A recent Editorial in the British Medical Journal (1) has cogently and succinctly stated what is currently known about Chronic Fatigue Syndrome (sometimes given the unhappy acronym 'ME', with its double implication of serious pathology in the nervous system 'Myalgic Encephalomyelitis' and of the suffering ego 'Me!' ). The diagnosis is simply established by a history of disabling fatigue for more than six months with no obvious physical disease to explain it (2). Many with this complaint have a recognisable psychiatric condition but in others there is no ready explanation. Some may have had an infection, usually viral, but the relevance of this is uncertain and the studies purporting to show an important pathogenetic role for chronic viral infection have been, so far, unconvincing (3).

No tests other than the history are needed to make the diagnosis; the definition of 'fatigue' is somewhat unsatisfactory and ambiguous but if taken to be the same as tiredness or lassitude it is one of the commonest presenting complaints in general practice (4).

Some doctors have established themselves as Chronic Fatigue Syndrome Specialists. There seems no reason however why most patients with this condition should not be treated entirely by their General Practitioners; no special training is needed to make the diagnosis and no investigations are required other than a full history and examination (and perhaps Full Blood Count, ESR, Urea and Electrolytes, Serum Calcium, Liver Function Tests, and TSH) to exclude other diseases.

Those sufferers who are clinically depressed or chronically anxious may require drug therapy or referral to a psychiatrist; in some cases the symptoms are clearly a response to an intolerable situation and appropriate advice must be given. Often the fatigue is entirely understandable, particularly in young women looking after several small children or those with demanding jobs and heavy domestic commitments. Some patients, fortunately a small minority, especially those who have made their own diagnosis and joined a 'self-help' group, seem to enjoy the status of 'ME Victims'; usually they have a devoted spouse who helps them to record their many symptoms. Those who have failed to respond to simpler measures as out-lined above might benefit from a course of supervised physical training. The Medical Rehabilitation Units in England and Germany could be used for those who did not respond or were unsuitable for unit training. It should be possible also to arrange suitable fitness programmes for civilian patients in Army Practices.
Army General Practitioners should be able to look after their patients with Chronic Fatigue Syndrome without the need to refer them to Service or other specialists and indeed may be better served with historically attested treatment facilities than their counterparts in civilian practice.

J H Johnston

REFERENCES

ACADEMIC ACHIEVEMENTS

FFOM
MD (Hong Kong) Colonel J R Brown, Late RAMC
MRCP (UK) Colonel I T Houghton, Late RAMC
MRCPI Major I M McCurdie, RAMC
FRCA Capt J H Miller, RAMC
MFPHM Captain P Connor, RAMC
FRCA Major C Barraclough, RAMC
MRCGP Captain P J Sadler, RAMC
MRCGP Colonel A H McG Macmillan, Late RAMC
Dip IMC RCS(Ed) Major M C M Bricknell, RAMC
FFP Colonel J T Clark RAMC
Major D J Corps, RAMC
Major H A Cross, RAMC
Major J M Driscoll, RAMC
Major R W H Hooper, RAMC
Captain A McP Nicol, RAMC
Major R C Owers, RAMC
Major J J H Tuck, RAMC
Dip IMC RCS(Ed) Capt J H Miller, RAMC
FFP Colonel R D George, Late RAMC
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J H Johnston

J R Army Med Corps 1994 140: 59-60
doi: 10.1136/jramc-140-02-01

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