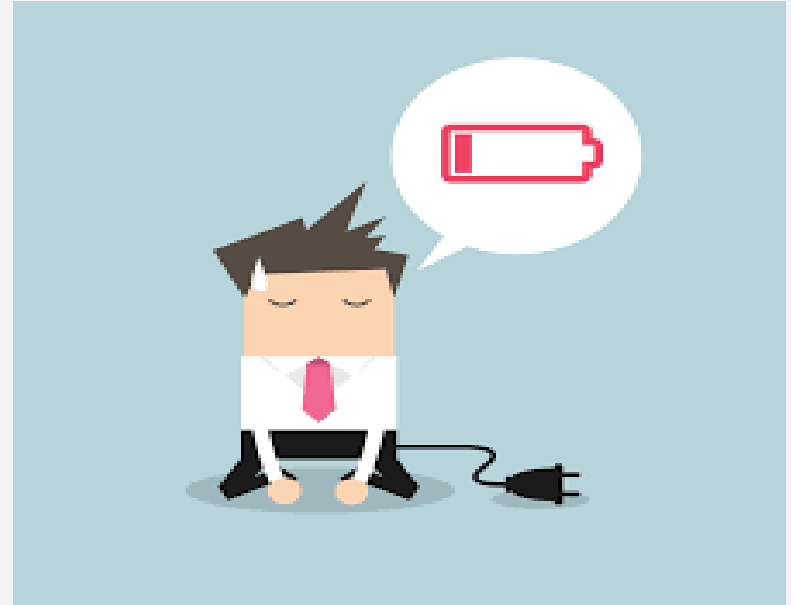


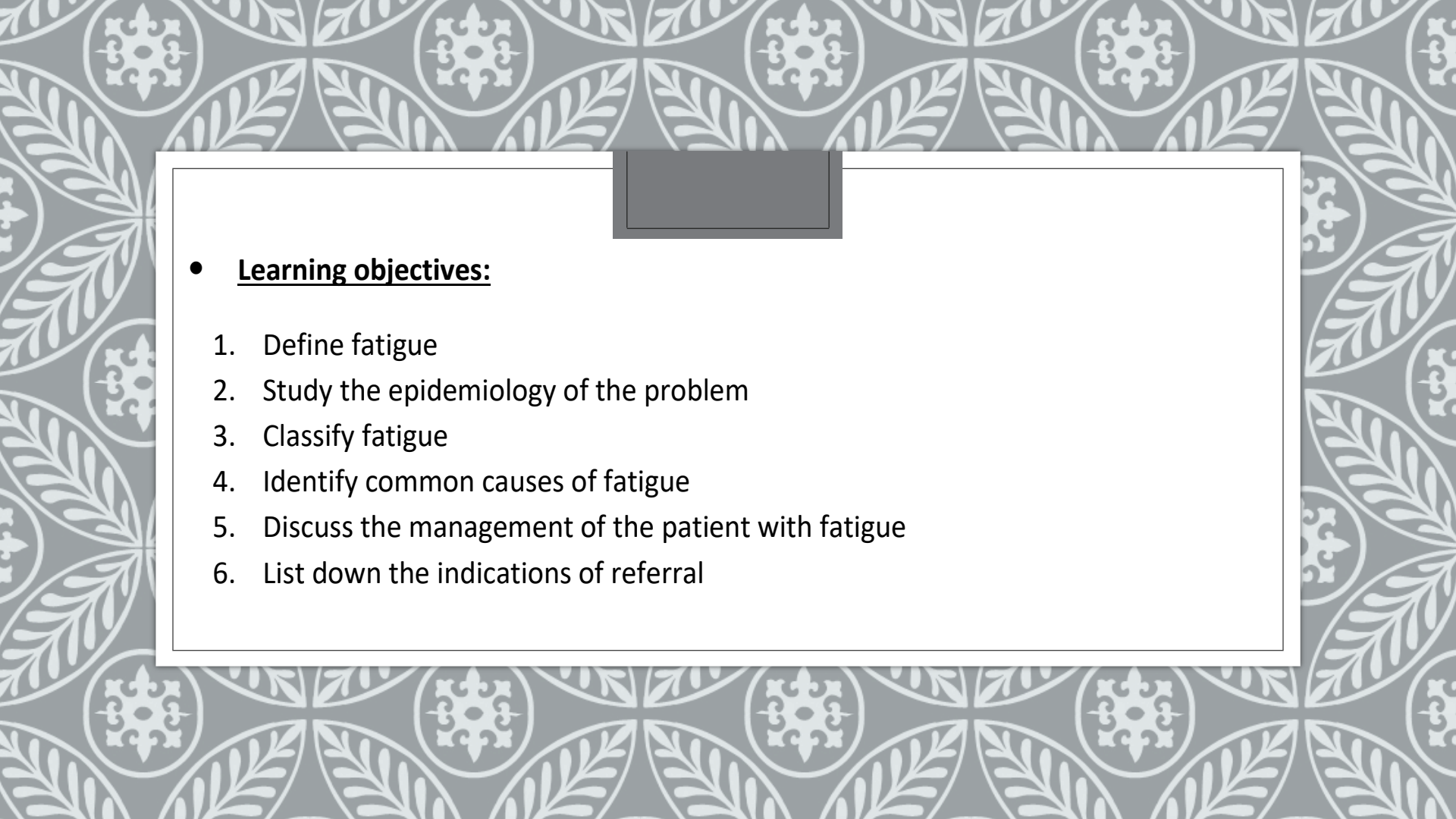


Family Medicine

Approach to Patient with Fatigue

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• **Learning objectives:**

1. Define fatigue
2. Study the epidemiology of the problem
3. Classify fatigue
4. Identify common causes of fatigue
5. Discuss the management of the patient with fatigue
6. List down the indications of referral

Definition

Fatigue is defined as a subjective state of lack of energy, exhaustion, or tiredness with a decreased capacity for physical or mental work, and persists despite sufficient rest.

Epidemiology

- One of the most common complaints in the general population.

- Fatigue is reported as symptom in over **20%** of all patient encounters.

- Fatigue is the chief complaint in nearly **10%** of patients presenting to a primary care physician

Epidemiology

- Women complain of fatigue approximately twice as often as men.
- A medical or psychiatric cause is identified in about two-thirds of cases of fatigue.
- The prognosis of idiopathic fatigue is surprisingly poor with half of patients still fatigued 6 months later.

CLASSIFICATION

Fatigue is classified as:

- acute fatigue.
- prolonged fatigue.
- chronic fatigue.
- chronic fatigue syndrome.

Acute fatigue

is short lived and generally attributable to physical exertion or an acute illness.



Prolonged fatigue

is defined as
persistent fatigue
lasting **1 month or
longer.**



Chronic fatigue

is defined as similar symptoms lasting **6 month or longer.**



Chronic fatigue syndrome

- Defined by the Center for Disease Control and Prevention (CDC) as **clinically evaluated, unexplained, persistent, or relapsing fatigue lasting 6 months or more with four or more of the following associated symptoms:**
- Impaired memory or concentration, sore throat, tender lymphadenopathy, muscle pain, polyarthralgia, new headache, un-refreshing sleep, or malaise after exertion.

Chronic fatigue syndrome



Chronic fatigue syndrome:

- The impairment in functioning and psychological distress is **more severe** in chronic fatigue syndrome than idiopathic chronic fatigue.
- The prognosis is **worse**.
- Chronic fatigue syndrome represents only **10%** of all cases of chronic fatigue.



Causes of Fatigue:

- ▶ Drug and alcohol abuse
- ▶ Sleep deprivation
- ▶ Overwork
- ▶ Sedentary lifestyle
- ▶ Inappropriate diet

- ▶ Anxiety
- ▶ Depression
- ▶ Post-traumatic stress disorder
- ▶ Sleep disorders



- ▶ Bereavement
- ▶ Occupational stress including bullying
- ▶ Unemployment

- ▶ Medicines
- ▶ Infection
- ▶ Anaemia
- ▶ Thyroid dysfunction
- ▶ Cardiac conditions
- ▶ Chronic disease
- ▶ Malignancy
- ▶ Snoring disorders



Common Causes of Fatigue:

DEAD TIRED

D depression

T thyroid,tumors

E environmental

I infection,insomnia

A anxiety,anemia

R rhyomatologic

D diabetis,endocrine

E endocarditis(cardiovascular)

D drugs (medications ,substance abuse)



Medications may cause fatigue:

- Antihistamines
- Benzodiazepines
- β Blockers
- Diuretics
- Glucocorticoids
- Narcotic medications
- Non steroidal anti-inflammatory drugs (NSAIDs)
- Selective serotonin reuptake inhibitors(SSRI)
- Hypnotics.
- Tricyclic antidepressants



Overtime

Sick

Tired

Dread

Health

No Time

Headache

Stress

Bills

Payments

No Sleep

Stress

Debt

Fear

Work

Worry

Job

Anxiety

Retirement

Savings

Anxiety

Overdue

Expectations

Insurance

Fear

Time Management

Late Nights

Late N

ear

Diagnosis:

1. History:



History:

- The clinical evaluation of fatigue is rooted in a thorough medical and psychosocial history.
- Allowing the patient to speak uninterrupted for the first several minutes in the interview often provides important clues.

Key aspects of history include :

- **Onset** and **nature** of the fatigue
- **Medical** and **psychiatric** histories
- **Family** and **social** histories
- **Medications** and substance use
- **Dietary** and **exercise** habits
- **Life events**, and family relationships.



2. Physical Examination

The physical examination, although ,it is often unrevealing, should include:

- **Thyroid** gland assessment.
- **Cardiopulmonary**.
- **Neurologic** Examination
- **lymphatic** system
- **Mental** status examination

- **Mental status examination** and **screening for depression** should be considered if warranted by presenting symptoms.



3. Laboratory investigations and imaging:

- Laboratory testing for the diagnosis of fatigue **does not often yield answers.**
- Studies show that only about **15%** of patients in primary care settings have an organic cause for their fatigue and that laboratory results rarely affect management.

3. Laboratory investigations and imaging:

Complete blood count,

Electrolytes,

Blood glucose,

Liver and kidney function tests,

Thyroid function tests

Urinalysis.

Erythrocyte sedimentation rate

Antinuclear antibody testing (ANA)

Chest radiography.

Differential Diagnosis

- Depression, environmental or lifestyle issues, anxiety and anemia are among the **most common causes** of fatigue.
- Diabetes and other endocrine disorders, including thyroid disease, should be considered as well as an undiscovered tumor.



Differential Diagnosis

- Many infections, especially those of viral origin, cause fatigue, as well as insomnia and sleep disorders such as obstructive sleep apnea.
- Rheumatologic disorders, such as rheumatoid arthritis, systemic lupus erythematosus, and fibromyalgia, are often accompanied by fatigue.



Differential Diagnosis

- Endocarditis and other cardiac conditions such as coronary artery disease.
- Finally, drugs, either prescribed drugs or of personal use or abuse, should be considered.





TREATMENT

- When an underlying cause can be identified, this should be treated.
- When no disease is identified, **a broader biopsychosocial strategy** is necessary.

Behavioral

- This begins with acknowledgement and reassurance, along with education about the common causes and natural course of fatigue.

Behavioral

Cognitive behavioral therapy:

Is a brief pragmatic psychotherapeutic approach that incorporates **graded increases in activity** with paying **attention** to the patient's **beliefs** and **concerns**.

**Graded exercise
therapy may also
be of benefit.**



Medications

- If there is evidence of **depression**, a trial of an antidepressant is appropriate.
- Randomized trials have shown cognitive behavioral therapy to be equally as effective as medication for **mild to moderate depression**.

Indications of referral:

- Children with chronic fatigue.
- Suspicion of severe psychiatric illness.
- Suspicion of occult malignancy.
- Evidence of significant sleep disorder

THANK YOU