

Chronic fatigue syndrome is real: What to do

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Up to around 10 years ago, chronic fatigue syndrome (CFS) was readily dismissed as a “wastebasket diagnosis,” meaning, it’s the diagnosis a doctor gives when he can’t identify any cause of the patient’s extreme fatigue, or feeling “low bat,” even with just minimal physical or mental exertion.



A middle-aged female patient was referred to me recently by a family physician to rule out heart failure—she felt fatigue easily. This is usually aggravated by stress and would last for a few days, then the patient would feel all right again until the next episode.

“Parang walang kalakas-lakas ang katawan ko (It’s like my whole body just feels so weak),” she told me. History and a physical examination didn’t suggest any risk factor that could point to heart failure. She was even athletic until she started experiencing her easy fatigability.

She was not the type prone to psychosomatic problems. She claimed to have a high tolerance for stress and physical exertion.

When all laboratory workups turned out unremarkable, I suggested to her attending physician that CFS be considered. She recalled having flulike symptoms a few weeks before she started experiencing extreme fatigability.

Real disease

Though many considered CFS as just a benign psychological problem or something caused by career burnout, doctors now realize it’s a real disease entity, which is much more complicated than previously believed.

The symptoms vary: fatigue that lasts several days even after rest; poor memory or concentration; headaches or dizziness, muscle or joint pains; and still feeling fatigued even after a long sleep.

Some may recall having a febrile condition preceding the onset of symptoms, with sore throat. On physical examination, the doctor may note enlarged lymph nodes in the neck area or armpits.

In scientific literatures, it’s now called systemic exertion intolerance disease (SEID) or myalgic encephalomyelitis (ME). Some label it as ME/CFS.

Health experts are now convinced that CFS is not a mere feigned excuse by malingerers. It can be as real as any medical problem. However, the jury is still out as to its real cause.

There are many theories and hypotheses, ranging from viral infection to immunologic or hormonal disorders, or a combination of factors.

Diagnosis by exclusion

To this date, it remains a diagnosis by exclusion. All other medical conditions, such as heart, lung, thyroid and other hormonal problems, are ruled out before considering CFS.

The treatment’s main goal is to relieve the symptoms and make the afflicted patients more functional.

When should one see a doctor if one has CFS symptoms?

If one experiences extreme exhaustion and other symptoms even after normal activities of daily living, or with one’s regular work, one should go for a checkup. People with chronic fatigue syndrome appear to be

hypersensitive to even normal amounts of exercise and activity.

I remember the late Sen. Miriam Defensor-Santiago disclosing to the public that she was diagnosed with CFS, causing her to miss sessions at the Senate from time to time. This was before she was diagnosed with stage 4 lung cancer.

It could be that her symptoms were already related to an early lung cancer, or her CFS was an entirely separate medical problem.

CFS may occur at any age, but may peak in middle age when one is in his/her 40s and 50s. Although reports suggest that there are more females affected than males, it may just be a distortion because women are relatively more health-conscious and are more likely to see their doctor for any unusual symptom. Stress and infections may also be risk factors that can trigger CFS.

Rehabilitation exercises

Because of their symptoms, CFS patients are frequently absent in their work; they withdraw from social engagements, and may feel depressed after some time.

A few could even have suicidal tendencies. So psychotherapy may be needed in some patients who develop CFS if there are already signs and symptoms of depression.

This is the reason I refer some patients I suspect to have CFS for rehabilitation exercises.

The patient is given a graded exercise program which may initially consist of simple range-of-motion and stretching exercises, gradually increasing in intensity depending on the patient's tolerance.

The exercises may help increase the body's secretion of endorphins which are "happy hormones," alleviating the depression.

I also prescribe vitamin C and B complex which are anti-stress vitamins; a big dose of coenzyme Q10 (Cardiozyme), which can help improve their muscular strength; meditation and breathing exercises, and a 30-minute dose of Mozart daily.