

GGC General Medicine – Chronic Fatigue Pathway

Patient Presentation:
Tiredness, fatigue or exhaustion lasting > 3 months

Predisposing factors for chronic fatigue with no obvious explanation:

- Female
- History of fatigue or depression

Precipitating factors:

- Acute physical stresses (e.g. Epstein Barr virus infection)
- Psychological stresses (e.g. bereavement)
- Social stresses (e.g. work problems)

Perpetuating factors:

- Physical inactivity
- Emotional disorders
- Ongoing psychological or social stresses
- Abnormalities of sleep

Exclusion Criteria:

Active, unresolved, or suspected medical disease or psychotic, melancholic, or bipolar depression (but not uncomplicated major depression), psychotic disorders, dementia, anorexia or bulimia nervosa, alcohol or other substance misuse, severe obesity

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- Distinguish between lack of energy from loss of motivation or sleepiness
- A recognised medical disease will be found to be the cause in < 10% of patients presenting with severe chronic fatigue
- Fatigue is a major symptom of many psychiatric disorders (depression, anxiety and panic, eating disorders, substance misuse disorders, somatisation disorder)
- For a substantial proportion of patients with fatigue, the symptom remains unexplained or idiopathic

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Medical history (including drug history) and examination of: (central nervous; endocrine; cardiovascular; respiratory and abdominal systems). **** Screening Tests****

- Full blood count, ESR/CRP, LFTs and U&E
- Thyroid function tests
- Creatine kinase
- Urine and blood tests for glucose
- Urine test for protein

All negative

Any positive

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Management for chronic fatigue:

- Empathise with patient
- Treat treatable medical & psychiatric conditions
- Help patient overcome perpetuating factors
- Educate
- Reduce distress
- Gradual increase in activity
- Address social and occupational problems
- Follow up

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Manage or refer as appropriate

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Referral criteria:

- Children with chronic fatigue
- Suspected occult disease
- Suspected endocrine disease
- Severe psychiatric illness
- Sleep disorders requiring specialist management
- Unresponsive to primary care management
- Unexplained weight loss

Secondary Care

Refer to relevant physician; Homeopathy physician or Psychiatrist as appropriate for specialist management

NHS24 Tel: 08454 24 24 24

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Patient

Primary Care

Secondary Care

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