

What Is Chronic Fatigue Syndrome?

Chronic fatigue syndrome (CFS) is an illness characterized by a combination of symptoms and signs that have lasted six months or longer. Characteristics of this syndrome include disabling fatigue, fever, sore throat, painful lymph nodes, muscle weakness, muscle pain, after-exercise fatigue, headaches, joint pain, sleep disturbance, and neuropsychological symptoms (such as forgetfulness, confusion, irritability, depression, and trouble concentrating). The strength of the illness can vary from severe to lesser symptoms.

What Causes CFS?

The cause of CFS is unknown. It is probably triggered by several factors, including infection, surgery, stress, and others. These factors may act individually or together to trigger CFS. However, no trigger or abnormality has been identified that is shared by everyone with CFS. Long after the triggering factors have occurred, the illness continues.

Chronic Fatigue Syndrome Is a "Diagnosis of Exclusion"

Because the cause of CFS is unknown, there is no laboratory test to prove or disprove the presence of CFS. A number of other illnesses with symptoms like those of CFS must be ruled out before CFS is diagnosed. Self-diagnosis with CFS should be avoided; consideration of a CFS diagnosis requires comprehensive, sophisticated medical and psychological evaluations.

Other illnesses to be ruled out include neuromuscular diseases (such as multiple sclerosis), autoimmune diseases (such as systemic lupus erythematosus), cancers, and diseases from parasitic infections (such as giardia), to name a few.

Because emotional problems such as depression have symptoms similar to CFS, some professionals have thought that CFS was a "hidden" depression or anxiety problem. However, emotional problems do not account for some CFS signs and symptoms, such as fevers and swollen lymph glands, which make it hard to support emotional problems as a cause. On the other hand, when a person has fewer or more symptoms than the list of CFS symptoms, other diagnoses, including psychological ones, must be considered.

What Role Do Psychological Factors Play in CFS?

A person's response to the illness is important in determining its course. Similarly, family's, friends', physician's, and co-workers' responses affect how a person copes with symptoms. For example, some people react to illness by denying that it exists and underrespond to their symptoms. This may not be in their best interest, as they are likely to overexert themselves and make their symptoms worse or set unrealistically high goals that they cannot achieve, leading to depression and/or anger.

On the other hand, other people may respond to symptoms with fear and pessimism and unnecessarily limit their activities. Further problems can result from this sort of response, such as a loss of muscle tone and therefore of strength. Behavior therapists can help a person learn to cope effectively and flexibly with symptoms.

How Is CFS Treated?

Gather your treatment team. The treatment of CFS is symptomatic and supportive. Because its cause is not known, treatments cannot be directed at the underlying cause but are directed at its symptoms. Management and treatment of CFS involves both medical and psychological professionals, and may include other professionals, such as physical therapists.

It is very important that one physician be designated as the doctor in charge. This physician acts as the overseer. Many people with CFS obtain consultation with multiple professionals, and

having one doctor in charge helps to keep an eye on the "big picture" and to manage recommendations from other consultants, which can be conflicting and confusing.

Medication

Symptomatic relief is sometimes obtained from medications. Anti-inflammatory drugs such as ibuprofen help relieve headaches and muscle and joint aches and pains. Antidepressants are sometimes prescribed to help with depressive symptoms and pain. These drugs have other effects useful for people with CFS, such as anti-inflammatory effects or sedation to help with sleep. Antiviral drugs have been tried without good results. Many other drugs have been tried to treat CFS. No single drug helps all people with CFS.

Exercise and Physical Therapy

People with CFS often avoid exercise altogether as it can seem to make symptoms worse. This can lead to a sense of mistrust of one's body. For these reasons, a gradual physical activity program can be helpful. It is important to begin with activities that can be achieved. For example, if a person suffers from dizziness and loss of balance, a program of stretching exercises done from a seated or lying position would be more safe and comfortable than those that involve standing or balancing.

For many people with CFS, programs of strenuous aerobic exercise may make symptoms worse. If this is the case, daily, gentle exercise should be directed toward goals of maintaining flexibility, mobility, and accomplishment, and of gradually increasing strength and endurance (e.g., walking, bicycle riding, and swimming).

Cognitive Behavior Therapy

Behavior therapy is used to treat both direct symptoms of CFS and the consequences of having a chronic illness (such as depression, anxiety, job loss, or relationship conflict). When treating CFS symptoms, the therapist will help the patient analyze what makes the symptoms worse or better. This is usually done by asking the person with CFS to keep detailed records.

Take, for example, if the symptom of fatigue is the target, the person might be asked to rate the severity of fatigue on an hourly basis throughout the day and keep track of what else is going on in his or her life; when he or she sleeps, rests, lies down, takes a medication, eats, exercises, does a social activity, works, and so forth. Over time, a pattern may emerge that will lead to a specific treatment. For example, if symptom tracking reveals that exhaustion begins in the late afternoon, a scheduled rest period before this time of day may prevent symptoms from increasing. Record keeping also lets the therapist and the person with CFS know if they are making progress or not.

How a person thinks about CFS affects his or her mood and ability to cope. Tracking symptoms and identifying patterns increases the person's sense of control. Other ideas, like "activity causes illness," may not be completely correct, and may have negative effects, such as leading the person to avoid all activity. Behavior therapy helps identify and modify detrimental thoughts as well.

When treating the consequences of CFS, such as depression, anxiety, or relationship conflict, cognitive behavior therapists use well-established techniques but modify them to take into account the special circumstances of people with CFS. For example, behavior therapy for depression often involves increasing a person's activity level. A person who was depressed about having CFS may be depressed exactly because it is more difficult to be active. Prescribing more activity would need to be done with creativity and flexibility to identify enjoyable, but not physically strenuous, activities that the person could do without making his or her symptoms worse. Cognitive behavior therapy plays an important role in the overall treatment of CFS by helping the person be as active and productive as possible.

Support Groups

Some people enjoy and benefit from attending support groups; other do not. Support groups can be a forum for sharing information and ideas, and participation can counteract the sense of isolation ("I'm the only one who's ever had to deal with this...") that can occur with CFS.

CFS is a recently defined diagnosis, and both medical and psychological scientists are working to understand and treat it. Recovery is impossible to predict. However, multidisciplinary care that is overseen by one physician can help the person with CFS learn to decrease symptoms and cope with them more effectively.

What Is Cognitive Behavior Therapy?

Behavior Therapy and Cognitive Behavior Therapy are types of treatment that are based firmly on research findings. These approaches aid people in achieving specific changes or goals.

Changes or Goals might involve:

- a way of acting - like smoking less or being more outgoing;
- a way of feeling - like helping a person be less scared, less depressed, or less anxious;
- a way of thinking - like learning to problem-solve or get rid of self-defeating thoughts;
- a way of dealing with physical or medical problems - like lessening back pain or helping a person stick to a doctor's suggestions; or
- a way of adjusting - like training developmentally disabled people to care for themselves or hold a job.

Behavior Therapists and Cognitive Behavior Therapists usually focus more on the current situation and its solution, rather than the past. They concentrate on a person's views and beliefs about their life, not on personality traits. Behavior Therapists and Cognitive Behavior Therapists treat individuals, parents, children, couples, and families. Replacing ways of living that do not work well, with ways of living that work, and giving people more control over their lives are common goals of behavior and cognitive behavior therapy.

The Association for Behavioral and Cognitive Therapies (ABCT) is an interdisciplinary organization committed to the advancement of a scientific approach to the understanding and amelioration of problems of the human condition. These aims are achieved through the investigation and application of behavioral, cognitive, and other evidence-based principles to assessment, prevention, and treatment.

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