

# Overlap between Chronic Fatigue Syndrome and Other Symptom-Based Syndromes (draft)

There are a number of conditions characterised by a similar and somewhat overlapping symptomatology to Chronic Fatigue Syndrome (CFS), such as:

- Fibromyalgia (FM)
- Multiple Chemical Sensitivity (MCS)
- Gulf War Syndrome (GWS)
- Irritable Bowel and Irritable Bladder syndromes (IBS)
- Myofascial Pain Syndrome (MPS)
- Temporomandibular Joint Dysfunction Syndrome,
- Periodic Limb Movement disorder (PLMS).

Given the overlap between conditions, patients with CFS may fit the criteria for two or more of the other syndromes. The label a patient is given will depend on the treating doctor. Often the dominant symptoms will determine which syndrome each patient is placed under. For example, patients whose fatigue is most prominent may be diagnosed CFS, whilst those with musculoskeletal pain as the most prominent symptom will be diagnosed FM.

Clinical recognition of multiple syndromes is important to ensure the most effective clinical management and treatment plan. For example, Klonopin (an anti-seizure medication) is commonly prescribed for the sleep disorder PLMS, however the most commonly used medications for CFS/FM, such as tricyclics, can actually worsen the condition of the subgroup of patients who have both PLMS and CFS/FM.

Additionally, there are broad psychological and social implications of the carrying the burden of being labelled with multiple syndromes; patients receiving a diagnosis of both CFS and FM have been shown to have significantly higher rates of unemployment and disability than patients with only one disorder, hence necessitating additional care and support.

For patients to ensure they receive the most appropriate diagnosis, it is important for patients to make an accurate and detailed list of all symptoms experienced. However, patients should still clearly delineate which symptoms particularly impinge on their quality of life and hence are priority for trial of therapeutic options.

The following is a very brief account of the most prevalent overlapping conditions of clinical significance. These syndromes each have clinical research case definition criteria, similar in purpose to those designated for CFS, which also can be modified for clinical diagnosis by a physician. Alike CFS, symptoms may vary in severity, wax and wane over time, and differ significantly in nature between affected individuals. Additionally, like CFS, although numerous physiological abnormalities and potential triggering factors have been elucidated, a specific cause has so far not been proven for any of the following syndromes.

**Fibromyalgia.** Patients with FM experience widespread non-inflammatory musculoskeletal pain (involving the fibrous tissues: muscles, ligaments and tendons) on both sides of the body, both above and below the waist, and along the spine. This pain is often worse in the morning and is triggered or at

least exacerbated by repetitive activities. Sufferers may describe the pain they report by descriptive terms such as burning, aching, shooting, stabbing and throbbing sensations. Objective muscle twitching may also be evident. Sufferers additionally commonly experience severe fatigue, both physical and cognitive, as well as various objectively testable and measurable sleep disorders or disturbances. Numerous other symptoms may also be present, including debilitating Irritable Bowel Syndrome symptoms and chronic headaches. A diagnosis requires, amongst other criteria, the presence of at least 11 of 18 recognised 'tender points'. Diagnoses of CFS and FM have been reported to overlap by 35-75%.

### **Multiple Chemical Sensitivity.**

MCS is a chronic medical condition with multiple symptoms which occur as a result of chemical exposure. MCS can be caused by a single large exposure to one or more toxic chemicals or through repeated low-dose exposures over a longer period of time.

Consensus Definition (1999):

1. "The symptoms are reproducible with [repeated chemical] exposure."
2. "The condition is chronic."
3. "Low levels of exposure [lower than previously or commonly tolerated] result in manifestations of the syndrome."
4. "The symptoms improve or resolve when the incitants are removed."
5. "Responses occur to multiple chemically unrelated substances."
6. [Added in 1999]: Symptoms involve multiple organ systems.

Diagnoses of CFS and MCS have been reported to overlap by 33-66%.

### **Gulf War Syndrome.**

"Of the 697,000 U.S. troops who served during Operation Desert Shield and Desert Storm, more than 100,000 have registered with the Department of Veterans Affairs (VA) or the Department of Defense (DOD), saying they have health concerns. While most of these veterans have been diagnosed with a variety of conditions, more than 15,000, or about 20 percent of those examined, have undiagnosed symptoms, which commonly include fatigue, muscle and joint pains, headaches, memory loss, skin rash, diarrhea and sleep disturbances."<sup>i</sup>

Alike the symptoms associated with CFS, those reported by Gulf veterans are multisystem and non-specific, including fatigue, headache, subjective memory problems, sleep disturbance and musculoskeletal pains. A range of various causes have been speculated but none so far have been proven; the most plausible biological trigger currently being further investigated is that of multiple vaccination (directed against chemical and biological warfare).

**Consult the following sources/references for more information about disorders that overlap with CFS:**

## **FM**

*Basic fact sheets and further information:*

<http://www.arthritisvic.org.au/Arthritis/fibromyalgia.htm>

*Medications*

[http://www.masmith.inspired.net.au/docs/fm\\_meds.htm](http://www.masmith.inspired.net.au/docs/fm_meds.htm)

*Clinical Management Information:*

Millea P & Holloway R, 2000. Treating fibromyalgia. *Am Fam Phys* 62(7):1575-1582.

Clauw D, 2000. Treating fibromyalgia: Science vs art. *Am Fam Phys* 62(7):1492-1494.

*Research diagnostic criteria:*

Wolfe F, Smythe H, Yunas M et al, 1990. The American College of Rheumatology 1990 criteria for the classification of fibromyalgia. Report of the Multicenter Criteria Committee. *Arthritis Rheum* 33: 160-172.

## **MCS**

*Basic fact sheets and further information:*

MCS Referral & Resources Centre: [www.mcsrr.org/](http://www.mcsrr.org/)

*Reviews:*

Graveling R, Pilkington A, George J et al, 1999. A review of multiple chemical sensitivity. *Occup Environ Med* 56: 73-85.

## **GWS**

<http://www.pbs.org/wgbh/pages/frontline/shows/syndrome/>

*1999 consensus research diagnostic criteria:*

Bartha L, Baumzweiger W, Callender T et al, 1999. Multiple Chemical Sensitivity: A 1999 Consensus. *Arch Environ Health* 54(3): 147-151

*Reviews:*

Ismail K, 2001. A review of the evidence for a "Gulf War Syndrome". *Occup Environ Med* 58(11):754-60.

Wessely S, 2001. Ten years on: what do we know about the Gulf War syndrome? *Clin Med* 1(1): 28-37

## **Latest study on overlapping unexplained clinical conditions:**

Aaron L & Buchwald D, 2001. A Review of the Evidence for Overlap among Unexplained Clinical Conditions. *Ann Intern Med* 134(9 part 2): 868-881.

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NOTE: This document is still under development.

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<sup>i</sup> <http://www.va.gov/health/environ/faq.htm>