

THE POST-INFECTIOUS CHRONIC FATIGUE SYNDROME

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INTRODUCTION (DR. PAUL H. LEVINE)

In the past few years, a syndrome of extreme persistent fatigue and associated symptoms, often including myalgia and/or disturbances of cognitive function, has been increasingly studied in a number of countries. In 1988,

Table 1

Chronic Fatigue Syndrome: A Working Case Definition
(Holmes et al., 1988)

Major Criteria

1. New onset of persistent debilitating fatigue in a person who has no previous history of similar symptoms.
 - a. symptoms do not resolve with bed rest.
 - b. daily activity is cut to less than premorbid activity by 50% for greater than 6 months.
2. Other clinical conditions must be excluded such as:
 - a. malignancy, auto-immune disease, local infections, chronic bacterial disease, Lyme disease, tuberculosis, fungal disease, parasitic disease and HIV infections;
 - b. chronic psychiatric disease either newly diagnosed or by history (endogenous depression, hysterical personality or anxiety neurosis, chronic use of tranquilizers);
 - c. chronic inflammatory conditions such as Wegener's, hepatitis, multiple sclerosis and myasthenia;
 - d. endocrine disease such as hypothyroidism, diabetes, Addison's disease;
 - e. drug dependency or abuse;
 - f. side effects of a chronic medication or other toxic agent;
 - g. other chronic pulmonary, hepatic, renal and blood disorder.

Minor Criteria

mild fever of 37.5-38.6
 sore throat
 painful lymph nodes
 unexplained generalized weakness
 muscle discomfort
 prolonged fatigue after exercise that was previously tolerable
 generalized headaches
 migratory arthralgia
 neuropsychological complaints (photophobia, scotomata, forgetfulness, irritability, confusion)
 sleep disturbance