

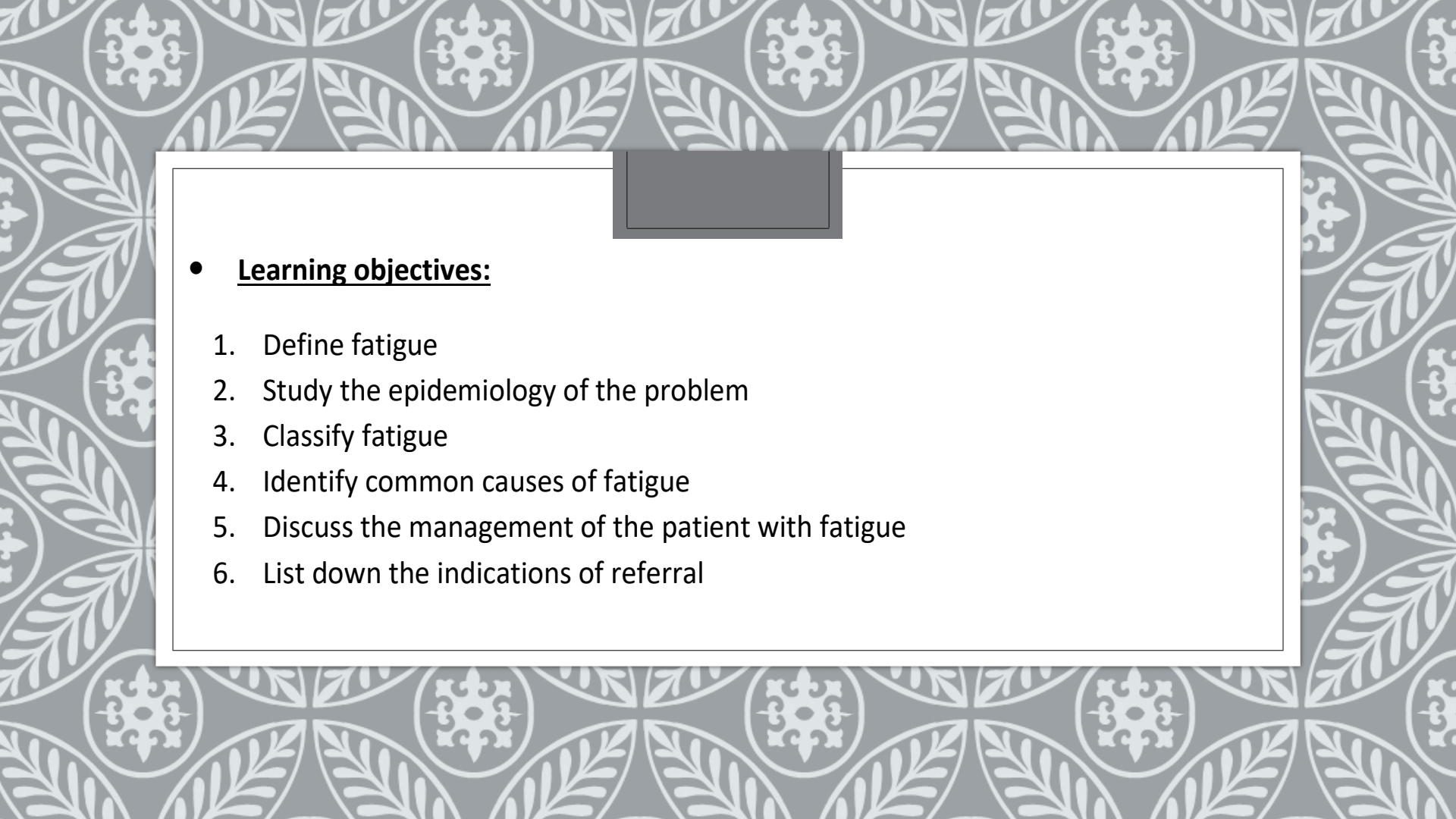
A man is sitting on a couch, looking down with his hands covering his face, suggesting distress or fatigue. The image is split vertically: the left side is in black and white, and the right side is in a red color scheme. The text is overlaid on the right side.

# Family Medicine

## Approach to a Patient with Fatigue

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• **Learning objectives:**

1. Define fatigue
2. Study the epidemiology of the problem
3. Classify fatigue
4. Identify common causes of fatigue
5. Discuss the management of the patient with fatigue
6. List down the indications of referral

# Definition

Fatigue is defined as a **subjective** state of lack of energy, exhaustion, or tiredness with a **decreased capacity** for **physical or mental work**, and **persists** despite sufficient rest.

# Epidemiology

- One of the most **common** complaints in the general population.

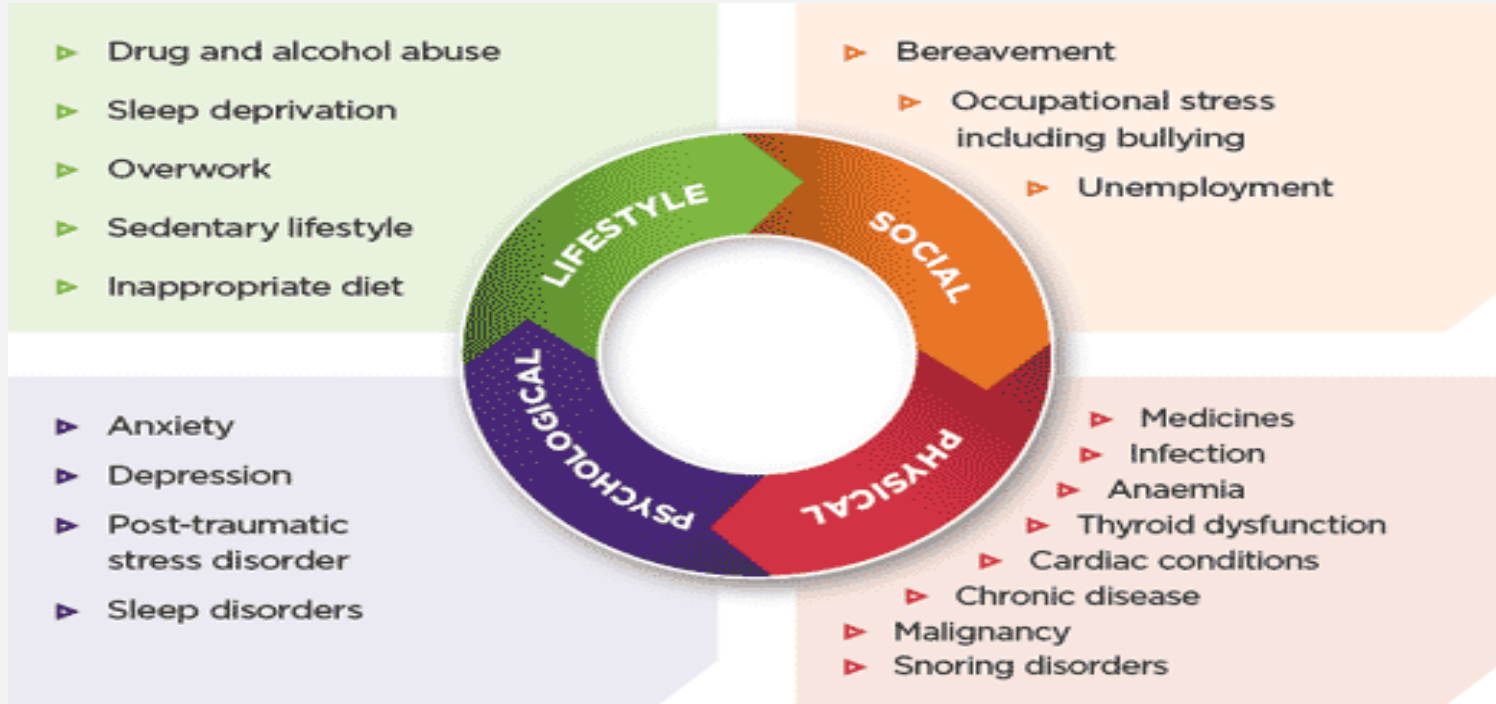
- Fatigue is reported as symptom in over **20%** of all patient encounters.

- Fatigue is the chief complaint in nearly **10%** of patients presenting to a primary care physician

# Epidemiology

- Women complain of fatigue approximately **twice** as often as men.
- A medical or psychiatric cause is identified in about only **two-thirds** of cases of fatigue.
- The prognosis of **idiopathic** fatigue is surprisingly **poor** with **half** of patients still fatigued **6** months later.

# Causes of Fatigue:



# Common Causes of Fatigue:

## DEAD TIRED

D depression

T thyroid,tumors

E environmental

I infection,insomnia

A anxiety,anemia

R rhyomatologic

D diabetis,endocrine

E endocarditis(cardiovascular)

D drugs (medications ,substance abuse)

# Medications may cause fatigue:

- Antihistamines
- Benzodiazepines
- $\beta$  Blockers
- Diuretics
- Glucocorticoids
- Narcotic medications.
- Hypnotics.
- Non steroidal anti-inflammatory drugs (NSAIDs)
- Selective serotonin reuptake inhibitors(SSRI)
- Tricyclic antidepressants



Overtime

**Sick**

Tired

Dread

**Health**

No Time

Headache

**Bills**

Payments

**Stress**

Stress

Debt

No Sleep

Fear

**Work**

Worry

Job

Anxiety

Retirement

Savings

Anxiety

Overdue

Expectations

Insurance

Time Management

**Fear**

**Late Nights**

Late N...

ear

# CLASSIFICATION

Fatigue is classified as:

- acute fatigue.
- prolonged fatigue.
- chronic fatigue.
- chronic fatigue syndrome.

# Acute fatigue:

**Short lived** and generally attributable to **physical exertion** or an acute illness.



# Prolonged fatigue

Persistent fatigue lasting  
**1 month or longer.**



# Chronic fatigue

Lasting **6 month or longer.**



# Chronic fatigue syndrome

- Defined by the Center for Disease Control and Prevention (CDC ) as **clinically evaluated, unexplained, persistent, or relapsing fatigue lasting 6 months or more with four or more of the following associated symptoms:**
- Impaired memory or concentration, sore throat, tender lymphadenopathy, muscle pain, polyarthralgia, new headache, un-refreshing sleep, or malaise after exertion.

# Chronic fatigue syndrome



# Chronic fatigue syndrome:

- The impairment in functioning and psychological distress is **more severe** in chronic fatigue syndrome than idiopathic chronic fatigue.
- The prognosis is **worse**.
- Chronic fatigue syndrome represents only **10%** of all cases of chronic fatigue.



# Diagnosis:

## 1. History:



# History:

- The clinical evaluation of fatigue is rooted in a thorough **medical** and **psychosocial** history.
- Allowing the patient to speak uninterrupted for the first several minutes in the interview often provides important clues.

## Key aspects of history include :

- **Onset** and **nature** of the fatigue
- **Medical** and **psychiatric** histories
- **Family** and **social** histories
- **Medications** and **substance** use
- **Dietary** and **exercise** habits
- **Life events**, and **family relationships**.



## 2. Physical Examination:

The physical examination, although ,it is often unrevealing, should include:

- **Thyroid** gland assessment.
- **Cardiopulmonary.**
- **Neurologic** Examination
- **Lymphatics.**
- **Mental** status examination

- **Mental status examination** and **screening for depression** should be considered if warranted by presenting symptoms.



# Differential Diagnosis

- Depression, environmental or lifestyle issues, anxiety and anemia are among the **most common causes** of fatigue.
- Diabetes and other endocrine disorders, including thyroid disease, should be considered as well as an undiscovered tumor.



# Differential Diagnosis

- Many infections, especially those of viral origin, cause fatigue, as well as insomnia and sleep disorders such as obstructive sleep apnea.
- Rheumatologic disorders, like rheumatoid arthritis, systemic lupus erythematosus, and fibromyalgia, are often accompanied by fatigue.



# Differential Diagnosis

- Endocarditis and other cardiac conditions such as coronary artery disease and heart failure.
- Finally, drugs, either prescribed drugs or of personal use or abuse, should be considered.



### 3. Laboratory investigations and imaging:

- Laboratory testing for the diagnosis of fatigue **does not often yield answers.**
- Studies show that only about **15%** of patients in primary care settings have an **organic cause** for their fatigue and that laboratory results rarely affect management.

### **3. Laboratory investigations and imaging:**

**Complete blood count,**

**Electrolytes**

**Blood glucose level**

**Liver and kidney function tests,**

**Thyroid function tests**

**Urinalysis.**

**Erythrocyte sedimentation rate**

**Antinuclear antigen testing**

**Chest radiography.**



# TREATMENT

- When an underlying cause can be identified, this should be treated.
- When no disease is identified, **a broader biopsychosocial strategy** is necessary.

# Behavioral

- This begins with acknowledgement and reassurance, along with education about the common causes and natural course of fatigue.

# Behavioral

## Cognitive behavioral therapy:

Is a brief pragmatic psychotherapeutic approach that incorporates **graded increases in activity** with paying **attention** to the patient's **beliefs** and **concerns**.

**Graded exercise  
therapy may also  
be of benefit.**



# Medications

- If there is evidence of **depression**, a trial of an antidepressant is appropriate.
- **Randomized trials** have shown cognitive behavioral therapy to be equally as effective as medication for **mild to moderate depression.**

# Indications of referral:

- Children with chronic fatigue.
- Suspicion of severe psychiatric illness.
- Suspicion of occult malignancy.
- Evidence of significant sleep disorder

*THANK YOU*