

## CFS TOOLKIT FOR HEALTH CARE PROFESSIONALS

### SYMPTOMATIC TREATMENT

People with CFS complain of different primary symptoms. Symptom severity can also vary considerably. Clinicians should query patients about which symptoms are most disruptive or disabling and tailor the management plan accordingly.

Primary symptoms may include sleep problems, muscle and joint pain, cognitive dysfunction, fatigue, headaches, sore throat and postexertional malaise. Gastrointestinal complaints, orthostatic instability, depression and allergies are also seen in many patients. Aggressive symptom management for these and other disruptive symptoms is indicated.

### PHARMACOLOGIC THERAPY

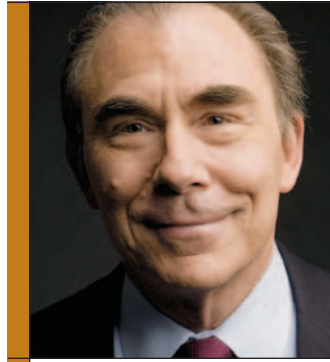
There are many over-the-counter and prescription drug therapies that can be used to treat CFS symptoms. Health care professionals can:

- ◆ Use as few drugs as possible. For instance, tricyclic antidepressants help with both sleep and pain.
- ◆ Reduce the initial dose because many CFS patients are very sensitive to medications, particularly agents acting on the central nervous system. Try prescribing a fraction of the usual recommended dose to start and gradually increase as necessary and as tolerated.
- ◆ Monitor drug side effects like weight gain, secondary fatigue, daytime sedation, cognitive problems and sleep disturbance.
- ◆ Understand that you may need to systematically try various interventions. A drug that is beneficial for one CFS patient may be ineffective for another.

### NUTRITIONAL AND HERBAL SUPPLEMENTS

It is not uncommon for people with CFS to take numerous nutritional supplements and vitamins as they desperately seek symptom relief.

- ◆ Guide patients in selecting supplements. While there have been few clinical trials to support the use of particular supplements, some may be efficacious. Studies have investigated or reported the use of supplements, including oral NADH, high doses of vitamin B12, essential fatty acids, vitamin C and coenzyme Q10. These studies show inconsistent results, but symptom improvement was reported in some subjects.
- ◆ Question patients about supplement use and OTC products to determine safety, efficacy and possible negative interactions with prescribed medications.



**ANTHONY KOMAROFF, MD**

HARVARD MEDICAL SCHOOL

*"In the past, there have been questions about whether CFS is a real illness. There is now a preponderance of scientific evidence that CFS is a real biological illness. It's not a form of depression or hypochondria."*

- ◆ Advise your patients to avoid herbal remedies like comfrey, ephedra, kava, germander, chaparral, bitter orange, licorice root, yohimbe and any other supplements that are potentially dangerous.

### ALTERNATIVE THERAPIES

Alternative therapies are often explored by CFS patients, particularly when traditional drug treatments do not provide enough symptom relief.

- ◆ Encourage patients to discuss such options with you to make sure they are safe and effective.
- ◆ Remain open-minded about alternative therapies. For example, many clinicians report that hydrotherapy simultaneously provides exercise, improves balance, treats orthostatic instability and reduces CFS pain.
- ◆ Consider referring patients to an acupuncturist. This treatment is often prescribed for chronic headaches, pain and decreased energy. Finding a certified practitioner who is knowledgeable about CFS is best.
- ◆ Consider other alternative therapies. Gentle massage, meditation, deep breathing, relaxation therapy and biofeedback have helped some patients. Movement therapies like stretching, physical therapy, yoga and tai chi may be effective for CFS patients who can tolerate more activity.

### TREATING SPECIFIC SYMPTOMS

- ◆ Recognize that unrefreshing sleep is a case-defining symptom, and the vast majority of CFS patients complain of some form of sleep-related symptoms. Sleep deprivation or disruption may cause or exacerbate other symptoms such as fatigue, impaired cognition, headaches and joint pain, so treating sleep problems should occur early in the treatment program.

## CFS TOOLKIT MANAGING SYMPTOMS

- ◆ Advise patients to practice standard sleep hygiene techniques. Light exercise and stretching at least four hours before bedtime can also improve sleep.
- ◆ Set up a consult with a sleep specialist or schedule a sleep study for a CFS patient if patients identify problems with their sleep.
- ◆ Random use of sleep medications may prolong identification of a sleep disorder or induce additional sleep problems. Sleep medication should be based on the patient's responses to a thorough sleep history if a sleep consult is not readily available.
- ◆ Consider pharmaceuticals if sleep hygiene is not successful. Initial medications to consider are simple antihistamines or over-the-counter sleep products. If this is not beneficial, then start with a prescription sleep medicine in the smallest possible dose. Both sleep-initiating and sleep-sustaining drugs may be indicated for some CFS patients.
- ◆ Pain therapy should be limited to simple analgesics like acetaminophen, aspirin or NSAIDs. Narcotics should only be considered by a pain specialist after careful identification of patient-specific pain pathways and testing for efficacy of specific agents.
- ◆ Include nonpharmacological modalities and alternative therapies in your pain management program.
- ◆ Treat depression when it is present. Depression is a common comorbid illness in patients with CFS, with as many as half of patients developing secondary depression as a result of the illness. Careful evaluation of the patient is required in order to identify an exacerbation of either illness before therapy can be undertaken. Treating depression can reduce anxiety and stress, and assist in relief of symptoms.
- ◆ Use caution in prescribing antidepressant drugs. Antidepressants of various classes may act on other CFS symptoms or cause side effects.
- ◆ There are brief psychiatric screening tools available that can be administered and scored in the primary care setting. Refer patients to a mental health professional if indicated.
- ◆ Be alert for symptoms of orthostatic instability, in particular frequent dizziness and light-headedness. Patients should be referred for evaluation by a cardiologist or a neurologist to confirm orthostatic problems before initiating treatment.
- ◆ Suggest coping and adaptive techniques for cognitive difficulties like memory and concentration problems. Memory aids, such as organizers, schedulers and written resource manuals, are usually recommended. Stimulating the mind with puzzles, word games, card games and other activities can also be helpful.
- ◆ Refer CFS patients with disabling cognitive problems to behavioral health professionals for specific techniques to help them function better.
- ◆ Prescribe stimulants only for diagnosed conditions. Mild stimulants may be helpful for some CFS patients, but stronger stimulants can precipitate the “push-crash cycle” and cause relapse (see *Managing Activity*).



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