Secondary Care Refer to relevant physician; Homeopathy physician or Psychiatrist as appropriate for specialist management

GP

Management for chronic fatigue:
• Empathise with patient
• Treat treatable medical & psychiatric conditions
• Help patient overcome perpetuating factors
• Educate
• Reduce distress
• Gradual increase in activity
• Address social and occupational problems
• Follow up

Referral criteria:
• Children with chronic fatigue
• Suspected occult disease
• Suspected endocrine disease
• Severe psychiatric illness
• Sleep disorders requiring specialist management
• Unresponsive to primary care management
• Unexplained weight loss

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www.patient.co.uk

GP

Predisposing factors for chronic fatigue with no obvious explanation:
• Female
• History of fatigue or depression

Precipitating factors:
• Acute physical stresses (e.g. Epstein Barr virus infection)
• Psychological stresses (e.g. bereavement)
• Social stresses (e.g. work problems)

Perpetuating factors:
• Physical inactivity
• Emotional disorders
• Ongoing psychological or social stresses
• Abnormalities of sleep

Exclusion Criteria:
Active, unresolved, or suspected medical disease or psychotic, melancholic, or bipolar depression (but not uncomplicated major depression), psychotic disorders, dementia, anorexia or bulimia nervosa, alcohol or other substance misuse, severe obesity

Medical history (including drug history) and examination of: (central nervous; endocrine; cardiovascular; respiratory and abdominal systems). **Screening Tests**
• Full blood count, ESR/CRP, LFTs and U&E
• Thyroid function tests
• Creatine kinase
• Urine and blood tests for glucose
• Urine test for protein

Primary Care

Patient Presentation:
Tiredness, fatigue or exhaustion lasting > 3 months

• Distinguish between lack of energy from loss of motivation or sleepiness
• A recognised medical disease will be found to be the cause in < 10% of patients presenting with severe chronic fatigue
• Fatigue is a major symptom of many psychiatric disorders (depression, anxiety and panic, eating disorders, substance misuse disorders, somatisation disorder)
• For a substantial proportion of patients with fatigue, the symptom remains unexplained or idiopathic

All negative
Any positive