



Preface

One of my teachers passed a rather casual remark when I was a medical student. It stuck with me. He said that 50 per cent of medical knowledge becomes obsolete after five years! He was referring, of course, to the fact that the practice of medicine is in a state of constant evolution, with new advances being made all the time. This may seem like a rather obvious statement to make, but the truth of it is clearly brought home to me as I look back on the first edition of *Feeling Tired All the Time*: it's starting to look obsolete! So much has changed since it first appeared some eight years ago, particularly in relation to chronic fatigue syndrome (CFS). For example, the Centre for Disease Control (USA) revised the definition of CFS in 1994, and the Royal Colleges of Physicians, Psychiatrists and General Practitioners (UK) published a joint landmark report on CFS in 1996. Then, in 1999, the Irish College of General Practitioners included a module on CFS in their new diploma in therapeutics. Meanwhile, over 700 articles dealing with CFS have appeared in the medical literature; and I have had the benefit of another eight years of clinical experience with fatigued patients. The time has come to put pen to paper again.

Feedback from the first edition was very encouraging. Many said they enjoyed the simple and concise style of writing. They also found the material easy to understand. This second edition contains much by way of new information. New sections have been added, and many others have been expanded. However, every effort has been made to keep the information simple and accessible. I hope you will find it so.

Introduction

'Doctor, I feel tired all the time' is the single most common complaint presented by patients to their doctors. This has been confirmed by studies in the UK and the USA, in which up to 20 per cent of men and 30 per cent of women identified themselves as having the complaint. We all experience fatigue as a transient phenomenon, particularly during times of physical and emotional stress, and most of us recover full strength, without help, once the affliction has passed. But when fatigue becomes chronic — to wake in the morning feeling as if you haven't slept all night, barely able to pull your body out of bed, and having to drag yourself through the day, trying as best you can to perform your basic duties — it can be a distressing and debilitating symptom. A normal social life is out of the question.

However, you've been to your doctor, but with nothing to show for your symptoms, apart from a story which is difficult to communicate, let alone understand. All the tests are normal and you've been told, 'There's nothing wrong. Perhaps it's all in your head!' But where do you go from here? 'Try harder', they say, supposing that all you need is more motivation. The prod is hurtful. Nevertheless, you try harder, but you still cannot find the elusive energy, which is by now only a distant memory. In fact, trying harder makes you feel worse.

Some manage to carry on for years, being careful to hide their true state from those around them. Others simply cannot put themselves through any more. They feel totally drained. Even the most basic personal and domestic tasks seem too much. A few withdraw completely, becoming house-bound, or even bed-bound. Relationships become strained as family and friends strive to understand what they cannot see. In fact, they often think you look just fine. Many who have suffered like this will say that they have lost valuable years; some have lost their jobs, others their marriages; and some, in the pits of despair, have taken their own lives.

The difficulty facing doctors was well summarised in a British Medical Journal editorial: 'There is no clinical problem more demanding of the art of medicine than the management of lassitude (fatigue).' This is so because it is a subjective symptom. It cannot be demonstrated objectively by either physical examination or laboratory tests. It gives the doctor nothing to go on but your word. If you are taken seriously, a long list of possible diagnoses must be considered — from the apparently trivial, to the more ominous life-threatening diseases.

Stress and depression are reported to be the most common causes of fatigue. For this reason, they will figure prominently in any balanced discussion on the subject. But fatigue has many other explanations, some of which, in spite of being easy to investigate and simple to treat, are seldom considered. Another problem is that some doctors still deny the existence of a chronic fatigue syndrome. Perhaps this explains, at least in part, why patients with fatigue are so quickly and unreasonably dismissed as being depressed or stressed. The brunt of this common practice has been borne by the most severely affected patients. 'Of course I'm depressed', they argue in frustration, 'it's because I feel so tired all the time.' But the cold shoulder remains and the patient turns in desperation to anyone who offers even a glimmer of hope. They are exceedingly vulnerable now and many have spent small fortunes in their quest for relief.

This book is an introduction to the common and treatable causes of fatigue. It hopes to provide you with a clear understanding of just why it is you feel so tired, and suggests means by which you can help yourself back towards a normal, healthy and energetic life.