

# ME/CFS: A Primer for Clinical Practitioners

## ME/CFS Clinical Diagnostic Criteria Worksheet\*

Name \_\_\_\_\_

Patient ID \_\_\_\_\_

To diagnose ME/CFS, the patient must have the following:

- Pathological fatigue, post-exertional malaise, sleep problems, pain, two neurocognitive symptoms, and at least one symptom from two of the following categories: autonomic, neuroendocrine, immune
- The fatigue and the other symptoms must persist, or be relapsing for at least six months in adults, or three months in children and adolescents. A provisional diagnosis may be possible earlier
- The symptoms cannot be explained by another illness.

Improved diagnostic accuracy can be obtained by measuring the severity and frequency of the listed symptoms.†

Symptoms	Description of Symptoms
<b>Pathological fatigue</b> Yes [ ] No [ ]	A significant degree of new onset, unexplained, persistent or recurrent physical and/or mental fatigue that substantially reduces activity levels and which is not the result of ongoing exertion and is not relieved by rest
<b>Post-exertional malaise &amp; worsening of symptoms</b> Yes [ ] No [ ]	Mild exertion or even normal activity is followed by malaise, the loss of physical and mental stamina and/or worsening of other symptoms. Recovery is delayed, taking more than 24 hours
<b>Sleep problems</b> Yes [ ] No [ ]	Sleep is un-refreshing: disturbed quantity - daytime hypersomnia or nighttime insomnia and/or disturbed rhythm - day/night reversal Rarely, there is no sleep problem
<b>Pain</b> Yes [ ] No [ ]	Pain is widespread, migratory or localized: myalgia; arthralgia (without signs of inflammation); and/or headache - a new type, pattern or severity Rarely, there is no pain
<b>Two Neurocognitive symptoms</b> Yes [ ] No [ ]	Impaired concentration, short term memory or word retrieval; hypersensitivity to light, noise or emotional overload; confusion; disorientation; slowness of thought; muscle weakness; ataxia
<b>At least one symptom from two of these categories:</b> (a) Autonomic Yes [ ] No [ ]	(a) Autonomic: Orthostatic intolerance; neurally mediated hypotension (NMH); postural orthostatic tachycardia (POTS); light-headedness; extreme pallor; palpitations; exertional dyspnea; urinary frequency; irritable bowel syndrome (IBS); nausea
(b) Neuroendocrine Yes [ ] No [ ]	(b) Neuroendocrine: Low body temperature; cold extremities; sweating; intolerance to heat or cold; reduced tolerance for stress; other symptoms worsen with stress; weight change; abnormal appetite
(c) Immune Yes [ ] No [ ]	(c) Immune: Recurrent flu-like symptoms; sore throats; tender lymph nodes; fevers; new sensitivities to food, medicines, odors or chemicals

## **ME/CFS: A Primer for Clinical Practitioners**

### **ME/CFS Clinical Diagnostic Criteria Worksheet (continued)**

#### **Symptom Characteristics:**

- A sudden onset is most common, but the onset may be gradual
- Symptoms may vary from day to day or during the day
- Relapses and remissions are frequent
- Post-exertional symptom flare-ups may occur immediately or they can be delayed 24 hours or more
- If pain and/or sleep disorder are absent, ME/CFS can be diagnosed if the illness has an abrupt onset

#### **Exclusionary illnesses:**

Many other illnesses have symptoms that mimic ME/CFS symptoms. Active disease processes that could explain the major symptoms of fatigue, sleep disturbance, pain, and neurocognitive dysfunction must be ruled out by history, physical examination and medical testing. The following lists some more common, exclusionary conditions:

- **Anemias**
- **Autoimmune diseases** such as rheumatoid arthritis, lupus
- **Cardiac disease**
- **Endocrine disorders** such as diabetes, Addison's disease, thyroid disease, menopause
- **Infectious diseases** such as tuberculosis, HIV/AIDS, chronic hepatitis, Lyme disease
- **Intestinal diseases** such as celiac or Crohn's disease
- **Malignancies**
- **Neurological disorders** such as multiple sclerosis, Parkinson's disease, myasthenia gravis
- **Primary psychiatric disorders** and substance abuse (but not clinical depression)
- **Significant pulmonary disease**
- **Primary sleep disorders** such as sleep apnea.

#### **Non-exclusionary conditions:**

- **Some co-morbid entities commonly occur in association with ME/CFS. They include: allergies, fibromyalgia (FM), irritable bowel syndrome (IBS) and multiple chemical sensitivities (MCS)**
- **Any medical condition that has been adequately treated and is under control**
- **Any isolated physical abnormality or laboratory test that is insufficient to diagnose an exclusionary condition.**

ME/CFS and FM are often closely associated and should be considered to be overlapping syndromes. A co-morbid condition may precede the onset of ME/CFS by many years, but then become associated with it.

If the patient has unexplained, prolonged fatigue but has an **insufficient number of symptoms to meet the criteria for ME/CFS**, the illness should be classified as **idiopathic chronic fatigue**.

\_\_\_\_\_ **Patient meets the criteria for ME/CFS**

\_\_\_\_\_ **Full criteria not met but patient should be monitored**

#### **Comments:**

\_\_\_\_\_ **Provider's Signature**

\_\_\_\_\_ **Date**

\* Carruthers BM, et al. ME/CFS: Clinical Working Case Definition, Diagnostic and Treatment Protocols. *J CFS* 2003; 11(1):7-115.

† Jason LA, et al. The development of a revised Canadian Myalgic Encephalomyelitis-Chronic Fatigue Syndrome case definition. *American J Biochemistry Biotechnology* 2010; 6(2): 120-135.