CFS Clinical Pearl:
Recognizing Metabolic Syndrome

By Lucinda Bateman, MD

Chronic fatigue syndrome (CFS) is also known as chronic fatigue and immune dysfunction syndrome (CFIDS) or myalgic encephalomyelitis (ME).

Research from the Centers for Disease Control and Prevention (CDC) indicates that CFS affects as many as 4 million adults in the United States, and an unknown number of children.

CFS is characterized by medically or psychiatrically unexplained fatigue that lasts at least 6 months, that is not the result of ongoing exertion, not substantially relieved by rest and that causes a substantial reduction in daily activities.

In addition to fatigue, CFS includes 4 or more characteristic symptoms: postexertional relapse; unrefreshing sleep; substantial impairment in memory/concentration; muscle pain; pain in multiple joints; headaches of a new type, pattern or severity; sore throat; and tender neck or armpit lymph nodes.

Studies by CDC indicate that CFS can be as disabling as multiple sclerosis, lupus, rheumatoid arthritis, congestive heart failure and similar chronic conditions. Symptom severity varies from patient to patient.

Since there is no known cure for CFS at this time, treatment is aimed at symptom relief and improved function. A combination of drug and nondrug therapies is usually prescribed for treating sleep dysfunction, pain and other symptoms. Preventing overexertion, reducing stress, dietary restrictions, gentle stretching and nutritional supplementation are frequently recommended.

If you are a medical professional seeking information on treating CFS, visit www.cfids.org/treatcfs or contact the CFIDS Association at 704-365-2343 or info@cfids.org.

This page originally appeared in the CFS Research Review *(Spring 2007), published by the CFIDS Association of America, PO Box 220398, Charlotte, NC 28222; telephone 704-365-2343.*

The Case:

A 45-year-old man with chronic fatigue syndrome (CFS) has gained 50 pounds since being diagnosed three years before. He blames a variety of medications used for insomnia and depression as the apparent cause of his sudden or insidious weight gain, but he's also been unable to exercise as he did when he was well. His snoring makes his wife worry he has developed sleep apnea.

Now he's being placed on additional medications for high triglycerides and elevated blood pressure. What, if anything, should you as a medical professional be investigating and potentially treating with respect to his weight gain?

The Factors:

Early recognition of metabolic syndrome and a pattern of weight gain may be one of the most valuable medical interventions for patients with CFS.

Numerous medications used to address the various symptoms of CFS can cause weight gain. This is compounded by other factors common to the illness.

A CFS patient's ability to exercise is limited, and purchasing and preparing food is often a physically or mentally daunting task and may contribute to reliance on "convenience foods" that are more likely to cause weight gain.

Family history, a fasting lipid panel showing high triglycerides and low HDL and close observation of blood pressure and weight changes allows the patient-doctor team to diagnose metabolic syndrome early.

Once metabolic syndrome is recognized, you can do the following:

- Explore healthy and affordable diets lower in fat, refined sugar and starch.
- Choose medications less likely to contribute to obesity.
- Develop a tolerable regimen of physical activity that will help prevent weight gain.

In addition, you may even want to explore using medications that reduce insulin resistance or improve glucose utilization.

Lucinda Bateman, MD, is an internist whose practice focuses on the diagnosis and treatment of CFS and fibromyalgia.

The Pearl:

Investigate, diagnose and treat metabolic syndrome early to prevent obesity and medical conditions that severely compound the symptoms of CFS.