

Women with CFS

CHRONIC FATIGUE SYNDROME

Recent community-based studies by independent government and university researchers have come to the same conclusion: chronic fatigue syndrome (CFS), also known as chronic fatigue syndrome and immune dysfunction syndrome (CFIDS), is approximately 4 times more common in women compared to men. This finding is similar to other immune-based illnesses, such as systemic lupus erythematosus and multiple sclerosis.

Female gender is one of the primary risk factors for CFS, although the cause for this has yet to be determined. What is certain is that the cost to families, individuals and society is considerable since CFS often strikes women of childbearing age, during the time when they are most needed by their families and are most productive in work outside the home.

Diagnosis

- CFS is defined by fatigue that is medically unexplained, of new onset, of at least six months' duration, not the result of ongoing exertion, not substantially relieved by rest, and causes a substantial reduction in previous levels of occupational, educational, social or personal activities.
- The fatigue must be accompanied by four or more of the following symptoms: unrefreshing sleep; postexertional malaise lasting more than 24 hours; impaired memory or concentration; sore throat; tender neck or armpit lymph nodes; muscle pain; headaches of a new type, pattern or severity; and multijoint pain.
- Physicians must exclude other causes of the symptoms prior to making a diagnosis of CFS. Conditions that would exclude a diagnosis include other medical disorders known to cause fatigue (like MS), primary major depressive disorders and alcohol or substance abuse.

Prevalence

- Women are 4 times more likely to develop CFS than men.
- CFS is 3 times more common than HIV infection in women and 25 times more common than AIDS among women. CFS is more prevalent in women than lung cancer, breast cancer or multiple sclerosis.

Maternal/child issues

- There is very little available data on pregnancy and CFS. Research suggests about 30% of women with CFS feel better during their pregnancy, 29% report a worsening of symptoms and 30% report no change in symptom severity.
- Women with CFS may need more time to recuperate after birth and spend a longer time in the hospital following delivery than healthy new mothers.
- Some practitioners have observed a higher rate of miscarriages in women with CFS.

- It is unclear whether CFS can be passed on genetically from parent to child. However, in a recent study, the heritability rate of chronic fatigue syndrome was 55% for identical twins and 19% for fraternal twins, providing evidence that genes may play a role in the development of the illness.

Other health effects

- A higher percentage of women with CFS may experience irregular and painful menstrual cycles, hormone imbalances affecting menstruation, a worsening of symptoms at menopause and ovarian cysts than healthy women.
- Some medical professionals suspect an association between CFS and endometriosis, but data is still very preliminary.
- Women and men with CFS may be at higher risk for osteoporosis, due to restrictive diets and inability to perform weight-bearing exercise.

Treatment

- Treatment for women with CFS is intended primarily to relieve specific symptoms, such as difficulty sleeping, pain, gastrointestinal difficulties, allergies, dizziness and depression. There are a variety of drug and nondrug treatment options.
- Women with CFS may have unusual responses to medications, so low dosages should be tried first and gradually increased as appropriate.
- Carefully supervised physical therapy and graded exercise can be an effective treatment for CFS. However, CFS can be exacerbated by vigorous physical activity. A paced, graded approach to exercise and activity management is recommended to avoid overactivity and to prevent deconditioning.
- Alternative therapies like acupuncture, hydrotherapy, gentle massage, relaxation therapy, yoga and tai chi can be beneficial for some CFS patients.
- A supportive counselor can help patients cope with the prospects of long-term illness, as well as the anxiety, guilt, depression and anger that frequently accompany CFS.
- Lifestyle changes, including increased rest, dietary restrictions, and light exercise, are also frequently recommended.

The CFIDS Association of America

- The CFIDS Association of America is the leading organization dedicated to conquering CFS and related disorders. Since 1987 the Association has invested more than \$25 million in CFS education, public policy and research efforts.
- The Association's patient-oriented publication, the *CFIDS Chronicle*, is the world's most authoritative and widely read source of information about CFS.

Learn more by visiting the CFIDS Association of America at www.cfids.org/cfs