

Managing Activity & Exercise

GUIDELINES FOR CFS PATIENTS

A different definition of exercise

For patients with CFS, learning to manage activity levels is key to managing the illness itself. This requires a new way of defining exercise. While vigorous aerobic exercise is beneficial for many chronic illnesses, most CFS patients can't tolerate traditional exercise routines aimed at optimizing aerobic capacity. Instead of helping you, such vigorous exercise can cause postexertional malaise, a worsening of symptoms following physical or mental exertion.

Unfortunately, some people with CFS inappropriately avoid all activity. It's important, however, not to avoid activity and exercise altogether. Such avoidance leads to serious deconditioning and can actually worsen other symptoms.

Other patients engage in an endless "push-crash" cycle in which they do too much, crash, rest, start to feel a little better and do too much once again, perpetuating the cycle.

It's important for you to avoid these extremes and balance your activity to avoid both postexertional malaise and deconditioning. Learn to pace activities and work with your health care professional to create an individualized exercise program that focuses on interval activity or graded exercise. The goal is to improve mood, sleep, pain and other symptoms so you can function better and engage in activities of daily living.

Diet and nutrition

Good diet and nutrition can contribute to a successful activity management plan. Many CFS patients don't have the energy to prepare nutritious meals, leading to a poor diet that can contribute to fatigue. Additionally, decreased activity levels that are common in people with CFS mean patients typically expend less energy in a day. Unless you adjust caloric consumption, weight gain can occur, further exacerbating fatigue and other symptoms.

- Follow a well-balanced diet to prevent nutritional deficiencies and weight fluctuation and to reduce diet-related fatigue.
- If you have sensitivities to various foods or chemicals, avoid or reduce your exposure. Sensitivities to refined sugar, caffeine, alcohol and tobacco appear to be common in CFS.
- Understand that nutritional supplements can't take the place of good diet and nutrition.

Developing an exercise program

Pacing your activity and engaging in graded exercise may help you manage your illness better. It's imperative that any activity plan be started slowly and increased gradually.

- When beginning an activity program, some CFS patients may only be able to exercise for as little as one minute.

Patients who are severely deconditioned or who are caught in the "push-crash" cycle should limit themselves to the basic activities of daily living—getting up, personal hygiene, dressing, essential tasks—until they have stabilized.

- Several daily sessions of brief, low-impact activity can then be added. Simple stretching and strengthening exercise using only body weight for resistance is a good starting place for most people with CFS. All exercise needs to be followed by a rest period at a 1:3 ratio, resting for 3 minutes for every minute of exercise. These sessions can be slowly increased by 1-5 minutes a week as tolerance develops.
- Daily exercise can be divided into 2 or more sessions to avoid symptom flare-ups. Activity should be intermittent, brief, spread throughout the day and followed by rest. If you experience a worsening of symptoms, you should return to the most recent manageable level of activity.
- Moderate activity to minimize the push-crash cycle. Do specific activities, such as household tasks, in small, manageable chunks with rest breaks, rather than in a single energy-depleting effort. Activity should be spread evenly throughout the day, and it shouldn't exacerbate fatigue or other symptoms.
- Strength and conditioning exercises are an important component of the overall activity program. Standard rehabilitative methods, such as resistance training and flexibility exercises, may help improve your stamina and function, increase strength and flexibility, reduce pain and increase range of motion.
- Activity should begin slowly with simple stretching and strengthening exercises. Examples of functional exercises include repeated hand stretches, sitting and standing, wall push-ups or picking up and grasping objects. Patients can begin with a set of 2-4 repetitions, building to a maximum of 8 repetitions. Once this stage is mastered, resistance band exercises can be added to build strength and flexibility. Patients should be careful to adhere to the principle of brief intervals of exercise, followed by adequate rest, to avoid postexertional malaise.

Severely ill patients

A subset of people with CFS are so severely ill that they're largely housebound or bedbound. They require special attention, including a modified approach to exercise. Hand stretches and picking up and grasping objects may be all that can be managed at first. Gradually increasing activity to the point patients can handle essential activities of daily living—getting up, personal hygiene and dressing—is the next step.

A realistic goal with severely ill patients is focusing on improving flexibility and minimizing the impact of deconditioning so they can increase function enough to manage basic activities.