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Canadian Family Medicine Clinical Card

A9 2011
www.learnfm.ca

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Fatigue

Organic causes: patient often cannot complete activities due to *progressive* fatigue

Non-organic causes: patient often reports *constant* fatigue

RULE OUT

Emergent Causes

- hypothyroid crisis/myxedema
- IHD/CHF
- anemia, GI hemorrhage
- psychiatry: suicide risk

Malignancy Red Flags

- unintended weight loss (> 10% in last 6 months)
- night sweats
- fevers/chills

Differential Diagnosis	Selected Investigations
Medication induced: hypnotics, antidep., anti-HTN, antiemetics, benzodiazepines, muscle relaxants, opioids, beta blockers, antihistamines, chemotherapy	Medication review
Substance-abuse/withdrawal	CAGE questionnaire
Psychiatric/Social: depression, anxiety/panic, somatization, domestic violence, challenging circumstances/demands	Screen for depression: SIGECAPS, PHQ-9, assess supports & support prioritizing
Sleep disorder: OSA, GERD, sleep movement disorder, insomnia	neck circumference, sleep study, PPI trial
Endocrine/Metabolic: DM, dehydration, hyper/ hypothyroid, adrenal insuff., renal failure, liver dz. (cholestatic), pregnancy, hypercalcemia, Vit. B12/folate deficiency	Lytes, Creatinine, glucose, OGTT, TSH, AM cortisol, ALP, bilirubin, INR, albumin, B-HCG, B12, folate
Hematologic/Neoplastic: occult malign., anemia (may be 2° to menorrhagia)	CBC + differential, ferritin, fecal occult blood
Inflammatory: RA, Connective Tissue Disease, PMR, Giant Cell Arteritis	ESR, RF, ANA, ENA, CRP, C3/C4, CH50, CK
Infectious: TB, hepatitis, mononucleosis, HIV, endocarditis, Lyme dz, West Nile Virus (WNV)	CXR, hep. serology, CBC, monospot, Tcell count, blood culture, echo, IgM and IgG Ab to <i>B. burgdorferi</i> , IgM Ab to WNV
CV/Resp: MI (esp. in geriatrics), arrhythmia, CHF, COPD, Asthma	ECG, cardiac enzymes, PFTs, CXR, echo, holter
Nutritional: vegetarian teenagers, elderly with low-nutrient diets	Dietary review, CBC, B12, folate, albumin
Idiopathic (Dx of exclusion): chronic fatigue synd.; idiopathic chronic fatigue, fibromyalgia	

TREATMENT

1. Treat underlying etiology.
2. Encourage healthy sleep hygiene & healthy lifestyle.
 - No food/drink/exercise before bed.
 - Ensure bedroom is sufficiently dark.
 - No TV in bedroom.
 - Go to bed @ same time each night.
 - Rise at same time each day.
 - Exercise daily.
 - Limit caffeine, smoking, alcohol.
 - Use stress mgmt. strategies.

CFS/Idiopathic Chronic Fatigue:

- CBT, graded exercise therapy; may benefit from support group & physiothx.

Key References: Fukuda K, et al. The chronic fatigue syndrome: A comprehensive approach to its definition and study. International Chronic Fatigue Syndrome Study Group. *Ann Internal Med.* 1994; 121(12):953-959. Rosenthal TC, et al. Fatigue: an overview. *American Family Physician.* 2008;78(10):1173-9. Whooley MA, et al. Case finding instruments for depression. Two questions are as good as many. *J Gen Intern Med.* 1997;12(7):439-45.