

CFS/ME Service for South Yorkshire and North Derbyshire

'Fairlawns', 621 Middlewood Road, Sheffield, S6 1TT

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Service Manager: Anne Nichol

Guidance for Early Diagnosis of CFS/ME, and Referral to the CFS/ME Adult Team

If you have a patient aged over 16 years with debilitating fatigue that is not the result of exertion, not relieved by rest and typically suffers from delayed setbacks after physical and mental activity, they may have chronic fatigue syndrome. We suggest patients over 65 are assessed first by an elderly care physician,

If the patient is under 16 years old, please refer to your local Paediatrician, who can then access our Children and Young People's Team.

A positive diagnosis can only be confirmed by recognising the presence of a characteristic set of symptoms, together with the screening and excursion of alternative diagnoses.

CFS/ME guidelines recommend early diagnosis and intervention in order to increase the likelihood of successful management.

Characteristics of CFS/ME include:

- Debilitating persistent or relapsing fatigue (not caused by conditions such as inflammation or chronic disease).
- Fatigue of definite/new onset but of several months duration.
- Fatigue not due to on-going exertion and not substantially relieved by rest
- Fatigue that is severe enough to cause substantial reduction in previous levels of occupational, educational, social or personal activities

Additional characteristic symptoms include:

- Sore throat
- Memory/concentration problems
- Unrefreshing/disturbed sleep
- Tender lymph nodes
- Muscle pain or twitching
- Multi-joint pain without swelling or redness
- Headaches of a new type, pattern or severity
- Post-exertional malaise lasting more than 24 hours

(Fukuda diagnostic criteria includes at least 4 of the above symptoms present in addition to the fatigue)

Differential diagnoses

It is important to ensure there is no clinical evidence of other causes of fatigue, including:

- Adrenal insufficiency
- Chrome infection
- Immuno-deficiency
- Primary Mental Health Problem
- Major neurological diseases
- Rheumatic diseases
- Somatisation
- Alcohol/substance abuse
- Anaemia
- Coeliac disease
- Malignancy
- Obesity (BMI>40)
- Primary Sleep Disorder
- Thyroid Disease
- Organ failure (e.g. emphysema. cirrhosis, cardiac failure)
- Reversible causes of fatigue (e.g. medication. recent surgery:

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Referral to the CFS/ME Adult Team

The Adult team is currently only accepting direct referrals from GPs. If you are a GP and wish to refer a patient to the CFS/ME service, we do require a referral letter, which includes the following information, as well as the results of the screening tests. As we are a therapy service we have no facilities for carrying out any investigations and rely on detailed referral information to enable us to triage referrals adequately,

If you do not include this information we will not be able to accept the referral:

- Reason for referral to the Service
- Confident diagnosis of CFS/ME
- Narrative of the illness
- Relevant past medical history including mental health
- Information about interventions already tried
- Current medication
- Minimum requirement of the following tests having been carried out (see below)

Screening tests

All people who are referred to the service must have a set of screening tests done within the last 3 months. If you do not include copies of the results of these tests, including their values and the date taken, we will not be able to accept the referral.

- Full blood count and film
- ESR/CRP
- Urea and electrolytes
- Creatinine kinase
- Serum Calcium and phosphate
- Liver function tests
- Thyroid function tests
- Urinalysis for protein blood and sugar
- Serum glucose
- Coeliac serology

Exclusion criteria for the CFS/ME Service:

- Major psychiatric illness with psychotic or manic features
- Concurrent rehabilitation from another service
- Ongoing medical investigation

Please send all referrals to:

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