

Criteria used to define chronic fatigue syndrome questioned.
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CRITERIA USED TO DEFINE CHRONIC FATIGUE SYNDROME QUESTIONED

In a population study in Georgia, Nater and colleagues (1) reported that 57% of persons with chronic fatigue syndrome (CFS) had at least one current psychiatric diagnosis and 89% had at least one lifetime psychiatric diagnosis. It should be noted that the method (2) they used to operationalize the definition for CFS (3) has vastly increased the prevalence estimates for CFS, to such an extent that some (4,5) have questioned whether they are still studying the same population.

Two other U.S. studies (6,7), using comparable methodology, have been published. A group led by the corresponding author (W.C.R.) (6) previously estimated the prevalence of CFS in Wichita as 0.235% (95% confidence interval, 0.142%-0.327%) (5). Another team in Chicago calculated a prevalence of 0.422% (95% confidence interval, 0.29%-0.56%) (6). These figures contrast sharply with the 2.54% occurrence rate calculated from the current cohort, using their operationalized criteria (2,8). One innovation was used in this study: individuals who did not report fatigue at the telephone screening stage were also assessed (8). This meant "11.5% of subjects with CFS would not have been detected in previous studies that queried participants only for fatigue," which does not explain the vast increase in the prevalence rate.

Jason and colleagues (5) investigated this new method (2) of operationalizing CFS criteria (3) in a study using patients with confirmed CFS and patients with major depressive disorders (MDD) who did not have CFS. They found that 38% of the patients who had MDD satisfied the criteria for CFS that Nater and colleagues (1) listed in their Table 1. They found that both the Multidimensional Fatigue Inventory (MFI) criteria and Short Form Health Survey (SF-36) criteria for CFS had particular problems with regard to specificity: 34 (92%) of 37 MDD patients satisfied the MFI criteria, and all of the 37 patients with MDD satisfied the SF-36 criteria! An example was given to illustrate the problems: a 26-year-old woman with MDD satisfied the SF-36 criteria because she scored 37.5 on the Social Function subscale and 0 on the Role Emotional Subscale. However, she scored 100 (the maximum) on the physical functioning subscale, so she had no impairment with regard in this domain, a clear indication she did not have CFS.

With regard to the SF-36, the role emotional (RE) subscale would not seem consistent with the 2003 recommendations for CFS research (9). The SF-36 criteria are supposed to operationalize the requirement that the illness "results in substantial reduction in previous levels of occupational, educational, social, or personal activities"; however, the RE subscale asks about impairments "as a result of any emotional problems." A previous population study (10) found that RE scores of CFS were not different from healthy controls.

As Table 1 shows, the MFI criteria are supposed to ensure that a patient has "severe fatigue." The MFI general fatigue criteria may do this. But it is very debatable that somebody scoring 10 on a reduced activity scale necessarily has "severe fatigue"-somebody with psychopathology may engage in reduced activity for reasons other than severe fatigue. At least one set of CFS researchers (11) defined "the fatigue axes of the Multidimensional Fatigue Inventory" as the MFI scores for general fatigue, physical fatigue, and mental fatigue (i.e., they did not consider that the reduced activity scale measured fatigue).

The point of all this is to question whether everyone in the cohort would be considered as CFS patients by other practitioners and, thus, to challenge the relevance of the authors' findings and recommendations.

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