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## Editorial

# Chronic fatigue syndrome

Fatigue is a major symptom in clinical medicine and is associated with a variety of somatic illnesses (e.g. infectious and non-infectious inflammatory diseases and cancer). In the context of somatic illness, fatigue is often given little attention in comparison to other symptoms. In addition, the pathogenesis of fatigue is poorly understood. When fatigue is chronic, disabling, and unexplained by a somatic cause, it is defined as chronic fatigue syndrome (CFS), especially when there are accompanying symptoms [1].

There are few problems in medicine that lead so easily to a polarized discussion as CFS. This form of polarization is counterproductive: it does not contribute to finding a solution to this relatively large clinical problem and is not of help to the individual patient.

Among the opponents in this discussion, we find doctors that categorically reject CFS as an existing syndrome and those that consider it strictly a psychiatric illness. This negative view is often derived from information found in out-dated textbooks of psychiatry, and doctors' inability to diagnose and treat patients with CFS. In addition, these doctors feel irritated about the phenomenon that many of the patients with CFS may already have made a self-diagnosis of myalgic encephalomyelitis (ME), and come to the outpatient clinic with brochures about their illness.

At the other extreme, we find those (patients, laymen and doctors) that come up with a variety of unscientific and uncritical explanations for their chronic fatigue (many of which are derived from alternative medicine). Their position is largely a result of despair and lack of acceptance by the medical field, legal systems and social authorities.

For the clinical investigator with an unbiased mind who tries to find out what is behind this mysterious disorder, these extremes pose real obstacles.

Another major problem in CFS research is the lack of objective criteria for the diagnosis. Although there have been a number of attempts to bypass this problem by proposing criteria for a case definition (e.g. Holmes criteria, Sharpe criteria, Fukuda criteria; [1–3]), none of these is satisfactory. In particular, the detailed American criteria [1,3] appear to have limited validity. It seems that the method of probing for symptoms and signs greatly influences the number of criteria obtained [4]. In addition, and of even greater importance, the number of minor Holmes criteria does not reflect the severity of the clinical illness [4]; the Fukuda criteria appear to

suffer from the same problem (Vercoulen *et al.*, unpublished observations).

Progress in CFS research is notoriously slow. Most of the proposed aetiologies (especially those regarding persistent viruses) have become obsolete with the introduction of better-designed studies [5,6], and in terms of pathogenesis (especially immunologic, metabolic mechanisms), either confirmation in well-controlled settings could not be obtained or is still lacking [7]. In addition, it remains unclear to what extent such abnormalities play a primary role. In this area of research it is of great importance to distinguish between aetiologic and pathogenetic factors that have started the syndrome and those factors that maintain it.

Despite the negative findings, we should not be discouraged and should continue multidisciplinary research activities in adequate settings. To my mind, it is certainly not correct to view the negative findings as support for a psychiatric pathogenesis. Even the finding that psychological factors play an important role in maintenance of the complaints [8] does not rule out genuine somatic aspects. It is highly fashionable to attribute the outcome of established somatic diseases (e.g. cancer) to some extent to psychologic factors.

In this issue of the Journal, an extensive, critical paper by Professor Dickinson is published [9]. This is partly a review, partly a hypothesis paper. It is clear that Professor Dickinson has an open mind on CFS, and does not belong to one of the extremes I described above. In the hypothesis, he gives very personal views that are very challenging. I hope that this review inspires the readership of the EJCI to investigate further this intriguing clinical problem.

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