

Psychological correlates of functional status in chronic fatigue syndrome

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Abstract

Background: The present study was designed to test a cognitive model of impairment in chronic fatigue syndrome (CFS) in which disability is a function of severity of fatigue and depressive symptoms, generalized somatic symptom attributions and generalized illness worry. **Methods:** We compared 45 CFS and 40 multiple sclerosis (MS) outpatients on measures of functional ability, fatigue severity, depressive symptoms, somatic symptom attribution and illness worry. **Results:** The results confirmed previous findings of lower levels of functional status and greater fatigue among CFS patients compared to a group of patients with MS. Fatigue severity was found to be a significant predictor of

physical functioning but not of psychosocial functioning in both groups. In CFS, when level of fatigue was controlled, making more somatic attributions was associated with worse physical functioning, and both illness worry and depressive symptoms were associated with worse psychosocial functioning. **Conclusions:** Our findings support the role of depression and illness cognitions in disability in CFS sufferers. Different cognitive factors account for physical and psychosocial disability in CFS and MS. The SF-36 may be sensitive to symptom attributions, suggesting caution in its interpretation when used with patients with ill-defined medical conditions. © 2002 Elsevier Science Inc. All rights reserved.

Keywords: Depression; Disability; Illness cognitions; Somatic attribution

Introduction

The level of functional impairment of patients reporting chronic fatigue syndrome (CFS) is comparable or worse than that of patients with a variety of chronic medical conditions [1,2]. According to the model proposed by Wessely and Sharpe [3], CFS patients' beliefs regarding their symptoms may lead to avoidance behaviors and activity restriction, which, in turn, lead to physical deconditioning, more symptoms and greater disability. The model does not preclude the possibility that CFS symptoms may

initially be caused by viral infection or immune dysfunction but addresses factors that may lead to chronicity and disability. The importance of cognitive factors in maintaining inactivity and perpetuating the symptoms of CFS is supported by a randomized controlled trial showing that patients receiving cognitive behavioral therapy in addition to medical care did significantly better after the sessions, and increasingly better at a 6-month follow-up, than did those receiving medical care alone [4,5]. The present study was designed to test aspects of a more general cognitive model of impairment in CFS. It suggests that the disability associated with conditions such as CFS is not only a function of severity of fatigue but also of generalized illness worry, pathological symptom attributions and depressed mood, which contribute to symptom amplification, help-seeking and avoidance of activity [6,7].

By definition, fatigue is the principal symptom of CFS. The unpredictability of fatigue and its day-to-day fluctuation

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tuation greatly affect patients' quality of life [8]. Fatigue is also at the center of debate on treatment of CFS because cognitive and behavioral factors are involved in the persistence of fatigue [9]. Prolonged bed rest and inactivity have been shown to cause physical deconditioning [10,11], as well as functional impairment independently of level of fatigue [12]. Not long ago, CFS patients were encouraged to rest in order to recover but, currently, CFS patients are encouraged to resume their normal activities as much as possible in order to break the vicious circle of fatigue and deconditioning [13].

Between 24% and 80% of CFS patients may suffer from concurrent depression [14,15], but, because of the similarity in somatic symptoms between CFS and depression, the precise status of comorbid depression is controversial [16,17]. Whether depression is considered as a primary, secondary or comorbid psychiatric disorder, it is clear that frustration at not being able to undertake normal activities can lead to depressive symptoms. In turn, by encouraging inactivity, depression may perpetuate CFS and disability [3].

Excessive attention to the body and worry about symptoms may contribute to CFS patients' high levels of symptom reporting, distress and disability [18]. CFS patients have been shown to report significantly greater perceived vulnerability to illness than a control group of MS patients [19]. Moreover, illness worry was a significant predictor of physical disability in a group of patients with fibromyalgia, a syndrome characterized mainly by pain and fatigue, but not in a group of rheumatoid arthritis patients [20].

Attributing fatigue and other symptoms to an external cause may maintain or exacerbate inactivity in CFS patients, therefore, increasing their disability. According to Chalder et al. [21], attributing fatigue to a social cause, such as "excessive work pressures," seems to protect against psychosocial distress by relieving the person of responsibility for the illness, but at the same time it promotes inactivity leading to more disability. The tendency to attribute common somatic symptoms to physical illness was shown to be associated with chronicity of fatigue in primary care [9]. Physical illness attributions along with the presence of an emotional disorder were found to be associated with disability in two studies of patients with fatigue [22,23]. A prospective study of 618 subjects attending 42 different general practitioners' clinics in London and who presented with a viral illness found that postviral fatigue (persistent fatigue at 6-month follow-up) was predicted by a somatizing attributional style, being given a less definite diagnosis of viral infection by a general practitioner and receiving a sick certificate [24].

The aim of the present study was to further explore the importance of psychological and cognitive variables in maintaining fatigue and disability in CFS. Accordingly, we examined the contribution of fatigue severity, depression, symptom attribution and illness worry to level of

functioning in CFS by comparing a group of patients with CFS to a group of patients suffering from multiple sclerosis (MS). MS is a disabling neurological condition with a highly variable course due to central nervous system demyelination. MS is associated with varying levels of fatigue as well as sensory and motor impairment, including loss of vision, incontinence and weakness [25]. While the symptoms of MS differ substantially from CFS, it has been used as a comparison group in several previous studies [26]. Based on the model presented above, we hypothesized that the disability in CFS would be proportional to the severity of fatigue but would also be a function of levels of depressive symptoms, somatic symptom attributions and illness worry.

Method

Sample

Forty-five patients who fulfilled CDC criteria for CFS [27] and 40 patients with MS confirmed by standard clinical investigations were referred by Montreal and Toronto physicians (immunologists, infectious disease specialists, psychiatrists and general practitioners) for a larger study of functional somatic syndromes [28]. To enter the study, patients had to be 18 years or older and able to understand either French or English. The CFS patients had a mean age of 39 and had been suffering from CFS symptoms for 6 years on average; 62% were female. The MS patients were chosen from consecutive referrals from two neurologists to match as closely as possible the CFS patients on age and gender. They have been suffering from MS for 12.7 years on average, were not acutely ill, and had a wide range and levels of symptomatology and impairment. Further details regarding the sample can be found in Taillefer et al. [19].

Measures

A structured interview was used to assess sociodemographic variables and a self-report questionnaire was used to assess mental and physical functional levels, severity of fatigue, illness worry, symptom attributions and depressive symptoms.

Functional status

Patients' perceived level of functional ability or health status was measured by the Medical Outcomes Study SF-36 Item Short-Form Health Survey [29], a self-report questionnaire showing good construct validity [30]. The SF-36 has shown adequate psychometric properties as a measure of functional status in individuals suffering from CFS [4,31–33] and other fatiguing illness such as MS [32].

The SF-36 is comprised of eight subscales: (1) The physical functioning scale measures the extent to which

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