



Improving the diagnostic criteria and procedures for chronic fatigue syndrome

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Abstract

Since the publication of the case definition for chronic fatigue syndrome (CFS) in 1988 the diagnostic criteria have been revised twice in the U.S. None of the case definitions were derived empirically. As a result, there is concern regarding the sensitivity, specificity, and reliability of the criteria. The goal of the present study was to identify methods for improving the diagnostic criteria for CFS. Three groups of 15 participants each were recruited: participants with (1) CFS, (2) major depressive disorder (MDD), and (3) healthy controls. Using statistical procedures, three methods for improving the diagnostic criteria were explored: identification of new diagnostic symptoms, the use of severity ratings for symptomatology, and the identification of standardized measures that differentiate cases of CFS from other conditions. Results of the present study suggest that these three methods hold promise for improving the sensitivity, specificity, and reliability of the diagnostic criteria for CFS.

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One of the main goals of classifying any disease or illness is to group together patients who have an illness that may have many manifestations, but a common underlying pathophysiological pathway (Hartz et al., 1998). The benefit of classifying patients into diagnostic categories is that it facilitates communication among clinicians/researchers, selection of treatment methods, and prediction of response to treatment. Past experience has shown that even in cases where the underlying pathophysiological pathway has not been identified,

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research on the etiology and treatment of the illness has been facilitated by simply classifying these illnesses as syndromes of signs and symptoms (e.g., systemic lupus erythematosus or tuberculosis). This has been the case with chronic fatigue syndrome. Although the etiology of this illness remains unknown, researchers have been able to examine and better understand the nature of this illness primarily through the use of clinical classification approaches (i.e., classification criteria developed through clinical experience and observation).

In 1988, a team of experienced clinicians led by the Centers for Disease Control and Prevention developed the first set of clinically derived diagnostic criteria for chronic fatigue syndrome. These criteria, developed through the consensus of an expert committee, provided health care professionals with the first set of systematic criteria to follow when assessing patients presenting with unexplained chronic fatigue. Shortly following the publication of the Holmes et al. (1988) case definition, researchers and clinicians in the United States became dissatisfied with this set of diagnostic criteria (Jason et al., 1997). Since then, the case definition has been revised twice: once in 1992 by a group who attended the 1991 National Institute of Allergy and Infectious Disease/National Institute of Mental Health workshop on CFS, and a second time in 1994 by the NIH/CDC CFS study group (Fukuda et al., 1994). The criteria published by the NIH/CDC CFS study group (Fukuda et al., 1994) is the current U.S. case definition for CFS.

It is important to note that neither the original U.S. case definition nor the revised U.S. case definitions for CFS were derived empirically (Jason et al., 1997). Over the past 4–5 years researchers have become interested in attempting to validate the current U.S. case definition through empirical and statistical approaches. Overall, the results of these studies have suggested that there is moderate to strong empirical support for the current CFS case definition (Hartz et al., 1998; Jason and Taylor, 2002; Jason et al., 2002a,b; Komaroff et al., 1996; Nisenbaum et al., 1998). There is some concern, however, regarding the sensitivity (i.e., ability to identify those who have the disease), specificity (i.e., ability to correctly identify those who do not have the disease), and diagnostic reliability of the Fukuda et al. (1994) criteria.

Some CFS researchers are concerned that the specificity of the current U.S. case definition is poor (Jason et al., 1997). Even Fukuda, one of the primary authors of the U.S. case definition, has stated that the current CFS diagnostic criteria might not exclude people who have purely psychosocial stress, or many psychiatric reasons for their fatigue (Fukuda, personal communication, August 30, 1995). As a result, individuals with purely psychiatric disorders and psychological explanations for their fatigue might be included within the CFS rubric. Although it is possible for some individuals with CFS to have psychiatric problems before or after the onset of CFS, or even both, the inclusion of individuals with purely psychiatric disorders may seriously complicate the interpretation of epidemiological and treatment studies (Jason et al., 1997).

One approach to improving the specificity as well as the sensitivity of the diagnostic criteria for CFS is through the development of empirically derived symptom criteria. Researchers attempting to empirically validate the current U.S. case definition have already made some initial suggestions regarding specific symptoms that should be added or removed to improve the overall sensitivity and specificity of the criteria. In a study conducted by Komaroff et al. (1996), patients meeting the major criteria of both the original CFS case definition (Holmes et al., 1988) and the most recently revised CFS case definition (Fukuda

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