PriMera Scientific Surgical Research and Practice Volume 4 Issue 3 September 2024 DOI: 10.56831/PSSRP-04-135

ISSN: 2836-0028



Literature Review on Chronic Fatigue Syndrome

Type: Short Communication Received: August 05, 2024 Published: August 16, 2024

Citation:

Christina Rahm. "Literature Review on Chronic Fatigue Syndrome". PriMera Scientific Surgical Research and Practice 4.3 (2024): 91-92.

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This research analysis aims to present a case study analysis on the topic of chronic fatigue syndrome, which is a long-term condition that affects a variety of bodily systems. It can affect people of any age group and can appear gradually over months or years. Chronic tiredness is a poorly understood condition characterized by physical and mental exhaustion exacerbated by physical and mental activity that occurs 50% of the time or more and lasts at least six months. The prognosis is unclear, but the lay literature indicates a lifelong path with only sporadic recovery. In 2016, four databases were searched for peer-reviewed papers that provided follow-up data following an initial diagnosis of chronic fatigue syndrome. Papers that employed a combination of goal symptoms were the key excursion criterion.

The case study's data was collected using a standard form, and three broad groupings were identified: naturalistic studies, comparative cohort studies, and randomized controlled studies. Additional information was recorded about the sample's socio-demographic features, the study's inclusion criteria, the key outcomes used, and the environment. Female Age: 62, developed adrenal fatigue and blood sugar issues, and was diagnosed with chronic fatigue in 2013. She had trouble with mental focus, anxiety, and high blood pressure.

After the initial outbreak of ME/CFS in Los Angeles in 1934, the condition has experienced a number of modifications in terms of nomenclature and case definition, including being dubbed 'benign ME', 'chronic Epstein-Barr virus syndrome', and 'postviral fatigue syndrome'. The CDC published the ME/CFS criteria in 2003, which encompassed both ME and CFS clinical symptoms. The ICD system exemplifies the complexities of such confusing terms. The World Health Organization categorized ME as a neurological illness in 1969, but the ICD-10 (2016) and ICD-11 (2019) categorized ME and CFS as distinct illnesses, with tiredness (MG22) being excluded. As a result, ME/CFS is poorly defined. The term "myalgia Nervosa" was coined by Dr. S. Freud to suggest a psychiatric etiology, while the original term "neurasthenia" denoted an organic neurological ailment. Until recently, the cause of ME/CFS was a contentious issue. In 2015, the IOM proposed a new name, SEID, and related criteria, which eschewed the stigma associated with "fatigue". The study's sample size ranged from 15 to 498 people, and it used a range of classifications. Only three of the 2075 patients tracked with organic exclusion in the 19 trials died, and one of them was caused by an unconnected physical disease. The authors conclude that ME/CFS is difficult to comprehend and treat for both patients and health care providers, and question the prevalent socio-cultural narratives surrounding academics' and physicians' views on ME/CFS and their victim-blaming tendencies.

Richman and Jason discovered that the medical establishment still credits mental and psychological reasons for ME/CFS, while patients with ME/CFS generally ascribe their condition to a still unknown biological etiology. Further qualitative research is needed to understand marginalization experiences. The literature review has highlighted the causes of Chronic Fatigue Syndrome, which is a long-term condition that affects a variety of bodily systems. It can affect people of any age group, and symptoms may appear gradually over months or years.