

Poorly Understood Conditions of the 21st Century:

Chronic Fatigue Syndrome (CFS), Fibromyalgia (FM), and Multiple Chemical Sensitivity (MCS)



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1. What are some common symptoms of CFS, FM, and MCS?

- Profound fatigue
- Interrupted, non-restorative sleep
- Muscle and joint pain
- New or increased intolerance for alcoholic beverages, medications, tobacco smoke, exhaust fumes, scented products, paints, pesticides, etc.
- Neurologic/cognitive—confusion; difficulty concentrating and processing; poor short-term memory; disorientation; spatial instability; ataxia; muscle weakness; fasciculations; intolerance to light, noise, stress; stronger sense of smell than others; feeling groggy, dull, or spacey
- Autonomic—postural hypotension; vertigo; lightheadedness; extreme pallor; nausea; diarrhea or constipation; urinary frequency; palpitations with or without irregular heartbeat; shortness of breath on exertion
- Neuroendocrine—subnormal body temperature; sweating; cold extremities; intolerance to heat and cold; marked weight change; anorexia or abnormal appetite
- Immune—tender lymph nodes; recurrent sore throat; recurrent flu-like symptoms; general malaise

2. What is the chief complaint for each of the three conditions?

- CFS: Fatigue
- FM: Muscle pain
- MCS: Neurocognitive symptoms (see question 1)

3. How are these conditions diagnosed?

1. Rule out other conditions which may have similar symptoms.
2. Take careful health, family, and exposure histories.
3. Ask patients to rate symptom severity (0-10) as a baseline and to follow progress.
4. Examine the patient undressed and gowned.
5. Do basic and additional lab tests if needed.
6. Rule in CFS, FM, and MCS by using the consensus case criteria (see page 66, Table 3).

For an in-depth article on CFS, FM, and MCS, please go to page 65.