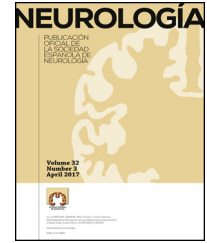




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REVIEW ARTICLE

Chronic fatigue syndrome and sleep disorders: Clinical associations and diagnostic difficulties[☆]

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KEYWORDS

Non-restorative sleep;
Sleep disorders;
Sleep apnoea;
Somnolence;
Fatigue;
Chronic fatigue syndrome;
Fibromyalgia

Abstract

Introduction: Chronic fatigue syndrome (CFS) is characterised by the presence of intractable fatigue and non-restorative sleep, symptoms which are also very prevalent in multiple diseases and appear as side effects of different drugs. Numerous studies have shown a high prevalence of sleep disorders in patients with CFS. However, non-restorative sleep and fatigue are frequently symptoms of the sleep disorders themselves, so primary sleep disorders have to be ruled out in many cases of CFS.

Development: This review was performed using a structured search of the MeSH terms ([Sleep] + [Chronic fatigue syndrome]) in the PubMed database.

Conclusion: Identifying primary sleep disorders in patients meeting diagnostic criteria for CFS will allow for a more comprehensive treatment approach involving new diagnostic and therapeutic strategies that may improve quality of life for these patients.

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PALABRAS CLAVE

Sueño no reparador;
Trastornos del sueño;
Apnea del sueño;
Somnolencia;
Fatiga;
Síndrome de fatiga crónica;
Fibromialgia

Síndrome de fatiga crónica y los trastornos del sueño: relaciones clínicas y dificultades diagnósticas

Resumen

Introducción: El síndrome de fatiga crónica (SFC) se caracteriza por la presencia de fatiga intratable y sueño no reparador, síntomas con una alta prevalencia en múltiples enfermedades y/o como efecto secundario de diferentes fármacos. Diferentes trabajos demostraron una alta prevalencia de los trastornos del sueño asociados al SFC. Además, los síntomas de sueño no

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reparador y fatiga son síntomas frecuentes en los trastornos del sueño, lo que hace que en muchos pacientes con SFC haya que descartar un trastorno de sueño primario.

Desarrollo: Este trabajo se ha realizado a través de una búsqueda sistematizada con términos MeSH ([Sleep] + [Chronic fatigue syndrome]) en la base de datos PubMed.

Conclusión: La identificación de los diferentes trastornos primarios del sueño en los pacientes con criterios diagnósticos de SFC, nos permitiría realizar un abordaje del paciente más completo, con nuevas estrategias diagnósticas y terapéuticas que podrían mejorar la calidad de vida de estos pacientes.

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Introduction

Chronic fatigue syndrome (CFS) has sparked growing interest in recent decades, despite which the condition continues to be controversial. The main reason for this is the lack of objective evidence of the syndrome. CFS is a heterogeneous multisystem disorder of unknown origin characterised by generalised fatigue lasting over 6 months, worsening after exercise (98%), and associated with recurrent headache (90%) and concentration and/or memory problems (85%).¹ These symptoms are usually associated with non-restorative sleep (94%), musculoskeletal pain (75%), swollen lymph nodes, and/or psychiatric disorders (65%).¹ Prevalence of CFS is estimated at 0.007%-2.8% of the general adult population, predominantly affecting women (female-to-male ratio of 4:1).²

The current concept of CFS overlaps with such other syndromes as fibromyalgia, temporomandibular pain, irritable bowel syndrome, and sleep disorders (SD). According to the third edition of the International Classification of Sleep Disorders (ICSD-3),³ over 90 well-characterised SDs have been described. Some of these disorders are highly prevalent among the general population: insufficient sleep syndrome (40%), insomnia (20%), sleep-related breathing disorders (2%-5%), restless legs syndrome (RLS) (2%), periodic limb movement disorder (PLMD), delayed sleep-wake phase disorder, and parasomnia.³ SDs have also been associated with increased mortality; a higher prevalence of cardiovascular disease, workplace and traffic accidents, and psychiatric disorders; and poorer cognitive function and performance.^{4,5}

SDs and CFS share several symptoms, such as fatigue and non-restorative sleep, both of which are subjective and currently impossible to quantify. Non-restorative sleep, one of the most common symptoms in patients with CFS (87%-95%),^{6,7} constitutes a key symptom for CFS diagnosis.⁸ The latest diagnostic guidelines for CFS include such other symptoms as excessive daytime sleepiness (EDS), difficulty falling asleep, and sleep fragmentation⁷; these symptoms are also very common in patients with SDs.³ The clinical overlap between SDs and CFS, combined with the current lack of knowledge of SDs, may explain the delayed diagnosis in these entities.

A comprehensive review of the topic was conducted in order to address the following questions: (1) what symptoms

of SDs overlap with those of CFS? (2) what is the prevalence of SD in patients with CFS? (3) what polysomnographic alterations have been observed in CFS? and (4) how can SDs be diagnosed in patients with CFS and differentiated from the latter condition? To aid in clinical differentiation between these disorders, useful clinical guidelines for SD screening are provided, together with a diagnostic algorithm for SDs in patients with CFS, according to the sleep pattern they present. Identifying SDs in patients with suspected CFS will provide new diagnostic and treatment strategies to improve these patients' quality of life.

Methods

A systematic literature search was conducted on MEDLINE (PubMed) using the MeSH terms [sleep] + [chronic fatigue syndrome]. Inclusion criteria were as follows: articles published in indexed journals, written in Spanish or English, and published prior to 31 December 2014. The study includes original articles reporting prospective and retrospective studies, systematic reviews, and meta-analyses. After reading the abstracts and selecting those articles that appeared to be relevant, the full texts of the selected articles, and the cited references, were reviewed.

Symptoms of sleep disorders overlapping with chronic fatigue syndrome

Fatigue, EDS, and non-restorative sleep are very common symptoms of CFS.⁸ However, the diagnostic criteria for many SDs defined in the ICSD-3³ (insomnia, sleep-related breathing disorders, central disorders of hypersomnolence, circadian rhythm sleep-wake disorders, and sleep-related movement disorders) greatly coincide with those of CFS, which makes it more difficult to differentiate the 2 conditions.

Since 1988, diagnostic criteria for CFS have always included very frequent symptoms of primary SDs (Table 1). The 1988 (Holmes et al.⁹) and 1994 (Fukuda et al.¹⁰) Centers for Disease Control and Prevention (CDC) criteria include non-restorative sleep as a minor symptom. Furthermore, the diagnostic criteria proposed by Fukuda

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