

VISIT 1

Goal: Exclude other conditions that could explain the patient's symptoms; then collect information that will make or refute the diagnosis of ME/CFS.

First, does the patient have the four cardinal symptoms of ME/CFS?

- Fatigue
 - a. While the patient may complain of sleepiness, reduced energy or stamina are the major complaints
 - b. Post-exertional malaise is present. That is, fatigue (malaise and sickness) lasts 24 hours or more following exertion.
 - c. Fatigue is severe enough that it has significantly impacted lifestyle and work .
- Pain is present
 - a. Myalgias or muscle pain and/or,
 - b. Arthralgias, usually migratory, not associated with swelling, heat, or redness, and/or
 - c. Headache of new onset or changed in severity.
- Sleep disruption
 - a. Disturbed sleep
 - b. Sleep is usually not refreshing
- Problems with cognition
 - a. Difficulty recalling familiar names or numbers, recent events or conversations.
 - b. Searching for words
 - c. Difficulty sequencing (e.g., do this, then that, then that; such as a recipe)
 - d. Difficulty focusing or concentrating
 - e. Difficulty comprehending (e.g. read the same paragraph several times)
 - f. Difficulty processing, maintaining, or expressing thoughts

If any of these symptoms are minimal or absent, the diagnosis of ME/CFS is in question. Consider a routine history and physical, and follow-up over time.

If the cardinal symptoms are present perform a complete physical examination, following the recommendations in CHART 1 below.

Obtain exclusionary laboratory studies to rule out other plausible causes for the patients symptoms. Such studies should include:

- Complete blood count (CBC)
- Comprehensive Metabolic Panel (electrolytes, BUN, Cr, glucose, calcium, phosphorus, total protein, albumin, globulin, alkaline phosphatase, SGOT/ALT, SGPT/AST)
- C-reactive protein or Westergren sedimentation rate
- Thyroid function tests
 - o TSH is difficult to interpret due to HPA Axis suppression in ME/CFS, so we suggest using the Free T4 and T3.
- Urinalysis
- ANA and Rheumatoid Factor, if indicated

Obtain any other laboratory studies indicated by your history and exam, such as:

- Cranial MRI if Multiple Sclerosis or other neurological disorder suspected
- Overnight sleep study (primary sleep disorders such as apnea and periodic leg movement syndrome occur in up to 60% of patients)
- Sjogren's antibodies (SSA (Ro) /SSB (La)) if dry eyes and mouth are present

- ❑ Lyme serology (ELISA) or Western Blot if patient has had tick exposure or comes from an endemic area (Northeast US, Wisconsin area, California and others)
- ❑ Hepatitis C serology if "at risk" or has had elevated liver function tests
- ❑ Iron, TIBC, and ferritin or transferrin if hemochromatosis is suspected or liver functional tests are abnormal.
- ❑ CPK if muscle tenderness is present and myositis is suspected
- ❑ Obtain consultation if a significant psychiatric condition is present or suspected

Topics in purple are further explained in the GLOSSARY.

Chart 1

PATIENT ASSESSMENT

NAME: _____ DATE: _____

VITAL SINS

Temp	Pulse	Resp	BP	Wt	Ht	BMI
Supine BP		Standing BP		Sup HR		Stnd HR

OBJECTIVE

Fundi:

Eyes:

ENT: (Non-exudative pharyngitis? Pharynx ample? Large tongue? TMJ tender?)

Neck: (Thyromegaly or carotidynia?)

Lymph nodes: (Tender and/or swollen cervical or axillary nodes?)

Heart:

Lungs:

Abdomen: (RUQ tender? Hepatosplenomegaly?)

Extremities:

Skin: (Acne rosacea? Livido reticularis?)

MUSCULOSKELETAL

Good tone? Atrophy?

Joint swelling, heat, or redness? Nodularity?

Nodularity at joints ()

Range of motion normal? **Hyperextensibility?**

Tenderpoints of fibromyalgia present?

Myofascial bands present?

NEUROLOGICAL

Handedness: () Right () Left () Ambi

Cranial nerves:

Finger-to-nose: (Tremor? Dysmetria?)

Random alternating movements: (Dysdiadokinesia?)

Balance:

Tandem stance:

Romberg:

DTRs:

Babinski reflexes:

Tinel's and/or **Phelan's sign** (optional)

Adson's sign (optional)

Neurocognitive (**Serial 7 Subtraction, Digit Span**)

MENTAL STATUS

Affect: (Normal? Anxious? Flat?)

Speech: (Normal? Halting? Rapid?)

Fund of knowledge: (Average? Above or below average?)

Oriented to person, place, and time?:

Reality check: (Any hallucinations or delusions?)

Cyclothymia: (Alternating depression/mania? Risky behaviors? Grandiosity?

Decreased need for sleep? Racing thoughts? Pressured speech?)

Topics in **purple** are further explained in the GLOSSARY.