






Fatigue

“I’m really tired, doctor”. A statement to make your registrar’s heart sink. Registrars encounter patients complaining of fatigue at a rate of 1.1 per 100 encounters. Fatigue is the most commonly presenting undifferentiated problem in general practice, and often leads to multiple investigations. Fatigue is a particularly challenging presentation for registrars, as it is ambiguous and potentially associated with serious disease.

<p>TEACHING AND LEARNING AREAS</p> 	<ul style="list-style-type: none"> • Aetiology of fatigue in general practice, including potentially serious somatic causes • Clinical assessment – key features of an effective history for fatigue, examination and red flags • Investigation – appropriate tests in the presence/ absence of red flags • Management – specific to causes, lifestyle, psychosocial factors • Follow up and safety netting
<p>PRE-SESSION ACTIVITIES</p> 	<ul style="list-style-type: none"> • Registrar to reflect a couple of patients who recently presented with fatigue • NPS - Investigating Fatigue Red Flags (online) • NPS The Role of Tests in Fatigue (online) • FOAM4GP Tired? Want a blood test? (online) • Review Murtagh’s Paradigm
<p>TEACHING TIPS AND TRAPS</p> 	<ul style="list-style-type: none"> • Fatigue is typically an undifferentiated and multifactorial presentation in general practice, being vague, common and associated with a low pre-test probability of serious disease. It is an excellent opportunity to assess and support a registrar’s tolerance of uncertainty • Patients presenting with fatigue may know the cause. It is therefore important to identify the patients reason for attending the practice • It is also a great topic to discuss rational test ordering and avoid going on a ‘fishing expedition’ when investigating the patient • in absence of red flags tests are generally low yield, watchful waiting reasonable
<p>RESOURCES</p> 	<p>Read</p> <ul style="list-style-type: none"> • Fatigue – a rational approach to investigation RACGP AFP. This excellent article has a useful table on the causes of fatigue. • NPS - Management of Fatigue (online) This is an excellent article detailing the evidence of management of fatigue in general practice • Patient UK Tiredness good overview article • RN Health Report Medically Unexplained Symptoms (online) Excellent overview to the common presentation of fatigue
<p>FOLLOW UP/ EXTENSION ACTIVITIES</p> 	<ul style="list-style-type: none"> • Registrar to reflect on management of patients with fatigue • NPS Case study

Fatigue

Clinical Reasoning Challenge

Maria is a previously well 31 year old woman who presents with a five week history of being "tired all the time". She is married with no children and works as a full-time registered nurse. She has no other symptoms on systems review and there are no red flags. She is not taking any regular medications or other drugs. There have not been any significant changes in her life that she can recall and she cannot explain why she feels so fatigued. Physical examination is unremarkable. Her mental state examination is essentially normal - she reports her mood as "tired". Urinalysis is normal.

QUESTION 1. What initial investigations would you order on this lady? (List SIX.) .

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____

QUESTION 2. Maria returns for review after a week and you advise that all tests are negative. What broad aspects of management should you discuss with her? (List FOUR).

- 1 _____
- 2 _____
- 3 _____
- 4 _____

Fatigue

ANSWERS

QUESTION 1

What initial investigations would you order on this lady? (List SIX.)

- BC
- BGL
- TSH
- EUC
- LFT
- ESR
- CRP

In patients with unexplained or persisting fatigue, the Australian guidelines¹ recommend the judicious use of investigations with high sensitivity, including urine dipstick and finger-prick blood tests (e.g. proteinuria, blood glucose concentration) before more formal tests. If proceeding to formal investigations, they recommend FBC, BGL, TSH, EUC, LFT and ESR or CRP. The critical importance of follow up is also highlighted.

It has been shown that a limited set of blood tests (Hb, ESR, BSL and TSH) is almost as useful in diagnosing serious pathology as a more extensive set of investigations.²

QUESTION 2

Maria returns for review after a week and you advise that all tests are negative. What broad aspects of management should you discuss with her? (List FOUR).

- Exercise,
- Sleep,
- Diet,
- Follow up if not improving

References

1. Moulds R EB, van Driel M, Greenberg P, et al. Fatigue: diagnostic approach in primary care. eTG complete [Internet]. Revised Oct 2011;2013 Mar.
2. Koch H, van Bokhoven MA, ter Riet G, et al. Ordering blood tests for patients with unexplained fatigue in general practice: what does it yield? Results of the VAMPIRE trial. Br J Gen Pract. 2009;59(561):e93-100.