






# Fatigue

"I'm tired all the time." Registrars see patients complaining of fatigue as the primary reason for encounter at a rate of 1.4 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, though uncommonly, associated with serious disease. Supervisors can be of great help in assisting registrars assess and manage this very common problem.

<b>TEACHING AND LEARNING AREAS</b> 	<ul style="list-style-type: none"> <li>• Aetiology of fatigue in general practice, including potentially serious somatic causes</li> <li>• Clinical assessment – key features of an effective history for fatigue, examination and red flags</li> <li>• Investigation – appropriate tests in the presence/absence of red flags</li> <li>• Management – specific to causes, lifestyle, psychosocial factors</li> <li>• <a href="#">GPSA guide to Managing Uncertainty</a></li> <li>• Follow up and safety netting</li> </ul>		
<b>PRE- SESSION ACTIVITIES</b> 	<ul style="list-style-type: none"> <li>• Read the chapter on Tiredness in Murtagh's General Practice</li> </ul>		
<b>TEACHING TIPS AND TRAPS</b> 	<ul style="list-style-type: none"> <li>• Fatigue is typically an undifferentiated presentation in general practice, being vague, common and often remains unexplained</li> <li>• Always ask the patient what they believe is the cause and whether they have any specific concerns</li> <li>• Always consider psychosocial causes of fatigue</li> <li>• Fatigue is a great topic to discuss rational test ordering and avoiding going on a 'fishing expedition' when investigating the patient</li> <li>• In absence of red flags tests are generally low yield, watchful waiting is reasonable</li> </ul>		
<b>RESOURCES</b> 	<table border="1"> <tr> <td data-bbox="335 1686 427 1854"><b>Read</b></td><td data-bbox="427 1686 1484 1854"> <ul style="list-style-type: none"> <li>• <a href="#">Patient UK Tiredness</a> good overview article</li> <li>• <a href="#">2016 BMC Family Practice. The differential diagnosis of tiredness: a systematic review</a></li> <li>• 2014 AFP article <a href="#">Fatigue – a rational approach to investigation</a></li> </ul> </td></tr> </table>	<b>Read</b>	<ul style="list-style-type: none"> <li>• <a href="#">Patient UK Tiredness</a> good overview article</li> <li>• <a href="#">2016 BMC Family Practice. The differential diagnosis of tiredness: a systematic review</a></li> <li>• 2014 AFP article <a href="#">Fatigue – a rational approach to investigation</a></li> </ul>
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<b>FOLLOW UP/ EXTENSION ACTIVITIES</b> 	<ul style="list-style-type: none"> <li>• Undertake the clinical reasoning challenge case and discuss with supervisor.</li> </ul>		

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## 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 patient? List up to 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 \_\_\_\_\_

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## ANSWERS

### QUESTION 1

What initial investigations would you order on this patient?

- FBC
- BGL
- TSH
- EUC
- LFT

In patients with unexplained or persisting fatigue, the Therapeutic Guidelines recommend the judicious use of investigations, 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 to consider 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. Additionally, there is evidence that the sensitivity of inflammatory markers as a 'rule-out' test in patients with non-specific presentations like fatigue is very low and leads to a cascade of further unnecessary investigations.

### 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?

- Reassure that the likelihood of serious disease is very low
- 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.