






Fatigue

"I'm tired all the time." 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. Supervisors can be of great help in assisting registrars assess and manage this very common problem.

<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 • GPSA guide to Managing Uncertainty • Follow up and safety netting 				
<p>PRE-SESSION ACTIVITIES</p> 	<ul style="list-style-type: none"> • Read the 2014 AFP article Fatigue – a rational approach to investigation 				
<p>TEACHING TIPS AND TRAPS</p> 	<ul style="list-style-type: none"> • Fatigue is typically an undifferentiated presentation in general practice and often remains unexplained • In general practice, fatigue is associated with a low pre-test probability of serious disease. • Always ask the patient what they believe is the cause and whether they have any specific concerns. • Fatigue is a great topic to discuss rational test ordering and avoiding going on a 'fishing expedition' when investigating the patient • In the absence of red flags, tests are generally low yield, and watchful waiting is reasonable 				
<p>RESOURCES</p> 	<table border="1"> <tr> <td data-bbox="335 1630 427 1765">Read</td> <td data-bbox="427 1630 1493 1765"> <ul style="list-style-type: none"> • FOAM4GP Tired? Want a blood test? • Patient UK Tiredness is a good overview article </td> </tr> <tr> <td data-bbox="335 1765 427 1892">Listen</td> <td data-bbox="427 1765 1493 1892"> <ul style="list-style-type: none"> • RN Health Report Medically Unexplained Symptoms. An excellent overview to the common presentation of fatigue </td> </tr> </table>	Read	<ul style="list-style-type: none"> • FOAM4GP Tired? Want a blood test? • Patient UK Tiredness is a good overview article 	Listen	<ul style="list-style-type: none"> • RN Health Report Medically Unexplained Symptoms. An excellent overview to the common presentation of fatigue
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<p>FOLLOW UP/ EXTENSION ACTIVITIES</p> 	<ul style="list-style-type: none"> • Undertake the NPS case study and online module on fatigue • Undertake the clinical reasoning challenge case under exam conditions (seven minutes) and discuss with supervisor. 				



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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 lady? 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 lady? List up to SIX.

- FBC
- BSL
- TSH
- EUC
- LFT
- ESR/CRP

In patients with unexplained or persisting fatigue, Australian 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 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.

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
- Diets
- Follow up if not improving
- Alcohol
- Further exploration of mood

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.