

LETTER TO THE EDITOR (MARCH 3, 2019) CONCERNING THE PAPER “THE RELATIONSHIP BETWEEN CHRONIC FATIGUE SYNDROME, BURNOUT, JOB SATISFACTION, SOCIAL SUPPORT AND AGE AMONG ACADEMICS AT A TERTIARY INSTITUTION”

Dear Editor,

Coetzee et al. [1] report on the relationship between job satisfaction, age and social support, and work-related health problems such as burn-out. The authors, however, seem to confuse chronic fatigue syndrome (CFS) with the more common symptom of long-lasting fatigue. The name might be somewhat confusing but only a minority of patients with chronic fatigue suffer from CFS [2].

The diagnosis of CFS requires a thorough examination by a physician and cannot be made on the basis of a questionnaire [3]. Patients who only satisfy the symptom criteria for CFS are usually referred to as “CFS-like” in the literature. Research has shown that most CFS-like patients have an exclusionary condition, and that only 14% [3] to 19% [4] suffer from CFS. Other reasons make it improbable that many CFS patients participated in the study by Coetzee et al. [1]. The authors examined only 69 persons working at an academic institution, while CFS has an estimated prevalence of 0.23% [3] to 0.42% [4]. Up to 75% of CFS patients are unable to work [5]. Even in the unlikely scenario where all 1433 employees at the academic institution received an invitation to participate in the study, and all CFS patients in this sample responded, the estimated total number

of CFS patients would be no higher than 3. It is, therefore, questionable to present this paper as a study of CFS. One might argue that the use of the CDC symptom inventory [6] provides an insight into the prevalence of CFS symptoms in the workforce. Unfortunately, this seems unlikely as the questionnaire is substantially outdated. Several of the 19 symptoms listed, such as fever, diarrhea, chills, shortness of breath and sinus or nasal problems, are hardly characteristic of CFS. Even some of the “core symptoms,” such as joint pain, headache, sore throat and tender lymph nodes, are no longer seen as defining elements in the diagnosis of this illness [7].

The suggestion by Coetzee et al. [1] that CFS is a work-related illness should also be questioned. Case definitions of CFS require that disability is “not the result of ongoing exertion and is not substantially alleviated by rest” [7,8]. It is, therefore, improbable that CFS is related to work overload, as the authors claim. Research indicates that working night shifts before falling ill is not a risk factor for CFS severity [9]. Confusion might have originated from the term “yuppie flu,” which frequently appeared in the media as a derogatory synonym of CFS. The name referred to “a fashionable form of hypochondria” [10]

of highly-educated and mostly female professionals who were unable to meet their personal ambitions. Subsequent research has shown this to be a myth. Like many illnesses, CFS is more prevalent in lower socioeconomic classes [4], and the stereotype of CFS sufferers as perfectionists could not be confirmed [11,12].

Chronic fatigue syndrome has recently been redefined by the National Academy of Medicine [7]. The hallmark symptom of the illness is no longer considered to be fatigue, but post-exertional malaise (PEM): a significant symptom exacerbation that occurs each time patients exceed their current energy limit. This is relevant information for work providers. Post-exertional malaise indicates that CFS patients are at risk of relapse when employed in an occupation that surpasses their physical or cognitive capabilities. Rehabilitative interventions have been demonstrated to be ineffective in increasing work resumption in CFS patients [13,14].

Key words:

chronic fatigue syndrome, post-exertional malaise, CDC symptom inventory, yuppie flu, relapse, work-related health problems

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Michiel Tack
Independent researcher, Oudenaarde, Belgium

Corresponding author: Michiel Tack
Sint-Laurentiusstraat, 87
9700, Oudenaarde, Belgium
(e-mail: tackmichiel@gmail.com)