

ENCEPHALOMYELITIS/
CHRONIC FATIGUE

BioReference
LABORATORIES
an OPKO Health Company

THE PATH TO DIAGNOSING MYALGIC ENCEPHALOMYELITIS/CHRONIC FATIGUE

Myalgic encephalomyelitis (ME), commonly referred to as chronic fatigue syndrome (CFS), is a complex disorder characterized by unexplained and persistent fatigue lasting longer than 6 months. According to the CDC, ME/CFS is estimated to affects between 1–2.4 million people in the U.S. Symptoms can include memory loss or the inability to concentrate, mild fever, sore throat, tender lymph nodes, headaches, non-restorative sleep, and depression. Medical conditions commonly associated with ME/CFS symptoms include anemia, anxiety, autoimmune diseases, depression, endocrine disorders, fibromyalgia, hypothyroidism, mononucleosis, sleep apnea, and persistent viral or bacterial infections.

Fatigue is one of the most common complaint in primary care, with up to 33% of patients complaining about long-lasting exhaustion and tiredness. For one third of primary care patients, the etiology of this fatigue cannot be identified.

It is important to evaluate other potential causes of persistent symptoms associated with ME/CFS. Comprehensive clinical data can assist a physician to confirm or exclude common disorders and diseases that present similar symptoms.

Our Advanced Testing ME/CFS Profile

Proper diagnosis of ME/CFS is essential in the treatment of your patient's condition. Our ME/CFS profile includes first and second line testing to detect the presence of markers and antibodies associated with autoimmune diseases, Lyme disease, hypothyroidism, and viral infections. The report includes previous test results and highlighted abnormalities allow physicians to guide specialist referrals and improve patient quality of life.

ME/CFS Facts:

- People of every age can be afflicted by ME/CFS, but research suggests that prevalence is highest in people in their 40s and 50s
- People of every ethnicity and gender can suffer from ME/CFS.
- Studies have found that 4 out of 5 people with ME/ CFS are women, although women do not appear to have more severe symptoms than men with the disorder.

PUT YOUR PATIENTS ON THE PATH TO PROPER CARE OF CHRONIC FATIGUE SYNDROME BY DIAGNOSING KEY AUTOIMMUNE DISEASES.

SPECIMEN REQUIREMENTS

Chronic Fatigue Profile Panel Test Code F100-3



2 SST

1 Lavender

HIGHLIGHTS AND REFERENCES:		
Test Code:	F100-3	
Specimen Requirements:	2 SST; 1 Lavender	
Storage Requirements:	Refrigerate	
CPT Codes:	84436; 84439; 84443; 86618 x2; 86038; 86665; 86663; 86664; 86645; 86644; 85025; 86140; 86665	

^{*}For Government Healthcare Programs tests should be ordered individually, as needed, not in panel form.



The Following Disease Markers and Tests are Included in the Profile:

1	2	
First line of testing includes:	If marker results abnormal, second line testing includes:	
Connective Tissue Disease ANA	dsDNA RF Anti-SSA	Anti-SSb Anti-Sm/RnP Anti-CCP
Lyme Disease Lyme disease Ab, Total	Lyme disease IgM, if positive reflex to: Western Blot for Lyme confirmation	
Thyroid Disease Free T4, Total T4, TSH	Anti-microsomal Ab Thyroglobulin Ab	
	If CBC Shows Anemia	
Viral Panel EBV, IgG, IgM (Capsid, Nuclear Antigen, Early Antigen, Ab) CMV, IgG, IgM CBC, hsCRP	Retic Count	Erythropoietin
	Ferritin	Iron
	Folic Acid	Iron, % sat.
	Vitamin B12	TIBC

Additional Resources:

Centers For Disease Control: www.cdc.gov/cfs/ CFIDS Association of America: www.cfids.org

REFERENCES:

- Seller RH, Symons AB. Differential Diagnosis of Common Complaints. 6th edition. Philadelphia, PA: Saunders; 2011. 159-171.
- Bates DW, et al. Prevalence of fatigue and chronic fatigue syndrome in a primary care practice. Arch Intern Med. 1993;153(24):2759-65.
- Cornuz J, Guessous I, Favrat B. Fatigue: A Practical Approach To Diagnosis In Primary Care. C Medical Association Journal. 2006; 174(6): 765–767.

