Chronic Fatigue Syndrome:

Literature Review

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Chronic Fatigue Syndrome

The cause and cure for chronic fatigue syndrome (CFS) are unknown. However, an individual with this condition can experience psychological, physical, and emotional symptoms which include at least six months of extreme fatigue not relieved by rest (Ben-Joseph, 2018). This qualitative study interviewed five adolescents who suffer from CFS to measure its impact on an adolescent's life. Interviewees expressed that they experienced disruptions with maintaining a social life, independency, walking, and concentrating (Njølstad, Mengshoel, & Sveen, 2018). Providing researchers with answers about CFS and how it affects an individual's daily life can assist in finding effective methods to help treat adolescents living with this condition.

"It's like being a slave to your own body in a way": a qualitative study of adolescents with chronic fatigue syndrome

The primary purpose of this article is to provide a qualitative perspective on the impact of CFS amongst adolescents. The critical question that the author addresses spotlights how health professionals can help adolescents who are living with CFS as they transition into adulthood. The most crucial information in this article is that listening to the needs of clients with CFS can support them as they learn to reconnect with their bodies and adjust to its needs. The main inferences in this article suggest that for recovery from CFS to occur, one has to accept they have the illness. Also, making sense of the situation and adjust to the body's needs by realizing its limitations can help as well.

Key Points

One key concept in this article focuses on the drastic changes that occur in an individual with CFS that their body becomes unrecognizable and unfamiliar to them. Another critical idea involves how health care professionals can support adolescents while they find ways to adjust to their newly-wired body. However, finding solutions can be challenging because although researchers have pinpointed the symptoms of CFS, different people can have various symptoms (Ben-Joseph, 2018). The crucial last concept to mention is that we need to listen to an adolescent with CFS. Helping them reconnect with their bodies can play a significant factor in a successful transition into adulthood with a new outlook on life.

Assumptions

The primary assumption underlying the author's thinking is that by interviewing adolescents who have CFS, researchers are one step closer to understanding this disorder. If we take this line of reasoning seriously, the development of effective treatment plans will be the implication. With the help of occupational therapists and other healthcare professionals, individuals can learn to complete daily tasks. If we fail to take this line of reasoning seriously, individuals will continually rely on others to help them perform activities of daily living. Researchers found that most participants found it hard to make their bodies do what they wanted, so they relied on their parents for help with day-to-day tasks (Njølstad, Mengshoel, & Sveen, 2018).

Deficit/Conclusion

The main point of view presented in this article is that healthcare professionals can help improve the quality of life of an adolescent living with chronic fatigue syndrome. This qualitative study found that by assisting participants in accepting their situation, they were able to adjust to their everyday lives. Factoring in limitations, adopting new social roles, and inevitably creating new social and daily lives that they valued (Njølstad, Mengshoel, & Sveen, 2018). Helping individuals to cope with and accept their current experience with CFS can help them maintain a good quality of life.

Hope, disappointment and perseverance: Reflections of people with Myalgic encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) and Multiple Sclerosis participating in biomedical research. A qualitative focus group study

The primary purpose of this article is to explore the reactions and opinions of research participants who have myalgic encephalomyelitis (ME), chronic fatigue syndrome (CFS), or multiple sclerosis (MS) as they reflect on their experience. As of recently, research planning has relied heavily on the perspectives of patient experience and is the driving force behind conducting studies (Lacerda et al., 2019). As researchers discover new findings through conducting qualitative studies, there will be a better understanding of how to care for people who have ME, CFS, and MS from diagnosis.

Key Points

The key points that we need to understand are the importance of gaining the perspective of research participants after a trial is over. By doing so, research participants can pave the way for future research. For example, resources can be tailored specifically to the preferences of patients living with ME, CFS, or MS. Biomedical research priorities can be easily categorized after conducting qualitative studies since it provides insight on individual the impact of the disease process (Devendorf, Jackson, Sunnquist, & Jason, 2017). For example, five themes emerged from this qualitative research study which includes opinions on why research is essential. The five topics include seeking coherence, diagnosis, acceptance, a better future, and sharing an understanding of the disease process (Lacerda et al., 2019). Also, it gives researchers ideas for new research topics as well as how to guide current research.

Assumptions

The primary assumption underlying the author's thinking is that other members in the focus groups did not sway the participants' reflection. If we take this line of reasoning seriously, participants are not likely to continue to participate in future research studies that do not value their opinion. However, if we fail to take this line of reasoning seriously, the misdirection of future research will be the implication.

Deficit/Conclusion

The main point of view presented in this article is in the third person. The culture of research has shifted to patient-centered arguments, which coincides with the culture of providing patient-centered care. The trend of feedback seems to correlate highly with participants wanting to see a more collaborative attitude in research, as opposed to individual discoveries to treatments or cures (Lacerda et al., 2019). Additionally, finding ways for patients to collaborate with researchers was discovered in the process.

Defining and measuring recovery from myalgic encephalomyelitis and chronic fatigue syndrome: the physician perspective.

Key Points

The main point of view presented in this article deals with the measurable factors that physicians believe can help with the ME or CFS recovery process. The critical question that the author is addressing is which factors measure recovery status in patients who have had myalgic encephalomyelitis (ME) and chronic fatigue syndrome (CFS)? The most critical information in this article involves measurable treatments discovered for ME and CFS which include daily functioning, symptomatology, quality of life, and physical functioning (Devendorf, Jackson, Sunnquist, & Jason, 2019). By adding the patient's daily living, psychosocial functioning, and overall physical functioning in treatment plans it can enhance the whole doctor-patient relationship.

Assumptions

The main inference in this article is that if researchers find ways to measure the recovery status of patients with ME or CFS, it will decrease disagreements between researchers, clinicians, and patients. The critical concept that we need to understand in this article is that the recovery process is multidimensional, so physicians need to assess different factors before developing treatment plans. If we take this line of reasoning seriously, the treatment methods of choice will be unanimous amongst providers and patients, and it will speed up the recovery process. If we fail to take this line of reasoning seriously, the recovery process is prolonged because there will not be measurable factors involved to evaluate.

Deficit/Conclusion

The main point of view presented in this article deals with the measurable factors that physicians believe can help with the ME or CFS recovery process. Recovery can be viewed as an absolute symptom remission, where the patient can function without symptom interference (Harvard Health Publishing, 2018). In order to get to a state of recovery, it is crucial for physicians to account for the whole person and include their daily life, psychosocial functioning, and overall physical functioning status. If these factors are considered for when treating patients with ME or CFS, doctors can begin to close controversial gaps between them and their patients.

Conclusion

Chronic fatigue syndrome can cause individuals to experience psychological, physical, and emotional symptoms which include at least six months of extreme fatigue not relieved by rest (Ben-Joseph, 2018). However, if individuals take the time to accept their illness, they can adjust to the body's needs and find relief from symptoms. Persons with CFS who have come to terms with their illness and participated in research studies hold a lot of power. They can control the future direction of CFS research by providing feedback and reflection to researchers once the trials have commenced (Lacerda et al., 2019). In return, researchers can help improve doctor-patient relationships by discovering the proven, measurable factors that aide in the CFS recovery process.

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