

FEELING TIRED ALL THE TIME

It has been said that at least one in five people, if asked, will say that they regularly feel more tired than they think they should. Given this statistic, it is not surprising that tiredness is a symptom very familiar to doctors and is one of the most common reasons for requesting a consultation. One only has to study the history of medicine and the vast array of 'tonics' and other remedies that were available in the past, to realise that this is a symptom that has troubled people throughout the ages.

Typically, a patient will report that they have been feeling exhausted or sleepy in the daytime, despite apparently having adequate sleep at night. Often the problem has existed for at least a few months.

The key issue usually involves trying to decide what is normal and what is abnormal and on this question, based on contrasting experience, the views of the doctor may differ significantly from those of the patient.

When assessing a complaint of tiredness, it is important to determine what is actually meant by the patient. For some patients tiredness will mean excessive sleepiness, for instance a tendency to fall asleep in the daytime or early evening. This is quite different to a complaint of excessive physical fatigue, feeling drained or having no energy, an experience which seems to have a distinctly 'physical' element. A proportion of patients will report both types of tiredness.

Excessive sleepiness or somnolence

This is a common complaint and inevitably prompts the question, *is the person getting enough sleep?*

In reality, this is not an easy question to answer because it is not clear what constitutes a 'normal' amount of sleep. 7- 9 hours per night or per 24 hours is usually quoted as a recommended duration but there is a lack of firm evidence and wide variations in sleep requirements, and, of course, individual circumstances seem to be important.

As a rule, a complaint of excessive sleepiness is even less likely to have a serious underlying cause than physical fatigue, most cases being linked to lifestyle changes causing stress or to an entirely normal phenomenon wrongly considered to be 'abnormal'. What is often not realised is many perfectly healthy individuals will, if the circumstances are right, take a nap. Those circumstances might be sitting in a comfortable chair, in a pleasantly warm room, watching the TV after a meal, perhaps at the end of a working day or after exercise.

Having said that, there are a few situations where a medical problem could exist.

Depression

Depression is commonly associated with sleep disturbance or poor quality sleep and unlike stress and anxiety can sometimes be difficult to recognise. There may be difficulty getting to sleep or early waking or even a combination of both and the patient will often describe restless and poor quality sleep. Daytime tiredness is commonly reported and the tiredness due to lack of sleep may be compounded by a loss of drive to do things which frequently accompanies low mood .

Sleep apnoea

This is a condition which was barely recognised until perhaps 15- 20 years ago, but is now regarded as an important disorder which can, potentially, have serious implications. Sufferers are typically 40+ and have a history of heavy snoring. As the condition worsens, the upper airway tends to collapse during sleep, obstructing the passage of air into the lungs. This causes the patient to wake briefly to relieve the obstruction but then to quickly slip back into sleep, setting up a repeating cycle of sleep and waking without the patient being aware that this is happening. Indeed it is often the partner who draws attention to a change in the patient's breathing pattern. The effect of all this is a usually a substantial disturbance of restorative sleep, causing somnolence in the daytime.

Sleep apnoea can cause serious problems for drivers who may experience sleepiness at the wheel. There have been accidents attributable to sleep apnoea and drivers are obliged to report the condition to the DVLA. Treatment is available and there is now plenty advice which can be accessed via internet search engines.

Narcolepsy

True narcolepsy is a rare condition (estimated frequency 1:200,000) but can cause severe daytime sleepiness in individuals who have the disorder. The diagnostic label has often been applied too loosely (in the same way that moody individuals are claimed to be manic-depressives) and there have been exaggerated depictions in popular culture such as films etc. The true disorder seems to have a strong genetic component and often presents in adolescents or young adults, a group which normal inclination to enjoy longer than average sleep requirements. True narcoleptics tend show some features which are more akin to epilepsy such as attacks of automatic behaviour (continuing to function but having no memory of events during the attack), sleep paralysis (being unable to move for a short period of time on waking) and by what are referred to as cataplexic attacks (characterised by a feeling of severe muscle weakness, which may be triggered by strong emotion). In addition to these features, the sudden and uncontrollable sleepiness is usually of a different order to that which may be experienced by 'normal' individuals.

The condition, once recognised, is often treated and controlled by the regular use of certain stimulant drugs.

Excessive fatigue or exhaustion

This symptom tends to be commoner than excessive sleepiness, although the two can occur together. Everyone is likely to have experienced tiredness of this kind from time to time, during the course of a viral infection for instance, although in most cases the feeling is not persistent. The symptom is clearly unpleasant and differs from the 'warm glow of tiredness' which can follow exercise or other strenuous activity. It is not usually relieved to any significant extent by a good night's sleep.

The difficulty lies in the fact that almost any medical condition can be accompanied by fatigue and exhaustion, and yet, surprisingly, the majority of people complaining of these symptoms are not found to be suffering from any discoverable illness.

As a starting point, doctors will try to ascertain whether the tiredness is linked to any other symptoms. Examples of important symptoms would be weight loss, loss of appetite, breathlessness, stomach or bowel upset, persistent or recurrent pain, or symptoms of an infection such as fever or sweating. The doctor will want to consider whether the patient looks 'unwell'. This does not seem very scientific but after many thousands of consultations, doctors do develop an instinct for this.

The next step is to consider the possibility of an illness which is hidden, in the sense that it is not producing any clear symptoms other than tiredness. At this point blood tests can be very useful, and it is possible to screen for many major disorders. Conditions which sometimes present with general tiredness would include diabetes, thyroid and renal disorders and anaemia of various kinds. Tests are available which measure what are called *inflammatory markers*. Most illness, not just inflammatory disorders, cause changes in the levels of these markers, and although an abnormal level does not confirm any specific illness it is usually a sign that there is something amiss, deserving of further investigations. On the contrary, if all blood tests are normal, then experience suggests that important illness is unlikely.

ME (Myalgic Encephalomyelitis)/Chronic fatigue syndrome (CFS)

These are controversial disorders and some doctors have doubted that they exist although they are now generally accepted as genuine medical conditions. Some believe that ME is a subtype of CFS, but both are of uncertain cause and have similar features and neither can be confirmed by a specific test. Some experts feel that conditions are afflictions of the nervous system, but others consider them to be psychiatric disorders.

In both cases, but particularly in ME, symptoms of the condition usually develop in the aftermath of an infection. However, these symptoms continue long after any signs of infection have cleared, sometimes for years or even indefinitely. To confirm the diagnosis to be confirmed, the symptoms should have lasted for at least 6 months and there should be no evidence of any other illness causing the symptoms. Arriving at a diagnosis is, therefore, a process of elimination.

The usual history is of a previously fit and active person complaining of severe fatigue following any physical or mental activity, possibly even 24-48 hours after such activity. Other common symptoms include muscle pain (myalgia) which is sometimes accompanied by muscle twitching, including eyelid twitching (blepharospasm). Other common symptoms include sweating, headaches and flu-like symptoms, sleep disturbance and mood swings. The patient may be aware of poor concentration and short-term memory. Symptoms may fluctuate with 'good days' and 'bad days', but the condition invariably has a major impact on the ability of the sufferer to cope with aspects of daily living. This is likely to include difficulties at work, and employers and benefit assessors may be sceptical that the person is actually suffering from a 'genuine' illness.

Treatment is problematic and no medication has been found to be particularly effective, although painkillers are sometimes prescribed for muscle pain and headaches, and low doses of antidepressants may help with sleep and mood swings.

'Talking' treatment, particularly cognitive behaviour therapy (CBT), has been tried with some success and a programme of graded exercises is also said to help.

Many patients who are accepted as having the condition seem to improve over a period of time and some recover completely, although others appear to have the condition indefinitely. In many cases, however, there seems to be an element of learning to live with the problem.

Summary

In conclusion, excessive tiredness is a very common symptom and probably afflicts us all at some time in our lives. Some of the specific causes highlighted above are quite rare.

In the overwhelming majority of cases, the symptom will not be due to any serious illness. Many people will simply require reassurance.