

## Chronic Fatigue Syndrome

Chronic fatigue syndrome, or myalgic encephalomyelitis (ME), features generalised, relapsing fatigue for at least 6 months accompanied by concentration and/or short term memory impairment in the absence of any alternative obvious organic cause. There may also be accompanying myalgia and there is usually a history of a preceding episode of pyrexial illness. The syndrome is generally considered to be a complication of some viral infections (e.g. Coxsackie B, Epstein Barr) and its association with toxoplasma infection is uncommon. Patients with ME following toxoplasma infection appear to have a better prognosis than patients with ME due to viral infection or unknown cause.

Patients with persistent symptoms following toxoplasmosis with an elevated dye test titre, detectable IgM and/or a positive PCR should be offered antitoxoplasma antibiotic treatment. There has been much public interest in this illness which is also known as myalgic encephalomyelitis (ME), chronic fatigue syndrome or post viral fatigue syndrome. Cardinal features of the illness are :

- Generalised, relapsing fatigue for at least 3 months.
- Complains of prominent disturbance of concentration and/or short term memory impairment.
- The exclusion of any obvious organic cause for a similar illness.

The patients are usually previously well, most remember an initiating illness but muscle pain is not invariably present. Both malaise (54%) and myalgia (43%) can be common symptoms in toxoplasma infection, but in a study of patients who could fulfil the criteria of chronic fatigue syndrome, only 2/50 (4%) were believed to have the illness as a result of toxoplasma infection. Therefore, toxoplasmosis can be regarded as an uncommon cause of chronic fatigue syndrome.

When toxoplasmosis is the cause, it is a result of primary infection in which chronic fatigue syndrome is a complication. At presentation, these patients have serological evidence of current/recent toxoplasma infection with raised dye test titres, which persist. In some patients, high levels of IgM may persist for very many years. Fortunately patients with chronic fatigue syndrome due to toxoplasmosis appear to have a better prognosis than if the illness was due to a

viral infection. Nevertheless, specific anti-toxoplasma therapy is not normally indicated and patients should be managed for chronic fatigue syndrome. However in a small number of patients, there is a persisting parasitaemia (detected by a PCR test on blood) and in these patients, specific anti-toxoplasma treatment is indicated.