Top 10 differential diagnoses in family medicine: Fatigue

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2. FATIGUE

Fatigue is normal when the result of a particularly full day of work or physical activity, or after prolonged stress or mental strain.

Chronic fatigue, however, is not a normal state.

A pearl that sometimes proves useful in clinical practice is that fatigue from organic disease is constant, and only relieved by sleep and decreased activity. Fatigue from anxiety or depression however, may improve with exercise and is often not relieved by rest.

Only about 15% of patients in this primary care setting had an organic cause found for their fatigue, thus ruling out the common organic etiologies without over-investigating is usually sufficient, unless history and physical exam suggest otherwise. These are the principal organic etiologies to consider:

- infectious causes;
- anemia;
- endocrinopathies including diabetes and hypothyroidism;
- sleep disturbances including sleep apnea;
- medication side-effects;
- adrenal insufficiency (rare without other signs or symptoms); and
- malignancies (rare presentation).

Chronic fatigue syndrome is a specific clinical diagnosis that may include symptoms of sore throat, myalgia, arthralgia and lymphadenopathy, and is at least characterized by 6 weeks of fatigue limiting activities by 50% or more.

CHF—congestive heart failure; COPD—chronic obstructive pulmonary disease; GI—gastrointestinal; NYD—not yet diagnosed.

For a pdf of the Top Ten Differential Diagnoses in Family Medicine pamphlet or to access the slide show on-line, go to http://www.familymedicine.uottawa.ca/eng/TopTenDifferentialDiagnosisInPrimaryCare.aspx.

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