Pathway for patients presenting with prolonged unexplained fatigue

The Scottish Good Practice Statement on ME-CFS (SGPS) provides guidance on ME-CFS assessment and management. This pathway for NHS Lothian patients should be read in conjunction with the SGPS.

### ASSESSMENT PHASE
In line with Scottish Good Practice Statement on ME-CFS

### INVESTIGATION PHASE
- GP Support to Self-Management
- Patient Information
- Action for ME Hub
  and other information/advice

### DIAGNOSIS PHASE
- Ongoing symptom management

Patient presents to GP with symptoms of prolonged fatigue that may indicate ME-CFS

#### Initial assessment by GP
- Detailed history
- Physical examination

#### Initial investigations – as indicated
- FBC, U&Es, creatinine, LFTs (inc albumin) TFTs, ESR, CRP, Calcium, creatinine kinase, random glucose, ferritin, urinalysis, Vit D, celiac screen, antimiochondrial antibodies, (even if LFTs normal). STI, BBV, HIV, Hep B, Hep C, if risk factors. Lyme serology (history of tick bite/rural exposure)

#### ME CFS DIAGNOSIS by GP
- Accompanied by symptom management for the majority of patients

#### Symptom management by GP of:
- Sleep disturbance
- Pain
- Fatigue
- Cognitive dysfunction
- Anxiety
- Self-management
- Faints, falls
- Depression
- Plus sign-posting to support services

### Specialist referral will only be appropriate if there are abnormal findings:
- Severe weight loss/blood PR - Gi Unit
- Evidence of cardiopulmonary disease - Respiratory / Cardiology
- Joint swelling, unusual rashes - Rheumatology
- Possible sleep apnoea - Sleep Clinic
- ’Hard’ neurological hypotension – Neurology
- Severe postural hypotension - Cardiology

### Specialist Referral to RIDU (for possible alternative diagnosis only)
- Atypical historical features including onset after foreign travel, history of tick bite or positive Lyme serology
- Abnormal findings on examination
- Abnormal screening investigations
- Need for second opinion-GP suspects alternative diagnosis, or concern over severity

Patients should **not** be referred:
- To have the diagnosis of ME-CFS confirmed
- To discuss possible causation e.g. candida, rare and fastidious bacteria, environmental toxins etc
- To discuss the results of unconventional tests carried out in the private sector
- To request unconventional ‘diagnostic’ tests or treatments not recommended within NHS

### ME-CFS Rehabilitation Service
See ‘Referral Guidelines’ for referral form for specialist therapist-led service
- Self-management lifestyle programme
- Activity management and pacing
- Graded activity/exercise therapy based on cognitive behaviour principles

See under Primary Care Management for GP information sheet and Patient information sheet

### KEY
- Steps to GP diagnosis/Management
- Further steps for additional investigations and only if appropriate, specialist referral and treatment

### DISCHARGE BACK TO GP CARE