

## Angående evidensen i de 73 'bevis-artikler' på denne side:

<https://www.sundhed.dk/sundhedsfaglig/laegehaandbogen/generelt/tilstande-og-sygdomme/oevrige-sygdomme/kronisk-traethedssyndrom/#headerSources>

### 1. Kun kommentarer til Chronic fatigue syndrome

2. Ikke fundet

3. Ikke klart hvilken artikel der menes.

4. Om Kronisk træthedssyndrom I den norske befolkning

5. Ikke fundet

### 6. CONCLUSIONS:

Both chronic fatigue and chronic fatigue syndrome are common in primary care patients and represent a considerable public health burden. Selection bias may account for previous suggestions of a link with higher socioeconomic status.

7. Ikke fundet

### 8. Om: The epidemiology of chronic fatigue syndrome.

9. Ikke fundet

### 10. CONCLUSIONS:

The prevalence of CFS among adolescents was considerably lower than among adults. Evaluation of CFS in adolescents must consider both parent and patient perception of fatigue and other illnesses that MIGHT explain the symptom complex.

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### 14. CONCLUSIONS:

Chronic fatigue syndrome is a common chronic health condition, especially for women, occurring across ethnic groups. Earlier findings suggesting that CFS is a syndrome primarily affecting white, middle-class patients were not supported by our findings.

15. The HPA axis MIGHT play a role in exacerbating or perpetuating symptoms late on in the course of the illness.

16. Om Medically unexplained symptoms and syndromes 2002
17. Ikke fundet
18. Ikke fundet
19. Ikke fundet
20. Ikke fundet
21. manipulating the autonomic nervous system MAY BE effective in the treatment of CFS.
22. Ikke fundet
23. Haemodynamic abnormalities have been documented in the chronic fatigue syndrome (CFS), indicating functional disturbances of the autonomic nervous system responsible for cardiovascular control
24. Hemodynamic dysfunction is documented in chronic fatigue syndrome (CFS). This study was conducted to investigate cardiovascular responses to orthostatic stress in adolescents with CFS, using a novel procedure for tilt-table testing..
25. The opposing responses in CFS and depression may be related to reversed patterns of behavioural dysfunction seen in these conditions. These findings attest to biological distinctions between these disorders
26. Corticosteroid supplements have been demonstrated to be an effective treatment for chronic fatigue syndrome, anorexia nervosa and major depression. It allows the patients to have the corticosteroids they require for daily functioning and daily stressors. This therapy will relieve the patients of their symptoms of adrenocortical insufficiency and permit their cortisol-stimulating mechanisms to operate at levels that will not cause pathological problems
27. Ikke fundet.
28. Conclusions: These results suggest that patients with CFS have reproducible alterations in gene regulation..
29. Ikke fundet
30. To obtain a clearer assessment of the etiological and pathophysiological relevance of endocrine changes in CFS, it is suggested that more prospective cohort studies be undertaken in groups at high risk for CFS, that patients with CFS are followed up into recovery, and that multidimensional assessments are undertaken to unravel the influence of the various confounding factors on the observed endocrine changes in CFS.
31. Conclusions: It has been postulated that neuroendocrine dysregulations observed in CFS are of an acquired nature. The results of a strong association between the integrated ACTH response and the duration of CFS emphasizes the need to consider factors known to be risk factors for the chronicity of CFS symptoms, such as profound inactivity, deconditioning and sleep abnormalities, as possible candidates for secondary causes of neuroendocrine dysregulations in CFS.
32. **Om:** Fatigue in neurological disorders.
33. An infectious illness is not uniformly present at the onset and no single infectious agent has been found; CFS is most likely multifactorial in origin.
34. Ikke fundet.

### 35. CONCLUSIONS:

Chronic fatigue syndrome is associated with stressful events and difficulties prior to onset. Those events and difficulties characterized as being dilemmas seem to be particularly important

### **36. CONCLUSIONS:**

According to the retrospective self-reports, there were differences between the groups in fatigue, pain, and feeling of fever during the months preceding the crisis. With regard to depressive and irritable feelings, no preillness differences were reported between the groups. There was a reported excess prevalence of both infections and negative life events during the quarter year preceding the onset of CFS or crisis. Potential sources of error are discussed. These findings must be replicated in longitudinal studies.

37. As the definition becomes more stringent the prognosis appears to worsen. Consistently reported risk factors for poor prognosis are older age, more chronic illness, having a comorbid psychiatric disorder and holding a belief that the illness is due to physical causes.
38. The present study shows that cognitive and behavioral factors are involved in the persistence of fatigue. Treatment should be directed at these factors. The processes involved in the subjective experience of fatigue in CFS were different from the processes related to fatigue in MS.
39. The results showed patients who considered their illness to be a serious condition, who believed that they had no control over their illness, who saw little possibility for cure, and who believed their illness to have serious consequences to cope with their illness in a passive way, report higher levels of impairment in physical and social functioning and report greater problems in mental health and vitality. A series of regression analyses showed illness representations to be stronger predictors of adaptive outcome than coping scores.
40. Ikke fundet
41. We conclude that approaches to CFS must respond to the diverse and complex constructions of the experience of fatigue evident in women's narratives.

### **42. CONCLUSION:**

The extent and nature of symptoms suggest that CSF is an essentially different and far more serious condition than the strains of everyday life. Our findings suggest immunological processes affecting the neuromuscular and central neural system comparable to the effects of cytostatic medication.

### **43. CONCLUSIONS:**

Some theories have suggested that CFS symptoms arise as a result of depression or other emotional difficulties, which the individual is not able to acknowledge. The results indicated that such theories may not apply to this subgroup of people with CFS. Further research on the etiology of CFS is warranted. Respondents described high levels of work-related stress as common to the experience of development work. It might be beneficial to train development workers in stress management techniques. Development organizations should be encouraged to ensure that their workers take sufficient time to rest, and attempts should be made to reduce work pressures.

44. Ikke fundet.
45. Indepth interviews provided a more complete understanding of the quality of life in CFS and further explained the low ratings that were found on the quality of life index. The findings suggest that quality of life is particularly and uniquely disrupted in CFS.
46. By means of statistical analyses nine relatively independent dimensions of CFS were identified along which CFS-assessment and CFS-research can be directed. These dimensions were named: psychological well-being, functional impairment in daily life, sleep disturbances, avoidance of physical activity, neuropsychological impairment, causal attributions related to the complaints, social functioning, self-efficacy expectations, and subjective experience of the personal situation. A description of the study sample on these dimensions is presented.

### **47. CONCLUSIONS:**

Role constriction is a social process of marginalization in chronic illness. Opposing forces of marginalization and resistance define the social course in chronic illness and suggest that chronicity can be thought of as a marginalized position in social space.

48. Ikke fundet

#### **49. CONCLUSIONS:**

Thus, the biographical disruption and illness experience comprised both losses and illness gains that had consequences for identity.

#### **50. CONCLUSION:**

More studies are needed exploring hypotheses concerning the complex interplay between molecular predispositions and more or less gendered lifestyle issues in CFS. Doctors need to challenge their strong beliefs regarding medically unexplained conditions, where facts still remain unresolved. Recognizing this, the doctor may provide realistic support and advice, and contribute to the establishment of common ground for understanding and managing the condition.

51. As people with CFS, lacking an uncontested medical diagnosis, search for meaningful self-identities, they resist previously available discourses to take up an alternative discourse, one that we call radicalized selves. This paper raises questions about the constraints and liberties, power and powerlessness associated with a clear and undisputed medical diagnosis. It suggests a model of the self in chronic illness that considers not only changes in body and biography but also the availability of an uncontested diagnosis.

52. Ikke fundet

53. The findings suggest a need for better communication and better education of doctors in the diagnosis and management of CFS.

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61. Dissatisfaction with these factors is likely to impede the development of a therapeutic doctor-patient alliance, which is central to the effective management of CFS. The findings suggest a need for better communication and better education of doctors in the diagnosis and management of CFS.

62. Ikke fundet

63. Ikke fundet

64. Ikke defineret hvilken artikel der henvises til.

#### **65. CONCLUSIONS:**

Multimodal interventions MAY HAVE positive treatment effects in chronic fatigue syndrome. Sequence of interventions SEEM TO BE of importance.

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#### **69. INTERPRETATION:**

CBT was more effective than guided support groups and the natural course in a multicentre trial with many therapists. Our study showed a lower proportion of patients with improvement than CBT trials with a few highly skilled therapists.

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72. Ikke fundet

73. Ikke fundet

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35 artikler er ikke fundet ud af 73, og hvor mange artikler anbefaler psykiatrisk behandling af ME / CFS?

Kun et par stykker.

Og hvor mange beskriver CFS som en fysisk sygdom? Det er flere end dem, som anbefaler psykiatrisk behandling i hvert fald. Tæl evt. selv efter.

Men EVIDENSEN for kognitiv terapi er altså ikke at finde i disse 73 undersøgelser, forslag til undersøgelser og diskussioner.