"Doctor, I am just so tired. Do you know what is wrong?"

Fatigue is one of the most common symptoms in medicine. Unfortunately, it is also one of the most non-specific. If you open a textbook of medicine, and read about each and every disease and syndrome, fatigue will be on symptom list of most of them. Furthermore, if you take out a textbook of psychology and psychiatry, fatigue will also be on almost every symptoms list. Fatigue can be part of the most trivial diseases (minor infections, mild anemia, etc.), significant medical conditions (thyroid disorders, mononucleosis, etc.), or the most severe medical and psychological diseases (cancer, major depression, etc.). Although you won’t find them in a textbook, there are also causes of fatigue that are so obvious that we frequently overlook them: too little sleep, too much caffeine, too little exercise, too much exercise, poor nutrition, stress, anxiety, alcohol and other drug use, etc., etc. It is important to recognize that fatigue is a symptom; it is not a diagnosis in and of itself.

We are all fatigued at some time or other. So when should you consider seeing your healthcare provider to look for possible causes? Episodic fatigue, particularly when connected to one of the common causes (too little sleep, etc.), can usually be corrected without the help of a medical professional. If you are continually fatigued, look at the common causes and do your best to correct them. Prolonged fatigue occurs daily for one month or longer. Chronic fatigue lasts for six months or longer. If you have tried to correct the common causes, and your fatigue is prolonged or chronic, then see your healthcare provider and seek a proper diagnosis.

In closing, here are a few (hopefully) helpful thoughts about fatigue:

- Quick fix, over-the-counter, health food/supplement store “fatigue busters” are almost never a good idea. Not only do they delay you seeking a proper diagnosis, but they often contain dangerous stimulants so that you don’t “feel” fatigued. Common stimulants include the extremely dangerous ephedra (or its herbal form, Ma Huang) or extraordinarily high levels of caffeine. These stimulants can cause problems with rapid, abnormal heart rhythms, heart attack and even death. Beware!
- Patients often jump to the most severe, frightening diagnosis when they have prolonged fatigue: “It must be cancer.” OK, yes, rarely, sometimes, it is. However, far more often, fatigue is caused by more than one simultaneous thing. Generally, most of us can “plough through” one or two causes of fatigue and still complete our daily duties. However, when we combine, for example, too little sleep with too much caffeine, junk food
instead of balanced meals, a mild anemia and a viral upper respiratory infection, it becomes a case of 1+1+1+1+1 = 27 instead of 5.

- Commonly, your healthcare provider won’t have an immediate answer for the cause of your fatigue. It may be necessary for him/her to do some screening laboratory testing (complete blood count, blood chemistry panel, iron levels, thyroid panel, etc.) to reach a diagnosis. Even then, the cause (or causes) may not be obvious. Your clinician may be left with telling you what it’s not instead of what it is: “Well, you don’t have leukemia or anemia or low potassium or thyroid disease or mononucleosis. And that’s a good thing.”

- Many medications, both prescription and over the counter, have fatigue as a side effect. If you are suddenly fatigued and you are on a new medication, check out the package insert or patient information sheet from the pharmacy. However, don’t stop a new prescription medication without talking to your prescribing clinician first! Fatigue may be a short-lived “adjustment” side effect, or it may be possible to change the dose or move to a related medication. But simply stopping an important medication can be dangerous, far more dangerous than the fatigue itself.

- There are a few important danger signs that, when associated with fatigue, should send you to your doctor/healthcare provider right away. These include unexplained weight loss, fevers, night sweats (the kind that soak the bed sheets), or numbness or weakness on one side of the body.

**Helpful Links:**

Chronic Fatigue Syndrome (CFS) is a complicated topic that exceeds the scope of this simple “Fatigue Overview.” For information about this topic, we recommend the Centers for Disease Control’s patient information site about CFS at [http://www.cdc.gov/ncidod/diseases/cfs/](http://www.cdc.gov/ncidod/diseases/cfs/) and American Academy of Family Physicians patient information web site (familydoctor.org) at [http://www.familydoctor.org/x1598.xml](http://www.familydoctor.org/x1598.xml).


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