

Editor-Barbara Dugan

Typist-Suzy Wood

Production-Ruth Stewart

FATIGUE is the subject of a comprehensive discussion in this newsletter. It is the most common (frequent) and persistent symptom of multiple sclerosis. It develops very early in the disease, and often precedes the first neurological symptoms. In a few patients fatigue prevades their entire life from early childhood, then intensifies when the actual clinical disease appears.

Fatigue is persistent, but this is not to say that it does not vary. In fact it varies a great deal, more or less spontaneously. Early in the disease patients may have days, weeks, and even months in which they are not conscious of being fatigued, but these periods are usually followed by re-appearance of their old unwelcomed "friend". In long standing or more advanced cases there is little let up from the fatigue.

Periodically a deeper fatigue may develop, which I have called lassitude. These spells may develop quickly, and apparently without cause, and last for days or weeks, but rarely longer. They may describe the fatigue as almost painful. During these periods patients often find it difficult to get out of bed, or do the simplest chores. These spells usually lift or disappear abruptly leaving the underlying persistent fatigue.

I have already stated that the intensity of the fatigue may vary spontaneously, or for no known reason. Its intensity can also be increased or decreased by different circumstances or events.

Fatigue can be, and almost always is intensified by illnesses such as the common cold or "flu". If these illnesses are accompanied by fever, severe intensification of the fatigue almost always occurs, and at the same time many of the neurological symptoms of the disease increase or reappear. Urinary infections with fever are noteworthy for causing extreme severity of fatigue, general weakness, and intensification of neurological symptoms. Once the fever subsides the condition of the patient improves. It is fortunate that our patients develop the common cold or "flu" less frequently than normal members of their family, and if they are involved the illness in patients is much less severe.

Fatigue accompanied by increased generalized weakness and deterioration of the neurological state usually follows the development of anxiety and mental agitation. If the stress causing the anxiety is of short duration a quick recovery (1 or 2 days) can be expected. If the stress is severe the fatigue and accompanied neurological symptoms are more marked and recovery can be delayed for months. Sometimes recovery is only partial or fails to occur under these circumstances.

Excessive work, or exercise to exhaustion may also cause the fatigue to be increased. The degree of change and its duration will depend upon how excessive the physical and mental activity were. However, it has been our observation that as a rule physical excesses are less apt to lead to severe prolonged fatigue than are anxieties.

Anxieties tend to be self-propelling once they have been set in motion. Thus car accidents in which the patient viewed the potentially devastating accident, yet was not seriously injured, are apt to lead to a growing or increasing anxiety reaction, and thereby to increasing fatigue, weakness and neurological deterioration. On the other hand, a more serious accident, which was not observed by the patient, and in which the patient was rendered unconscious for some minutes by a non-bleeding head injury, may result in very little increase in anxiety and to insignificant weakness and neurological changes.