ME/CFS: A Primer for Clinical Practitioners

APPENDIX B

PEDIATRIC ME/CFS CASE DEFINITION WORKSHEET ¹¹⁰	
Subject: Date: Examiner:	
To meet criteria for pediatric ME/CFS the subject must have had 3 months of medically unexpl	ained
fatigue; post-exertional malaise; unrefreshing sleep or sleep disturbance; widespread or migr	atory
myofascial, joint, abdominal or head pain; two or more neuro-cognitive manifestations (such a	ıs im-
paired memory, difficulty focusing or slowness of thought); and at least one symptom from to	vo of
three categories: autonomic, neuroendocrine, or immune. Symptoms must be moderate or s	evere
to meet criteria	
I. Symptoms: ME/CFS symptoms must have persisted or recurred during the past three months of illness	
II. Post-exertional malaise : With even non-strenuous activity there must be a loss of physical or mental strapid/sudden muscle or cognitive fatigability, post-exertional malaise and/or fatigue and a tendency for other strategy and a strategy of the str	r asso-
ciated symptoms within the patient's cluster of symptoms to worsen. The recovery is slow, often taking 24 holes longer	ours or
III. Sleep: Unrefreshing sleep or disturbance of sleep quantity or rhythm disturbance	
IV. Pain . At least one symptom from any of the following:	
☐ Myofascial and/or joint pain	
☐ Abdominal and/or head pain	
V. Two or more neurocognitive manifestations:	
Impaired memory Slowness of thought Difficulty focusing Need to focus on one thing at a time	
Difficulty focusing Need to focus on one thing at a time Difficulty finding the right word Trouble expressing thought	
Frequently forget what wanted to say Difficulty comprehending information	
Absent mindedness Frequently lose train of thought	
Difficulty recalling information New trouble with math or other educational subjects	
VI. At least one symptom from two of the following three categories: □ Autonomic manifestations: Neurally mediated hypotension, postural orthostatic tachycardia, delayed postural hypotension, palpitations with or without cardiac arrhythmias, dizziness, disturbed balance, shortness of breath □ Neuroendocrine manifestations Recurrent feelings of feverishness and cold extremities, subnormal body temperature and marked diurnal fluctuations, sweating episodes, intolerance of extremes of heat and cold, marked weight change-loss of appetite or abnormal appetite, worsening of symptoms with stress □ Immune manifestations: Recurrent flu-like symptoms, non-exudative pharyngitis, repeated fevers and sweats, lymph nodes tender to palpation, new sensitivities to food, odors, or chemicals	
Exclusionary conditions: Active disease processes that could explain chronic fatigue	
☐ Active psychiatric conditions that may explain the presence of chronic fatigue, such as:	
Childhood schizophrenia or psychotic disorders	
2. Bipolar disorder	
3. Active alcohol or substance abuse	
4. Active anorexia nervosa or bulimia nervosa5. Severe depressive disorders	
Subjects may have concomitant disorders that do not adequately explain fatigue such as school phobia, separ	ation
anxiety, anxiety disorders, somatoform disorders, milder depressive disorders, multiple chemical sensitivities, fibromyalgia	
DIAGNOSIS:	
☐ Severe ME/CFS (meets criteria for categories I, II, III, IV, V and VI)	
☐ Moderate ME/CFS (meets 5 of the 6 categories; also only one symptom is needed for VI)☐ Atypical ME/CFS (meets four or fewer criteria categories)	

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