

TABLE 1. Definition of ME/CFS for Children

- I. Clinically evaluated, unexplained, persistent or relapsing chronic fatigue over the past 3 months that:
  - A. Is not the result of ongoing exertion
  - B. Is not substantially alleviated by rest
  - C. Results in substantial reduction in previous levels of educational, social and personal activities
  - D. Must persist or reoccur for at least three months
  
- II. The concurrent occurrence of the following classic ME/CFS symptoms, which must have persisted or recurred during the past three months of illness (symptoms may predate the reported onset of fatigue).
  - A. Post-exertional malaise and/or post-exertional fatigue.

With activity (it need not be strenuous and may include walking up a flight of stairs, using a computer, or reading a book), there must be a loss of physical or mental stamina, rapid/sudden muscle or cognitive fatigability, post-exertional malaise and/or fatigue and a tendency for other associated symptoms within the patient's cluster of symptoms to worsen. The recovery is slow, often taking 24 hours or longer.

- B. Unrefreshing sleep or disturbance of sleep quantity or rhythm disturbance.

May include prolonged sleep (including frequent naps), disturbed sleep (e.g., inability to fall asleep or early awakening), and/or day/night reversal.

- C. Pain (or discomfort) that is often widespread and migratory in nature. At least one symptom from any of the following:

Myofascial and/or joint pain (Myofascial pain can include deep pain, muscle twitches, or achy and sore muscles. Pain, stiffness, or tenderness may occur in any joint but must be present in more than one joint and lacking edema or other signs of inflammation.)

Abdominal and/or head pain (May experience eye pain/sensitivity to bright light, stomach pain, nausea, vomiting, or chest pain. Headaches often described as localized behind the eyes or in the back of the head. May include headaches localized elsewhere, including migraines.)

*PEDIATRIC CHRONIC FATIGUE SYNDROME* TABLE 1 (continued)

D. Two or more neurocognitive manifestations:

Impaired memory (self-reported or observable disturbance in ability to recall information or events on a short-term basis)  
Difficulty focusing (disturbed concentration may impair ability to remain on task, to screen out extraneous/excessive stimuli in a classroom, or to focus on reading, computer/work activity, or television programs)  
Difficulty finding the right word  
Frequently forget what wanted to say  
Absent mindedness  
Slowness of thought  
Difficulty recalling information  
Need to focus on one thing at a time  
Trouble expressing thought  
Difficulty comprehending information  
Frequently lose train of thought  
New trouble with math or other educational subjects

E. At least one symptom from two of the following three categories:

1. Autonomic manifestations: Neurally mediated hypotension, postural orthostatic tachycardia, delayed postural hypotension, palpitations with or without cardiac arrhythmias, dizziness, feeling unsteady on the feet—disturbed balance, shortness of breath.

2. 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.

3. Immune manifestations: Recurrent flu-like symptoms, non-exudative sore or scratchy throat, repeated fevers and sweats, lymph nodes tender to palpitation—generally minimal swelling noted, new sensitivities to food, odors, or chemicals.

*PEDIATRIC CHRONIC FATIGUE SYNDROME* TABLE 1 (continued)

III. Exclusionary conditions:

A. Any active medical condition that may explain the presence of chronic fatigue, such as:

1. Untreated hypothyroidism
2. Sleep apnea
3. Narcolepsy
4. Malignancies
5. Leukemia
6. Unresolved hepatitis
7. Multiple Sclerosis
8. Juvenile rheumatoid arthritis
9. Lupus erythematosus
10. HIV/AIDS
11. Severe obesity (BMI greater than 40)
12. Celiac disease
13. Lyme disease

B. Some active psychiatric conditions that may explain the presence of chronic fatigue, such as:

1. Childhood schizophrenia or psychotic disorders
2. Bipolar disorder
3. Active alcohol or substance abuse—except as below:
  - a) Alcohol or substance abuse that has been successfully treated and resolved should not be considered exclusionary.
4. Active anorexia nervosa or bulimia nervosa—except as below:
  - a) Eating disorders that have been treated and resolved should not be considered exclusionary.
5. Depressive disorders

IV. May have presence of concomitant disorders that do not adequately explain fatigue, and are, therefore, not necessarily exclusionary.

1. Psychiatric diagnoses such as:
  - a) School phobia
  - b) Separation anxiety
  - c) Anxiety disorders
  - d) Somatoform disorders
  - e) Depressive disorders

*PEDIATRIC CHRONIC FATIGUE SYNDROME* TABLE 1 (continued)

2. Other conditions defined primarily by symptoms that cannot be confirmed by diagnostic laboratory tests, such as:
  - a) Multiple food and/or chemical sensitivity
  - b) Fibromyalgia
3. Any condition under specific treatment sufficient to alleviate all symptoms related to that condition and for which the adequacy of treatment has been documented.
4. Any condition, that was treated with definitive therapy before development of chronic symptomatic sequelae.
5. Any isolated and unexplained physical examination, laboratory or imaging test abnormality that is insufficient to strongly suggest the existence of an exclusionary condition.