

A Letter to the Editor Regarding Menting et al. (2018)

We read with interest the recently published article by Menting et al. (2018). This study has made a significant contribution to the field by providing evidence that fatigue severity in the context of several different chronic illnesses can be explained by a number of transdiagnostic factors.

We would like to point the authors, and the readers of this journal, to our earlier study (Ali, Matcham, Irving, & Chalder, 2017), which reported similar findings. In this study we investigated fatigue and a number of psychosocial variables in participants with a range of different autoimmune rheumatic disease (ARD) diagnoses, including rheumatoid arthritis (RA), seronegative spondyloarthropathy (SpA) and connective tissue disease (CTD) as well as participants with chronic fatigue syndrome (CFS). We compared the RA, SpA and CTD groups with each other. There were no significant differences between them in terms of fatigue, social adjustment, or cognitive-behavioural responses. In other words the responses were transdiagnostic. We therefore combined the RA, SpA and CTD groups into a larger ARD group and compared this with the group of participants with CFS. We found that both ARD and CFS groups showed significant associations between fatigue and symptom-related cognitions and behaviours such as fear-avoidance beliefs and symptom focusing. The associations varied in strength and significance, a finding highlighted by Menting et al. (2018). This suggests that cognitive-behavioural responses may be important in the perpetuation of fatigue for all disorders and are therefore transdiagnostic. One particular exception was that CFS patients reported higher levels of lack of acceptance of symptoms than ARD patients, suggesting a need to consider specific factors.

Our findings were therefore similar to those of Menting et al. (2018). We concluded that there may be similar underlying factors that perpetuate fatigue in CFS and ARD, but also that there are some specific factors which may need to be targeted in treatment.

In summary, both studies demonstrated that a transdiagnostic approach to the treatment of fatigue is warranted. It is clear that further research is needed, both in terms of what underlying factors are driving fatigue across multiple long-term conditions, but also what illness-specific factors can be targeted specifically for patients with a particular diagnosis.

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Declaration of interest: Trudie Chalder has published self-help books on chronic fatigue.

References

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