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CHRONIC FATIGUE SYNDROME AMONG THE YOUNG PEOPLE

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Abstract. The article is devoted to the study of chronic fatigue syndrome among the young people (CFS). CFS is a term used to define the symptoms that cannot be connected with another health conditions. CFS predominantly affects young adults, with a peak age of onset between 20 and 40 years. Persistent exhaustion was found to affect 2% of 16-year-olds — and almost twice as many girls as boys. Children from poverty-stricken families more often suffer from the symptoms of CFS. The main sign is mortal tiredness after minimal efforts, and the proper rest does not relieve, and it is determined that physical or psychic disorder are not the causes of the disease. It is a grave condition of the patient, that can continue with insignificant changes. CFS as many other diseases also has serious consequences: mental and physical that have irreversible effects. For example, the child cannot concentrate on studies, or remember something, or it is difficult for him, he becomes depressed, irascible, moody and anxious. Sometimes it is difficult to diagnose chronic fatigue syndrome. Although it is stressful for children, usually they have to be surveyed in order to make the exact diagnosis. In people with established CFS, providing a definite diagnosis, along with general information about the illness and its natural history, are important starting points for good clinical care. A definitive diagnosis also serves to validate the patient's experience of illness and suffering. Cooperation with health professionals and the child's school teachers is essential in ensuring a positive educational experience and a normal social development, despite the seriousness of this debilitating disease.

Key words: CFS, chronic fatigue syndrome among the young people, chronic fatigue syndrome.

Аннотация. Статья посвящена изучению синдрома хронической усталости среди молодежи. Синдром хронической усталости — это описательный термин, который используется для распознавания недуга, который по симптомам нельзя отнести ни к какому другому состоянию. Хроническая усталость преимущественно поражает молодых людей в возрасте от 20 до 40 лет. Было обнаружено, что от хронической усталости страдает 2% 16-летних и почти вдвое больше девочек, чем мальчиков. Дети из малоимущих семей в большей степени подвержены этому недугу. Многочисленные исследования показали, что нервная система нашего мозга отвечает за выработку гормонов в организме как реакцию на стресс: эмоциональное и интеллектуальное перенапряжение. Синдром хронической усталости обычно начинается с внезапного недомогания, симптомы которого схожи с симптомами гриппа. Может развиваться постепенно. Подобное состояние может продолжаться в течение длительного времени. Как и другие тяжелые заболевания, синдром хронической усталости имеет эмоциональные и психологические последствия. Ребенок может быть подавленным, раздражительным, возбужденным, ему сложно сконцентрироваться на задачах, наблюдается апатия, упадок сил, фотофобия (непереносимость яркого света). Головные боли, нарушение сна, фибромиалгия, болевые ощущения в мышцах и суставам, воспаления, лихорадка. Окончательный диагноз ставится специалистами исходя из симптоматики заболевания. На ранних стадиях все что требуется, — это покой. Более тяжелые формы требуют комплексного лечения. Сотрудничество с врачами и учителями ребенка имеет большое значение для обеспечения положительного образовательного опыта и нормального социального развития, несмотря на серьезность последствий синдрома хронической усталости. Необходимо сочетать полноценный отдых, расслабляющие процедуры (массаж, водные процедуры) с регулярными физическими нагрузками; обеспечить поступление витаминов, необходимых веществ; восстановить режим. Важно разработать индивидуальный план реабилитации: как физической, так и социальной, предостерегать от чрезмерного отдыха, минимизировать социальную изоляцию, оказывать должную поддержку больному и членам его семьи, включая доступ к социальному обеспечению, помощи в образовании.

Ключевые слова: синдром хронической усталости, хроническая усталость, эмоциональное перенапряжение.

“CFS” is a designation used to mark off a complex of symptoms that cannot be connected to another health state. It is believed that the symptoms are the result of disturbed brain function, but scientists do not know the underlying pathophysiology. Therefore, CFS cannot be defined as a particular “disease”. CFS predominantly affects young adults, from 20 to 40 years. In categories of patients from medicine clinics, the syndrome is more common in women (typically in a ratio of 2–3:130), but this may be because in general women seek medical service more often than men. It was found that general debilitation affects 2% of 16-year-old teenagers — and almost twice as many girls as boys. Children from low-income families much more often suffer from chronic fatigue syndrome.

It’s well known in scientific research that self-reporting has validity issues. For instance, people may overstate or interstate the indicates when filling in a questionnaire, so that the data can be invalid. But, even if the researchers had asked doctors to verify a diagnosis in patients, it can be difficult to make the inference. The reason is that test which marks the diagnosis chronic fatigue syndrome has not been worked out, and, the results of the researches. Much of the published data on chronic fatigue syndrome is based on small groups of people and have not been reiterated. Nevertheless, there are common symptoms which can help us to recognize CFS and cope with it.

Anteriorly the scientists supposed that an infection of the Epstein-Barr virus (the virus that causes mononucleosis) causes chronic fatigue. It is the reasonable inquiry, because both diseases have similar symptoms and indications.

However, several CDC studies refuted the aforementioned thesis, and have proved that these two diseases have no connection, so it cannot be tolerated that a viral infection may cause chronic fatigue syndrome.

However, it is not ruled out that this virus can play an important role in the development of chronic fatigue and, along with other factors, can cause the disease.

Another line of research focuses on the immune system. It is postulated that suffering

from alterations in the functioning of this system that protects our organism could increase the probability of suffering chronic fatigue.

At the moment the hypothesis that is defended is that to possess alterations in the immune system could be a risk factor in moments of stress or in viral infections, since the body could not respond adequately and could originate the disease of chronic fatigue.

Numerous studies have shown that nervous system of our brain is in charge of producing levels of physical and emotional stress, and releasing a series of hormones in the body.

Especially, in the face of stress, the brain performs a greater release of cortisol, A hormone that could be related to the immune system and chronic fatigue disease.

Finally, because of the intolerance of many patients to certain substances found in foods, the possibility is posited that the lack of nutritional substances could be linked to chronic fatigue.

The first step in effective medication of CFS is to set the diagnosis. Failure to establish the diagnosis and lack of partnership between doctors may result inaccurate impressions that the child is simulating or “faking.” This may result in estrangement, insecurity, sense of failure, depression, and even legal action against the family by school teachers or authorities. Further, the child may be left with unresolved diagnosis, indetermination as to whether a he or she is experiencing the symptoms in the reality, or whether they are “all in the mind,” as their parents or friends affirm.

The main sign is mortal tiredness after minimal efforts, and the proper rest does not relieve, and it is determined that physical or psychic disorder are not the causes of the disease.

Other symptoms and can be mentioned:

Affected sleep;
dizziness;
queqsiness;
trepidation cordis;
pain;
sore throat;
difficulty concentrating or remembering things;
general feeling of being unwell.

These symptoms can appear suddenly or more gradually and might be mild or more severe.

CFS like many other diseases also has serious consequences: mental and physical that have irreversible effects. The child cannot concentrate on studies, or remember something, or it is difficult for him, he becomes depressed, irascible, moody and anxious.

Sometimes it is difficult to diagnose chronic fatigue syndrome. Although it is stressful for children, usually they have to be surveyed in order to make the exact diagnosis.

The disorder can seriously disrupt normal life. A child may be unable to:

carry out their usual activities including attending school;

go out and see friends;

carry on with their hobbies.

School can be very difficult to cope with. Young people with CFS may quickly become very unfit from staying in bed, or just doing not very much for a long time. Even healthy teenagers may suffer from rapid muscle loss. The recovery can be more difficult because of all these complications.

How to cope with chronic fatigue.

In the initial phased disease reassurance and whole support is usually all that is required, as most chronic fatigue states will resolve spontaneously. In people with lingering CFS, providing a particular diagnosis, along with common facts about the illness and its natural history, are significant starting points for proper nursing. A definitive diagnosis also serves to validate the patient's experience of illness and suffering. Doctors who display compassion, acceptance of their patient's suffering, a non-criticized style and insurance in continued care are likely to establish a salutary therapeutic relationship. And otherwise, doctors who discard or minimize the patient's disease symptomatic may cause feelings of estrangement and make worse health of sick person. In order to improve recovery from CFS it is the uttermost importance to: work out a personalized management plan for rehabilitation: social, spiritual, and physical; discourage the overshoot effect of rest and cancel out social isolation; keep in touch with the person; estimate the causes of any new symptom or aggravation of the situation; and ensure support for the person's family members, for example: access to social maintenance, support in educational process and disability fund if it is needed.

Up to the present moment, no effective pharmaceutical treatment was found to reduce the symptoms of chronic fatigue syndrome. So that all the treatment methods are connected with temporary relief of symptoms, such as headache, myalgia; and minimizing recovery obstacle. Other methods of proper treatment that should be mentioned are: the providing of a clear perception of the seeds of disease; a reasonable approach to both categories of activity: mental and physical; and realistic expectations about long-time therapy.

The main objective is to help the child or teenager with CFS to get back to normal. The scientists do not have general consensus in the methods of treatment young people and children who suffer from CFS.

Research looking at various approaches to treatment suggest a combination of approaches including Cognitive Behavioral Therapy (CBT) and graded exercise therapy, activity management: this involves looking at your child's current activity and either decreasing or slowly increasing her activity load; healthy diet: your child needs to eat a wide range of healthy foods; stress management and relaxation: this might involve things like counselling or meditation; medication: sometimes doctors prescribe medication to help manage some of the symptoms of chronic fatigue syndrome — for example, pain medication.

Family or individual talking therapy can help in overcoming depression, anxiety, lack of confidence, poor motivation, or family and relationship problems. It is also important to look at ways of getting your child to continue their education by speaking to the school/teachers.

Although it can be hard to know when and how to encourage your child and when to comfort them, it is important to try to maintain a supportive and positive outlook.

You may find expert advice from your child's pediatrician, child psychiatrist and, and education staff helpful.

It is also a good idea for everyone involved in helping your child with CFS to meet together to talk about progress from time to time. This allows everyone to share ideas about the best ways forward — physical, psychological and educational.

Working as a team is important and a regular review of progress is essential.

Research looking at how children recover has shown that the majority of severely affected children make a complete recovery, and others improve sufficiently to lead near normal lives.

Cooperation with health professionals and the child's school teachers is essential in ensuring a positive educational experience and a normal

social development, despite the seriousness of this debilitating disease. Children with CFS must often work harder to maintain the same grades they were earning prior to becoming ill, while having to miss a good deal of school. A reduced school schedule supplemented by home tutoring can help in this regard.

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