



Body System: Musculoskeletal		
Session Topic: Systemic Exertion Intolerance Disease		
Educational Format		Faculty Expertise Required
REQUIRED	Interactive Lecture	Expertise in the field of study. Experience teaching in the field of study is desired. Preferred experience with audience response systems (ARS). Utilizing polling questions and engaging the learners in Q&A during the final 15 minutes of the session are required.
OPTIONAL	Problem-Based Learning (PBL)	Expertise teaching highly interactive, small group learning environments. Case-based, with experience developing and teaching case scenarios for simulation labs preferred. Other workshop-oriented designs may be accommodated. A typical PBL room is set for 50-100 participants, with 7-8 each per round table. <u>Please describe your interest and plan for teaching a PBL on your proposal form.</u>
Professional Practice Gap	Learning Objective(s) that will close the gap and meet the need	Outcome Being Measured
<ul style="list-style-type: none"> • Systemic exertion intolerance disease (SEID) is underdiagnosed. • Persons with SEID are more likely to report subjective functional impairment than those with chronic fatigue. • Diagnosing SEID is challenging, and can only be made by excluding other etiologies of fatigue. • The Institute of Medicine (IOM) released a Feb. 10 2015 report proposing new diagnostic criteria for the condition commonly known as chronic fatigue syndrome, as well as renaming it systemic exertion intolerance disease. • Patients often feel that their concerns regarding SEID are met with skepticism and dismissal by their physician. • Patients are frequently non-adherent to exercise recommendations. 	<ol style="list-style-type: none"> 1. Use IOM SEID diagnostic criteria to diagnose patients presenting with chronic fatigue. 2. Diagnose patients who do not meet SEID criteria as their symptoms and evaluations dictate. 3. Evaluate patients for comorbidities associated with SEID, at treat accordingly. 4. Develop collaborate treatment plans, emphasizing adherence to prescribed therapies (e.g. cognitive behavioral; graded exercise therapy). 	Learners will submit written commitment to change statements on the session evaluation, indicating how they plan to implement presented practice recommendations.



ACGME Core Competencies Addressed (select all that apply)			
X	Medical Knowledge		Patient Care
X	Interpersonal and Communication Skills		Practice-Based Learning and Improvement
	Professionalism		Systems-Based Practice
Faculty Instructional Goals			
<p>Faculty play a vital role in assisting the AAFP to achieve its mission by providing high-quality, innovative education for physicians, residents and medical students that will encompass the art, science, evidence and socio-economics of family medicine and to support the pursuit of lifelong learning. By achieving the instructional goals provided, faculty will facilitate the application of new knowledge and skills gained by learners to practice, so that they may optimize care provided to their patients.</p> <ul style="list-style-type: none"> • Provide up to 3 evidence-based recommended practice changes that can be immediately implemented, at the conclusion of the session; including SORT taxonomy & reference citations • Facilitate learner engagement during the session • Address related practice barriers to foster optimal patient management • Provide recommended journal resources and tools, during the session, from the American Family Physician (AFP), Family Practice Management (FPM), and Familydoctor.org patient resources; those listed in the <u>References</u> section below are a good place to start <ul style="list-style-type: none"> ○ Visit http://www.aafp.org/journals for additional resources ○ Visit http://familydoctor.org for patient education and resources • Provide an overview of IOM SEID diagnostic criteria to diagnose patients presenting with chronic fatigue, including strategies for implementation. • Provide recommendations for diagnosing patients who do not meet SEID criteria as their symptoms and evaluations dictate. • Provide recommendation for evaluating patients for comorbidities associated with SEID, at treat accordingly. Especially emphasizing appropriate treatment of comorbidities. • Provide strategies and resources for developing collaborative treatment plans, emphasizing adherence to prescribed therapies (e.g. cognitive behavioral; graded exercise therapy). Including strategies for managing referral to specialists in CBT &/or graded exercise therapy. 			

Needs Assessment

Systemic exertion intolerance disease (SEID) is a major health problem in the United States; affecting more than 2 million Americans have SEID.^{1,2} However, it is estimated that 84 to 91 percent of people with SEID have not yet been diagnosed.³

Less than one-third of medical school curricula and less than half of medical textbooks include information about SEID. The scarcity of available information has led to confusion about the disease among health care professionals, including how to diagnose and treat patients with the condition, which has delayed diagnoses and led to inappropriate management of patients' symptoms.⁴ SEID has been ignored or mismanaged by clinicians in the past because some doctors don't consider it a real disease; other times, it's simply misdiagnosed. Patients often feel as though their concerns regarding SEID are dismissed by their physician.⁵ Additionally, several diagnostic strategies (for SEID) exist, therefore adding to the complexity of making an appropriate diagnosis.⁴ In 2015, the Institute of Medicine (IOM) redefined the diagnostic criteria



for chronic fatigue syndrome and suggested the name change from myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) to systemic exertion intolerance disease (SEID).^{3,5}

Because there is no blood test, brain scan, or other lab test to diagnose SEID, it is a diagnosis that can only be made after ruling out other possible illnesses.⁶ A clinician should consider a diagnosis of SEID according to the following criteria:^{3,5}

Data from a recent American Academy of Family Physicians (AAFP) CME Needs Assessment survey indicate that family physicians have statistically significant and meaningful gaps in the medical skill necessary to provide optimal care and management of patients with SEID.⁷ More specifically, CME outcomes data from the 2014 Chronic Conditions: *Chronic Fatigue Syndrome* suggest that physicians have knowledge gaps regarding a general awareness of the syndrome; appropriate diagnosis criteria; appropriate evaluation of potential comorbidities; and identifying appropriate treatment.⁸

Diagnosis requires that the patient have the following three symptoms:

1. A substantial reduction or impairment in the ability to engage in pre-illness levels of occupational, educational, social, or personal activities that persists for more than 6 months and is accompanied by fatigue, which is often profound, is of new or definite onset (not lifelong), is not the result of ongoing excessive exertion, and is not substantially alleviated by rest,
2. Post-exertional malaise,* and
3. Unrefreshing sleep*

At least one of the two following manifestations is also required:

1. Cognitive impairment* or
2. Orthostatic intolerance

* Frequency and severity of symptoms should be assessed. The diagnosis of SEID should be questioned if patients do not have these symptoms at least half of the time with moderate, substantial, or severe intensity.

Physicians need continuing medical education aimed at realistic application of the new IOM diagnostic criteria, and the implications to care and management of these patients. The general approach to a patient with chronic fatigue should start with a history and physical examination, focusing on identifying the most bothersome symptoms and red flag symptoms that may indicate a more serious underlying illness.^{2,3}

Physicians may improve their care of patients with SEID by engaging in continuing medical education that provides practical integration of current evidence-based guidelines and recommendations into their standards of care, including, but not limited to the following:²



- Persons with chronic fatigue should have an evaluation, including history, physical examination, and initial laboratory testing (i.e., urinalysis; complete blood count; comprehensive metabolic panel; and measurement of thyroid-stimulating hormone, C-reactive protein, and phosphorus levels).
- Persons diagnosed with chronic fatigue syndrome should be evaluated and treated for comorbidities, such as sleep disturbance, depression, and pain. Any comorbidity identified should be treated.
- Persons diagnosed with chronic fatigue syndrome should be treated with cognitive behavior therapy, graded exercise therapy, or both. Cognitive behavior therapy and graded exercise therapy have been shown to improve fatigue, work and social adjustment, anxiety, and postexertional malaise.

Data from a recent American Academy of Family Physicians (AAFP) CME Needs Assessment survey indicate that family physicians have knowledge gaps with regard to optimal utilization and follow-up of exercise prescriptions.⁷ More specifically, CME outcomes data from 2012 and 2013 AAFP Assembly: *Exercise Prescriptions* sessions suggest that physicians need continuing medical education with regard to establishing base line goals and readiness to change, using structured programs such as AIM-HI and FITT-PRO, and utilization of motivational interviewing and group visits to foster patient adherence to lifestyle modifications.^{9,10}

Physicians can improve patient satisfaction with the referral process by using readily available strategies and tools such as, improving internal office communication, engaging patients in scheduling, facilitating the appointment, tracking referral results, analyzing data for improvement opportunities, and gathering patient feedback.^{11,12}

These recommendations are provided only as assistance for physicians making clinical decisions regarding the care of their patients. As such, they cannot substitute for the individual judgment brought to each clinical situation by the patient's family physician. As with all clinical reference resources, they reflect the best understanding of the science of medicine at the time of publication, but they should be used with the clear understanding that continued research may result in new knowledge and recommendations. These recommendations are only one element in the complex process of improving the health of America. To be effective, the recommendations must be implemented. As such, physicians require continuing medical education to assist them with making decisions about specific clinical considerations.

Resources: Evidence-Based Practice Recommendations/Guidelines/Performance Measures

- Chronic fatigue syndrome: diagnosis and treatment²
- IOM: Beyond Myalgic Encephalomyelitis/Chronic Fatigue Syndrome: Redefining an Illness³
- CDC:⁶ Chronic Fatigue Syndrome (CFS)
- Adding health education specialists to your practice¹³
- Envisioning new roles for medical assistants: strategies from patient-centered medical homes¹⁴
- The benefits of using care coordinators in primary care: a case study¹⁵
- Engaging Patients in Collaborative Care Plans¹⁶



- The Use of Symptom Diaries in Outpatient Care¹⁷
- Health Coaching: Teaching Patients to Fish¹⁸
- Encouraging patients to change unhealthy behaviors with motivational interviewing¹⁹
- Integrating a behavioral health specialist into your practice²⁰
- Simple tools to increase patient satisfaction with the referral process¹¹
- Chronic Fatigue Syndrome | Overview (patient education)²¹
- FamilyDoctor.org: Exercise Basics (patient education)²²
- FamilyDoctor.org: The Exercise Habit (patient education)²³
- FamilyDoctor.org: Exercise & Fitness (patient education)²⁴
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References

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