

Fatigue from sarcoidosis: treat the cause

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Besides physical problems, sarcoidosis has a substantial impact on QOL. Fatigue is an integral part of the clinical picture of sarcoidosis. Since fatigue has a major impact on QOL in sarcoidosis, establishing the extent of fatigue will provide valuable insight regarding patients' QOL [1]. However, there is no objective parameter for assessing fatigue in sarcoidosis. In a pilot study we found fatigue to be related to small fiber neuropathy (unpublished data).. Generally, fatigue is assessed by means of questionnaires. The Fatigue Assessment Scale (FAS) is a promising measure for assessing fatigue in sarcoidosis patients [2]. The FAS is a 10-item questionnaire to assess fatigue (For a digital version see http://www.ildcare.eu/pages/artsen_informatie_fasen.html). The FAS was developed, based on four existing measures among which the facet Energy and fatigue from the WHOQOL-100, a measure previously used in our fatigue studies among sarcoidosis patients. A group of Dutch sarcoidosis patients had a significantly higher FAS score compared to a representative sample of the Dutch population. Furthermore, the majority (80%) of the general population sample scored below the cut-off score of the FAS, whereas 80% of the sarcoidosis patients scored above that score. Moreover, FAS scores appeared not to be related to lung function test results [2,3].

Management of fatigue

There exists no effective treatment for fatigue in sarcoidosis. When fatigue has a (partly) psychological cause, various treatments are available. Patients with clinical depression can be prescribed antidepressants. Some patients may require help to improve coping and self-management of their disease to increase their QOL. Cognitive therapy may be indicated to treat coping problems or stress perception. Furthermore, physical training programs guided by physiotherapists might also improve patients' exercise tolerance and physical fitness. However, because what patients can handle is clearly decreased, the activities should be adapted accordingly and rehabilitation programs should be developed carefully [4]. Furthermore, sleeping problems should be treated appropriately.

The standard treatment of sarcoidosis has mainly no effect on fatigue. Several case reports of sarcoidosis patients treated with anti-tumor necrosis factor (TNF)- α showed a dramatic reduction in fatigue [5]. The positive effect of anti-TNF- α on fatigue has also been demonstrated in other diseases, such as Crohn's disease and rheumatoid arthritis. For obvious reasons, however, these kind of drugs cannot be given to patients who are suffering exclusively from fatigue without other evidence of disease activity. Moreover, management of the patient with fatigue requires more than prescribing drugs. It is important for the physician to listen to the patient; it is wise to take serious what the patient says. Furthermore, the patients should be instructed to lead as active and involved a life as possible.

In summary, although fatigue is a well-known symptom of sarcoidosis, it remains an underestimated problem in clinical practice. Objective test results, such as chest X-ray and inflammatory parameters, not always correlate with the well-being of patients. No sufficient therapy is available yet. It is very important to educate employers and physicians involved in the follow-up of patients with sarcoidosis that the absence of objective parameters does not always guarantee that persons are healthy.

References

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