

Fatigue

Sid Spies, MD

Fatigue is the most common complaint to bring someone to a doctor. Not the gratifying, sweaty, bone-tired fatigue you remember from playing three sets of tennis or hiking a mountain trail, but the day-after-day fatigue that awaits you soon after awakening in the morning or walking from Crestmont to Oakmont. Listed below are my personal reflections on the most common causes, roughly in order of frequency:

1) **Deconditioning** is a use-it-or-lose-it problem, when the armchair is over-used and the TV is on most of the day. This is age-related only in level of activity.

2) **Organic illness:** Severe fatigue increases in prevalence at the same age that senescence (morbidity of aging) begins to take its toll. In the absence of localizing symptoms, fatigue can be a symptom of underlying malignancy, which has to be ruled out by appropriate studies. New onset fatigue always requires a work-up.

3) **Depression** is a universal mimic of other illnesses. It is most common after a loss. Old age involves a loss—of a loved one, of activities once enjoyed, of the house you left, of eyesight or hearing.

4) **Thyroid insufficiency** is accompanied by fatigue. During the years before accurate thyroid testing was available, so many of us were placed on thyroid pills that thyroid insufficiency seemed to be the most common cause of fatigue. Now that a simple blood test can accurately rule out thyroid deficiency, the diagnosis of *new* cases is much less frequent.

Physician's management. Routine workup: thorough history and physical; lab for urinalysis, CBC (complete blood count), metabolic panel including TSH for thyroid function. Women *over 75* should have at least a bi-annual pelvic and at least one normal Pap. Further studies are usually clear-cut if symptoms point to an organ; e.g. a chest Xray if chronic cough. GI workup if history or exam point to digestive symptoms. Bi-annual pelvic and at least one normal Pap test for women over age 75. For a work-up in which all the basic studies are normal, how far should a doctor go? What about *chronic fatigue syndrome? Chronic Epstein-Barr Disease? Chronic mononucleosis?* To rephrase an old adage, when you hear hoof-beats, must you rule out zebras?

Patient's management: See your doctor; at our age a full medical work-up is indicated. If no major problems are found—*get moving!* Cut your TV time to a maximum of four hours. Join at least one of Piedmont Gardens' excellent exercise classes; choices range from seated exercises to aerobic, depending on baseline level of stamina. Get off the couch or arm-chair. Start walking, around the courtyard or the neighborhood, stopping when you tire, lengthening the walk by increments every day.

Above all, get moving. Unless you have reached the age of a hundred. Then you can ignore all the above, sit back in your arm-chair, pour a glass of wine, and drink to your good genes and a life well spent.

Editor's Note: Thank you to our favorite Doc, dear Sid Spies, who left us before age 100. Was he drinking red wine?

IN MEMORIUM

Dr. Sydney Spies

We sadly mourn the sudden and unexpected passing of of our beloved and esteemed resident, Sid Spies. Sid was a most regular contributor to the *CREST*. He wrote a fresh, new, interesting, and relevant article each month. We will miss him and his informative articles very much. Sid contributed so much to Piedmont Gardens. He was so very special: free with his medical advice, a caring resident, and a real friend to all of us.

The Staff of the CREST