
LETTER TO THE EDITOR

Dear Dr. Patarca-Montero;

The report by Dr. Arzomand noted dramatically different rates of Chronic Fatigue Syndrome (CFS) amongst high school students in two British Boroughs (1). With the population in the two Boroughs being basically identical, the rates of adolescent CFS was 21 times greater in Sutton as compared to Merton. This letter is an attempt to explain this observation.

Briefly, methodologic difficulties of this study should be mentioned. The ascertainment was by second-hand report by multiple different individuals, not by the investigator himself. Therefore the ascertainment results cannot be considered reliable. Most importantly, there was no discussion of the medical and psychologic evaluations done to rule out other causes of fatigue in adolescents. Without a full and thorough medical evaluation, potentially treatable conditions will be misdiagnosed (2). Even in an adult CFS clinical program, when evaluating patients who had already been diagnosed as having CFS by community physicians and specialists, the misdiagnosis rate is 28% (3). Medical issues must be soundly addressed in any epidemiologic studies.

The description of the two Boroughs, Merton being more similar to an "inner London Borough" and Sutton which had low density housing "surrounded by green belt land," strongly suggests a marked difference in the socioeconomic status of these two Boroughs. It would appear the Merton is of low socioeconomic status, and Sutton of high.

In the United States, among higher socioeconomic populations, concern about food safety and quality have become very popular. Amongst a number of food faddism issues, the notion has arisen that use of table salt should be minimized since "salt is bad for you." Unnecessary salt restriction will lead to intravascular volume depletion and to fatigue. Volume depletion due to unnecessary salt restriction is the most likely explanation for the finding of fatigue in "neurally mediated hypotension" and why patients with this condition respond simply to an increase of salt intake (2,4).

If socioeconomic factors in Britain are similar to the United States, a very reasonable explanation for the different CFS rates in Merton, as compared to Sutton, is that the dietary habits in Sutton include the currently popular idea of unnecessary salt restriction, thus leading to volume depletion and to fatigue. In Merton, food with high salt content is popular, thus avoiding problems with salt depletion and secondary fatigue.

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NOTES

1. Arzomand ML. Chronic Fatigue Syndrome among school children and their special educational needs. *J Chronic Fatigue Syndrome* 1998; 4:59-69.
2. Plioplys AV. Chronic fatigue syndrome should not be diagnosed in children. *Pediatrics* 1997; 100:270-271.
3. Plioplys S, Plioplys AV. Chronic Fatigue Syndrome (Myalgic Encephalopathy): a review. *South Med J* 1995; 88:993-1000.
4. Bou-Holaigah I, Rowe PC, Kan J, Calkins H. The relationship between neurally mediated hypotension and the chronic fatigue syndrome. *JAMA* 1995; 274:961-967.