

	Oxford consensus criteria (1991) [1]	US Centers for Disease Control and Prevention chronic fatigue syndrome ('Fukuda') (1994) [2]	Institute of Medicine (IOM) diagnostic criteria for CFS/ME (2015) [3]
<b>Nomenclature</b>	CFS, post-infectious fatigue syndrome (PIFS)	CFS	CFS/ME (systemic exertion intolerance disease [SEID] proposed as an alternative name)
<b>Development method</b>	Consensus meeting of UK and Irish specialists	Consensus meeting of international specialists	Comprehensive analysis of the literature and expert consultation
<b>Required symptom(s)</b>	<p>Either:</p> <p>CFS:</p> <ul style="list-style-type: none"> <li>Fatigue, definite onset, severe and disabling, affects physical and mental functioning, &lt; 6 months' duration (symptoms present at least 50% of the time)</li> </ul> <p>Or:</p> <p>PIFS (a subtype of CFS):</p> <ul style="list-style-type: none"> <li>Fulfils the criteria for CFS as defined above</li> <li>Definite evidence of infection at onset or presentation (a patient's self-report is unlikely to be sufficiently reliable)</li> <li>The syndrome is present for a minimum of 6 months after infection</li> <li>The infection has been corroborated by laboratory evidence.</li> </ul>	<p>Fatigue:</p> <ul style="list-style-type: none"> <li>Clinically evaluated, unexplained, persistent, or relapsing fatigue lasting more than 6 months</li> <li>Of new or definite onset (more than 6 months ago)</li> <li>No relief by rest</li> <li>Results in a substantial reduction in previous levels of occupational, social, or personal activity.</li> </ul> <p>Plus 4 or more of the following symptoms that persist or recur during 6 or more consecutive months and that do not predate the fatigue:</p> <ul style="list-style-type: none"> <li>Self-reported impairment of short-term memory or concentration</li> <li>Sore throat</li> <li>Tender lymph nodes</li> <li>Muscle pain</li> <li>Multi-joint pain without swelling or redness</li> <li>Headaches of a new type, pattern, or severity</li> <li>Unrefreshing and/or interrupted sleep</li> <li>Post-exertional malaise (a feeling of general discomfort or uneasiness) lasting more than 24 hours.</li> </ul>	<ul style="list-style-type: none"> <li>Substantial reduction/impairment in the ability to engage in pre-illness levels of occupational, educational, social, or personal activities that persists for more than 6 months; is accompanied by fatigue that is often profound; is of new or definite onset; is not the result of ongoing excessive exertion; and is not substantially alleviated by rest</li> <li>Post-exertional malaise</li> <li>Unrefreshing sleep</li> <li>At least one of the following: <ul style="list-style-type: none"> <li>Cognitive impairment</li> <li>Orthostatic intolerance.</li> </ul> </li> </ul> <p>Symptoms must have been present at least half the time and have moderate, substantial, or severe intensity.</p>
<b>Optional symptoms</b>	Other symptoms may be present, particularly myalgia, altered mood, and sleep disturbance (not deemed essential to the CFS diagnosis).		<p>Several other symptoms are reported less frequently but may support a diagnosis of CFS/ME:</p> <ul style="list-style-type: none"> <li>Gastrointestinal impairments</li> <li>Genitourinary impairments</li> <li>Sore throat</li> <li>Painful or tender axillary/cervical lymph nodes</li> <li>Sensitivity to external stimuli (e.g., food, drugs, chemicals).</li> </ul> <p>NB: Pain symptoms (e.g., headache, arthralgia, myalgia) and systemic hyperalgesia were not included in the IOM criteria due to insufficient published data in CFS/ME.</p>
<b>Exclusionary conditions</b>	<p>Exclusions are:</p> <ul style="list-style-type: none"> <li>Patients with established medical conditions known to produce chronic fatigue (e.g., severe anaemia) even if this is diagnosed following the suspected diagnosis of CFS</li> <li>Schizophrenia</li> <li>Bipolar disorder</li> <li>Substance misuse</li> <li>Eating disorder</li> <li>Proven organic brain disease.</li> </ul>	<p>Patients with chronic medical illnesses that cause fatigue such as anaemia, chronic heart failure, autoimmune and other inflammatory diseases, untreated hypothyroidism, sleep apnoea, narcolepsy, previously treated malignancies, and unresolved cases of hepatitis B and C are exclusions.</p> <p>Psychiatric exclusions include any past or current diagnosis of:</p> <ul style="list-style-type: none"> <li>Major depressive disorder with psychotic or melancholic features</li> <li>Bipolar disorder</li> <li>Schizophrenia</li> <li>Delusional disorders</li> <li>Dementia</li> <li>Anorexia nervosa</li> <li>Bulimia nervosa.</li> </ul> <p>Also exclusions:</p> <ul style="list-style-type: none"> <li>Alcohol or other substance misuse within 2 years before the onset of the chronic fatigue and at any time afterwards</li> <li>Severe obesity (BMI ≥45).</li> </ul> <p>Clarifications of ambiguities regarding inclusion of well controlled conditions such as diabetes and thyroid disease [4] and exclusion of depression, substance misuse, and other psychiatric disorders in the past 5 years have been published.</p>	Not specified; the committee note that a thorough medical history, physical examination, and targeted work-up is required to rule out other disorders that could cause the patient's symptoms.
<b>Comorbidities (not necessarily exclusionary)</b>	<p>The following are not necessarily reasons for exclusion:</p> <ul style="list-style-type: none"> <li>Depressive illness</li> <li>Anxiety disorders</li> <li>Hyperventilation syndrome.</li> </ul>	<p>The following conditions are not exclusionary:</p> <ul style="list-style-type: none"> <li>Any condition defined primarily by symptoms that cannot be confirmed by diagnostic laboratory testing, such as: <ul style="list-style-type: none"> <li>Fibromyalgia</li> <li>Anxiety disorders</li> <li>Somatoform disorders</li> <li>Non-psychotic or non-melancholic depression</li> <li>Neurasthenia</li> <li>Multiple chemical sensitivity disorder</li> </ul> </li> <li>Well-controlled medical conditions, such as: <ul style="list-style-type: none"> <li>Hypothyroidism</li> <li>Asthma</li> </ul> </li> <li>Conditions such as Lyme disease or syphilis that has been treated with definitive therapy before development of CFS/ME</li> <li>Isolated unexplained physical or laboratory examination findings that are insufficient to strongly suggest the existence of an exclusionary condition (e.g., elevated antinuclear antibody titre in the absence of other clinical features to support a diagnosis of a connective tissue disorder).</li> </ul>	<p>The committee decided against developing a comprehensive list of potential comorbid conditions. They advise that clinicians may wish to consider:</p> <ul style="list-style-type: none"> <li>Fibromyalgia</li> <li>Myofascial pain syndrome</li> <li>Interstitial cystitis</li> <li>Irritable bladder syndrome</li> <li>Raynaud's phenomenon</li> <li>Prolapsed mitral valve</li> <li>Depression</li> <li>Migraine</li> <li>Allergies</li> <li>Multiple chemical sensitivities</li> <li>Sicca syndrome</li> <li>Obstructive or central sleep apnoea.</li> </ul>

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References:

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- Institute of Medicine of the National Academies. Beyond myalgic encephalomyelitis/chronic fatigue syndrome: redefining an illness. February 2015 [internet publication].
- Reeves WC, Lloyd A, Vernon SD, et al. Identification of ambiguities in the 1994 chronic fatigue syndrome research case definition and recommendations for resolution. BMC Health Serv Res. 2003 Dec 31;3(1):25.