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Practice Commentary

Fatigue of over 3 months' duration was studied in a group of 48 pediatric patients. While a specific diagnosis was made in only one case (and two others were overtly depressed), several important points are made. First, laboratory evaluation of fatigue is not helpful in the absence of historical or physical examination features pointing to a specific diagnosis. Next, the long-term prognosis—over years—is favorable, with a majority of patients fully recovered and most of the remainder improved. Finally, reassurance and encouragement of an early return to full participation is, in the authors' opinion and experience, an important therapeutic strategy. In family practice we commonly see pediatric patients with ill-defined discomfort syndromes such as headache and musculoskeletal or abdominal pains of obscure origin. It is likely that their six principles of therapy for fatigue also apply in such cases.

We must remain aware of some limitations in accepting the study results. Only a few patients underwent formal mental health evaluation, so the possibility of a speedier or more consistently favorable outcome with specific psychological intervention remains. Nonetheless, the authors' intervention strategy is firmly based in psychological theory. We do not know much of the background of these patients, other than that almost all were white and referred to a university clinic. We thus cannot be sure how generally applicable the findings are.

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