

MEDICAL BRIEFS

Food, fashion, fun

St. Mary Hospital will hold its sixth annual "Women's Health Day" 8 a.m. to 3:30 p.m. Saturday, April 8 at the Holiday Inn-Livonia. This event, sponsored by the Marian Women's Center, features a continental breakfast, lunch, workshops and a fashion show by Casual Corner Group (all sizes).

Keynote speaker Bobbie Staten, a nurse and business woman with a creative sense of humor, has titled her opening speech "I'm Going to be Happy When." Her remarks about the pain, stress and frustration women experience at home and work are guaranteed to get the day going.

Participants select one workshop in each of three sessions. Workshop topics include: "Relax with Tai Chi" by Scholera College fitness educator Ann VanWagoner; "Looking good when you're not feeling so good" by Robin Smith, president and owner of Burn to Shop in Rochester; "Easy on the Eyes" by Dr. Walter J. Cukrowski, an ophthalmologist with Michigan EyeCare Institute in Livonia and Southfield; and "Healthy, happy feet" by St. Mary Hospital podiatrists Jason Chuoos and Howard Kane. There are several other workshops to choose from. In addition, Staten will lead a wrap-up session titled "Where to from here?" Find out the answer by attending this fun-filled Women's Health Day. Program cost is \$30 in advance and \$35 at the door. The Holiday Inn-Livonia is located on Six Mile and I-275 in Livonia. For more information or to register, call the Marian Women's Center at (800) 494-1617 by April 3.

Grief support

Arbor Hospice will offer a seven-week grief support group for parents who have experienced an adult child's death, whether recently or many years ago. The group will meet 4-5:30 p.m. Thursdays, April 6 through May 18, at the Arbor Residence, 2366 Oak Valley Drive, Ann Arbor. The group is available free, but donations will be requested. For more information or to register, please call Pat Bauer at (734) 662-5999.

MS essay contest

The Multiple Sclerosis Association of America is sponsoring a national essay contest - "PROJECT: Learn MS 2000" - for high school juniors and seniors and college freshmen and sophomores. Students must write a 500-1,000-word essay on how multiple sclerosis affects a person and his or her family on a daily basis.

Entries can take the form of a traditional essay, personal narrative, an open letter, a feature story or a fiction story. All entries must be double spaced and postmarked by June 2, 2000.

PROJECT: Learn MS 2000 is designed to educate students about multiple sclerosis, a crippling disease that affects young adults. Students may obtain an official registration form by accessing www.msa.com, e-mailing projlearn@msaa.com or calling 1-800-LEARN MS.

We want your feedback

There are several ways you can reach the Observer Health & Fitness staff. The Sunday section provides numerous avenues for you to offer comments. Information including Medical Feedback (your comments on medical news), Medical Newsletters (appointments, new drugs in the medical field), and Medical Briefs (medical advances, short news items, Sun, health, physical, and personal). We also welcome commentary ideas for health and fitness related stories. To submit an item to our newspaper you can call, write, fax or e-mail us.

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CHRONIC FATIGUE SYNDROME

BY RENEE SKOGLUND
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Sharon Parven McGladdery, a 44-year-old mother from Farmington Hills, was a "total athlete" in her teens and most of her 20s. An ace tennis player, there was hardly a sport she wouldn't try. Then her life changed.

"When I was 28, I got very sick one spring," she said. "All my lymph nodes in my neck, arm pits, everywhere, blew up. I thought I had Hodgkins disease."

McGladdery credits Dr. A. Martin Lerner, an infectious disease specialist on staff at William Beaumont Hospital whom she met last March, with correctly diagnosing and treating her for chronic fatigue syndrome. However, the road to his office was a long and frustrating one.

Shortly after the acute onset of symptoms, McGladdery began experiencing extreme muscle pain across her back, a loss of smell and total exhaustion. When her internist at the time couldn't find a cause, she went to the Mayo Clinic in Rochester, Minn. The message was the same: It's psychological; there is nothing wrong with you.

"The diagnosis was non-specific virus," she said. McGladdery's symptoms, including the extreme fatigue, not only continued, they worsened after the birth of her son in 1991. Picking up her baby and washing dishes were almost impossible. Grocery shopping left her exhausted for days.

She began seeing psychiatrists. Fortunately, the third one told her about chronic

fatigue syndrome and fibromyalgia. "He gave it a name and told me I wasn't alone."

No answers

Despite a vigorous search, no single cause for CFS has been found; rather, the syndrome is considered the common "end-point" of multiple causes: virus infection, allergies, autoimmune regulation of blood pressure and pulse, and stress to name a few. "The goal of CFS is to deconstruct it entirely," said Dr. Cary Engleberg, head of infectious diseases at the University of Michigan. Depending upon the symptoms presented, he may treat a CFS patient with a sleep enhancer, pain reliever, or an antidepressant. He also recommends exercising to tolerance. Aerobic exercise is more beneficial to CFS patients than yoga, he added.

Engleberg believes many disorders labeled "chronic fatigue syndrome" are really nervous system problems. After a female patient in her 50s, who had CFS symptoms for years, suffered a stroke, her symptoms disappeared. "The CFS got stroked out," he said.

Dr. A. Martin Lerner, who has a private practice in Beverly Hills, Mich., believes CFS results from a viral infection in the heart. He discovered that patients with CFS have abnormal T-wave readings on their 24-hour Holter electrocardiograms - associated with a possible weakened heart muscle - but no evidence of



New ground: Infectious disease specialist Dr. A. Martin Lerner considers himself a medical pioneer in treating chronic fatigue syndrome as a virally-induced heart disease. Patient Sharon Parven McGladdery (below) credits Lerner with restoring her to a near normal life.

"You have to level with the patient. I have to say I know what it isn't. It's not a horrible disease. Given that, I have to be very careful what medications I put in you."

Dr. Joseph J. Weiss,
St. Mary Hospital

coronary artery disease. He also found evidence of herpes-related virus. Blood tests revealed that half the patients in his studies had antibodies indicating ongoing Epstein Barr virus (EBV). The other half had either antibodies for cytomegalovirus (HCMV), the other known cause of mononucleosis, or antibodies for both viruses.

Based on the abnormal T-wave readings and the presence of EBV and HCMV virus antibodies, Lerner concluded CFS is a virally-induced heart disease. He began treating his patients with Valtrex, an anti-viral drug approved for the treatment of herpes, at four times the recommended dosage.

Lerner's CFS patients responded well. "From non-functional lives, they went to functional lives," he said.

He defends his use of high dosages of Valtrex. (A normal dosage is 1/2 gram once a day. Lerner prescribes 1 gram four times a day for patients 150 pounds and 1 1/2 grams four times a day for patients over 170 pounds.) It is not toxic, he said. "It tips into the bloodstream across the intestinal tract, allowing me to give effective dosages orally."

CFS patient Anna Lipar, a 34-year-old advertising consultant for the Observer Newspapers in Livonia, sees Lerner every six weeks. Blood tests show whether her Epstein Barr antibodies are on the rise. Four years ago, Lerner ordered her bedridden for six months due to an extremely high



level of EBV antibodies. "I didn't know where my life was going. When my count was so high, I was contagious. I wasn't to kiss anyone," she said. (According to CDC studies, there is no proof that CFS is contagious.)

Today, Lipar feels much better, and she credits Valtrex. "It's been an energy boost. I'm able to function again. But I'm not at the point I was four years ago."

Other views

The association of a virus with CFS "has been thoroughly looked into and is not the case," said Dr. Joseph J. Weiss, a rheumatologist associated with St. Mary Hospital in Livonia. Drug therapy is wrong, he added.

Weiss views CFS from the muscular, skeletal, bone and joint component. He recommends the same treatment for CFS as he does for fibromyalgia syndrome: exercise, coping skills and mild dosages of pain medication.

Weiss tells his patients to exercise seven days a week, preferably in the morning before stress takes it toll. They must sweat and warm their muscles. There are no quick fixes in treating CFS, he said.

"You have to level with the patient. I have to say I know what it isn't. It's not a horrible disease. Given that, I have to be very careful what medications I put in you."

Engleberg's beliefs are similar. There is "no convincing data that anti-viral drug therapy works" in treating CFS, he said. (He has used anti-virals when evidence "conventionally looks like a virus.") Besides, he added, over 90 percent of the population has the Epstein Barr virus, and it's rare for someone in middle-age to have mononucleosis. Also, a spike in antibodies from time to time doesn't always translate into CFS symptoms.

Engleberg believes hormones play a role. "Women who have CFS who are pregnant get better. Sometimes they relapse afterward, sometimes they don't," he said.

He also believes CFS is influenced by attitude. "If CFS is not helped by attitude, nothing will help."

Dr. Patricia Schmidt, an internist and primary care physician with Garden City Hospital, sees

WHAT IS CFS?

The Centers for Disease Control and Prevention defines chronic fatigue syndrome as "a debilitating and complex disorder characterized by persistent fatigue that is not improved by rest and is not caused by any known physical or mental disorder."

According to the CDC, a patient must satisfy two criteria for a diagnosis of chronic fatigue syndrome. One is having severe, persistent fatigue for six months or longer with no other known medical cause. (These cases include hyperthyroidism, anemia, diabetes, depression, chronic sinusitis, sleep disorders, cancer, autoimmune disease, subacute lupus and reactions to repeated medications.)

Two is having four or more of the following symptoms consistently: substantial impairment in short-term memory or concentration; sore throat; tender lymph nodes; muscle pain; multiple pain without swelling or redness; unusual weakness, unrefreshing sleep, and post-exertional malaise lasting more than 24 hours. Most importantly, the symptoms must not be due to any other disorder.

In addition to these eight primary symptoms, CFS patients in Order for Disease Control surveys have reported abdominal pain, alcohol intolerance, bloating, chest pain, chronic cough, depression, dizziness, dry eyes or mouth, extreme fatigue, frequent colds, frequent sinusitis, frequent stomach pain, frequent sore throat, frequent weight changes, loss of appetite, loss of

sensations, tingling sensations, weight loss and psychological problems.

"Chronic fatigue syndrome is a constellation of symptoms," said Dr. A. Martin Lerner.

Who gets CFS? In an eight-city survey conducted by CDC from 1989-93 of patients under a doctor's care, a pattern emerged: Caucasian female about 30 years old at onset of symptoms, well-educated and often from an upper-income family. The syndrome became known as the "yuppie disease."

Those findings were based on symptomatic evidence, not medical work-ups. Said Dr. Cary Engleberg, head of infectious diseases at the University of Michigan. "We don't know how many of these people would be excluded."

According to the CDC, there is now evidence that CFS affects all racial and ethnic groups of both sexes. "I don't think any women patients outnumber my men," said Dr. Patricia Schmidt, an internist at Garden City Hospital.

The CDC continues to monitor the patients enrolled in the CDC study. While defining recovery, an additional 50 percent reported recovery within five years after onset of symptoms. However, most doctors agree that "chronic" is the correct adjective to describe the syndrome.

"We look a lot better than we actually feel," said CFS patient Anna Lipar. "That's hard to deal with."