

Publication: [Prevalence of comorbid mental and physical illnesses and risks for self-harm and premature death among primary care patients diagnosed with fatigue syndromes](#)

Publication details (Vancouver format)

Carr MJ, Ashcroft DM, White PD, Kapur N, Webb RT. Prevalence of comorbid mental and physical illnesses and risks for self-harm and premature death among primary care patients diagnosed with fatigue syndromes. *Psychological Medicine* 2020; 50(7): 1156-1163.

What are the most important findings/conclusions in this paper? Why are they important?

Patients who received a fatigue syndrome diagnosis were more likely to also be diagnosed with a psychiatric or major physical illness than those without fatigue syndromes. They were also more likely to have been prescribed a psychotropic medication (drugs most often used for treating mental illnesses) by their GP or practice nurse. We found no large increase in risk of death by any cause, by natural causes or by external causes (including suicide). But we did see a raised risk of non-fatal self-harm.

We found no evidence of raised risk of premature death among patients diagnosed with fatigue syndromes, which is reassuring for both patients and clinicians, because the opposite had been reported previously in smaller studies. But the frequency of mental illness and increased risk of non-fatal self-harm suggest that there is a need for better assessment and management of mental health problems in patients with fatigue syndromes.

What did you do?

We examined the records of all patients who were registered at 385 general practices in England that contributed data to the [Clinical Practice Research Datalink](#). These records were also linked to hospital inpatient records and cause of death information.

A total of 10,477 patients aged 15 years and older who were diagnosed with a fatigue syndrome during 2000–2014 were identified. As a comparison group we also identified 209,402 patients who had not been diagnosed with a fatigue syndrome. To compare patients from both groups, our study design and analysis took account of patients' age and gender, and levels of social deprivation in the geographical location of the general practice.

Why did you conduct this research?

Fatigue syndromes have a negative impact on many people, but we don't know a lot about mental health problems and suicide risk among people who experience these conditions.

What was known before your paper was published?

This is the first large study to have examined how common or rare mental and physical illnesses are in people diagnosed with fatigue syndromes. Raised suicide risks have been reported previously from a few smaller studies, so we wanted to see whether there was a similar pattern of risk in a large population-based study.

What is next? What is the potential impact of the work in this paper? What will change as a result of this paper (or the study it describes)?

To understand the complex relationships that exist between fatigue syndromes, mental illnesses and physical illnesses, more investigation will be required using large datasets, known as biobanks, which contain genetic, clinical and social information about large numbers of patients.

This type of data will help researchers to examine what are known as 'gene-environment interactions'. This will improve understanding of how genes and environmental factors can combine to increase or reduce a person's risk of developing a disease or set of health conditions.

Does this paper link in to a particular study / project? If so, please summarise the study and explain how this paper has improved understanding, or will move the study forward.

N/A