

Den endemiska formen av ME

Citat ur boken: *Postviral Fatigue Syndrome - The saga of Royal Free disease*, A. Melvin Ramsay, 1986, Gower Medical Publishing, London. Citat från sidorna 28 till 31 med inlagda ordförklaringar:

The onset of the disease is similar to those described in the various recorded outbreaks. Thus it may be sudden and without apparent cause, as in cases where the first intimation [antydan] of illness is an alarming attack of acute vertigo [yrsel], but usually there is a history of infection of the upper respiratory tract [övre andningsvägarna] or, occasionally, the gastrointestinal tract [mag-tarmkanalen] with nausea [illamående] and/or vomiting [kräkningar]. Instead of an uneventful recovery the patient is dogged [förföljd] by persistent [ständig, ihållande] and profound fatigue accompanied by a medley [blandning] of symptoms such as headache, giddiness [svindel], muscle pain, cramps or twitchings [ryckningar, skälvningar], muscle tenderness [ömheter] and weakness, paraesthesiae [parestesi, domning], frequency of micturition [urinering], blurred [suddig, oskarp] vision and/or diplopia [diplopi, dubbelseende], hyperacusis [hyperacusis, överkänslighet emot ljud] (sometimes alternating with deafness or normal hearing), tinnitus and a general sense of 'feeling awful'. Some patients report the occurrence of fainting [svimnings] attacks relieved by a small meal or just eating a biscuit; these attacks are the result of hypoglycaemia [hypoglukemi, lågt blodsocker] and we are reminded of the three young women in the outbreak in Finchley who were admitted to hospital in an unconscious state, the result of acute hypoglycaemia. All cases run a low-grade pyrexia [pyrexia, feber], seldom exceeding 100°F (c.38°C) and usually subsiding within a week. A very thorough examination of the central nervous system should be made and this should be accompanied by a careful estimation of muscle power, especially in the limbs [lemmarna, armar och ben] and neck. A search for enlarged lymph nodes should never be omitted. If muscle power is found to be satisfactory, a re-examination should be made after exercise; a walk of half a mile is sufficient, as very few ME cases can manage more.

This phenomenon of muscle fatigability is the dominant and most persistent feature of the disease and in my opinion a diagnosis should not be made without it. Restoration of muscle power after exertion can take three to five days or even longer. It has always been my practice carefully to palpate affected muscles with the tip of the finger as tiny minute foci [foci, plural av focus, brännpunkter] of exquisite tenderness can sometimes be detected; these are most likely to be found in the trapezii [trapezius, kappmuskeln] and gastrocnemii [gastrocnemius, vadmuskeln]. I have also noted them in the abdominal recti [raka bukmuskeln].

In suspected cases of ME the questionnaire should include a reference to the patient's susceptibility to cold and climatic change. Practically without exception the ME patient complains of coldness of the extremities and hypersensitivity to climatic change. Impairment of the circulation is evident in the ashen-grey [askgrå] facial pallor which is often noted by friends or relatives some twenty minutes before the patient complains of feeling ill. In the most severe cases there may be 'crises' of acute sweating with hypothermia [hypotermi, för låg kroppstemperatur]. I first encountered this several years ago in an ME patient who used to awaken in the night to find himself lying in a pool of water; his wife is a nurse and reports that his temperature in these episodes is 94 or 95°F (c.35°C). I saw him six months ago and he is still subject to these attacks. It could be attributable to damage in the region of the hypothalamus.

The third component of what I have always regarded as the 'diagnostic triad' of ME is cerebral involvement. This generally takes the form of impairment of memory and inability to concentrate. Some patients report vivid [intensiva, livliga] nightmares, often in colour, which they had never previously experienced. Emotional lability [labilitet] is a very common feature of the disease and this can prove embarrassing to patients who had prided themselves on a very stoical [stiosk, som uthärdar allt med lugn och självbehärskning] temperament. Two doctors have told me that they found themselves using wrong words, for

example 'hot' when they meant 'cold', while the tendency to fumble with simple manoeuvres which had previously presented no difficulty is also a common occurrence in the aftermath of ME.

While some cases of ME make a complete recovery, though only after a period of many months or years, the circumstances of their individual lives may play an important part. Thus the young mother with several restless children is in an especially unfortunate position, as she cannot possibly get the rest which is essential for recovery. Absolute rest in the early stages of the disease can prove a very strong determining factor in the outcome. Relapses [återfall, recidiv] resulting from excessive physical and/or mental stress or after a further virus infection are an accepted feature of the disease. In most cases there is fluctuation in symptoms from one day to another or from one part of the day to another. Some never recover fully and become chronic sufferers, with permanent muscular weakness and restriction of movement due to joint involvement. A small group of patients recover completely but are subject to relapses even after a period of several years. Dr Gordon Parish,

whose case I mentioned above, has gone as long as four years in perfectly sound health, yet his last relapse incapacitated him for six months and compelled him to take early retirement. A senior consultant physician who was a victim of the 1955 outbreak tells me that it was ten years before she was restored to normal health. A busy general practitioner battled on bravely for twenty-one years before she recognized that the disease was at last abating; she exhibited the typical ashen-grey facial pallor so that I could tell at a glance when she was struggling with a recrudescence [förnyta utbrott, återuppblossande] of symptoms.

Den nya upplagan av boken heter *Myalgic Encephalomyelitis and Postviral Fatigue States: The Sage of Royal Free disease*, A. Melvin Ramsay, 2nd edition, Gower Medical Publishing, London 1988. Köp av boken kan göras hos the ME Association i Storbritanien: (<http://www.meassociation.org.uk>) via denna länk.

Mer information kring ME på svenska finns på denna sajt: <http://me-cfs.se>