



Chronic Fatigue Syndrome and their Stress Management Techniques

Michael Alison*

Department of Nutrition and Psychology, University of Alberta, Edmonton, Canada

DESCRIPTION

Physical and mental fatigue disorders are conditions that cause extreme tiredness that does not improve with rest. They can affect the ability to think, work, and enjoy life. Some examples of physical and mental fatigue disorders are Chronic Fatigue Syndrome (CFS), also known as Myalgic Encephalomyelitis (ME), is a disorder that causes persistent and unexplained fatigue that lasts for at least six months. It can also cause other symptoms, such as muscle or joint pain, memory or concentration problems, dizziness, sleep problems, and sensitivity to light, sound, or smells [1]. The cause of CFS is unknown, but it may be triggered by a combination of factors, such as genetics, infections, or stress [2].

Mental exhaustion, also known as mental fatigue, is a state of reduced mental performance and alertness that results from prolonged or intense mental activity. It can cause symptoms such as depression, anxiety, irritability, apathy, detachment, difficulty processing emotions, reduced motivation or productivity, and cognitive impairments. Mental exhaustion can be caused by various factors, such as work or study overload, overwhelming responsibilities, chronic stress, or emotional trauma [3]. Mental fatigue can also affect athletes who have rigorous training schedules or who compete in high-intensity sports. Physical exhaustion can lead to mental exhaustion, which can impair their performance and recovery. Mental fatigue can cause symptoms such as reduced reaction time, decreased attention span, impaired decision-making, increased risk-taking behavior, and reduced motivation. Physical and mental fatigue disorders can have a significant impact on health and well-being [4-6].

Therefore, it is important to seek professional help if any symptoms are experienced [7]. Treatment options may vary depending on the specific disorder and its severity, but they may include medication, therapy, lifestyle changes, stress management techniques, and self-care strategies. The treatment of sleep disorders and fatigue in cancer patients and survivors depends on the type and cause of the problem. Some general strategies that may help include:

- Practicing good sleep hygiene habits, such as having a regular bedtime and wake-up time, avoiding caffeine, alcohol, nicotine, and screen-based devices before bed, keeping the bedroom dark, quiet, and comfortable, bed for sleep. Seeking Cognitive Behavioral Therapy for Insomnia (CBT-I), which is a type of counseling that teaches how to change the thoughts and behaviors that interfere with the person sleep [8].
- Using medications for sleeping problems that are prescribed by the doctor and for short-term use. Some medications for sleep problems can have side effects or interactions with other drugs. Managing pain, anxiety, depression, or other symptoms that may affect the sleep or fatigue with medications or non-pharmacological interventions. Engaging in physical activity during the day as tolerated. Exercise can improve the mood, energy level, and sleep quality. However, avoid exercising too close to bedtime as it may keep awake [9,10].
- Eating a balanced diet that provides enough calories, protein, vitamins, and minerals. Avoid skipping meals or eating too much or too little. Drink enough fluids to stay hydrated but limit fluids before bed to avoid frequent urination. Taking naps during the day if needed but limit them to 20 to 30 minutes and avoid napping too late in the day as it may affect nighttime sleep. Seeking social support from family, friends or support groups. Talking about the feelings and concerns that can help to cope with stress and emotional distress that may affect your sleep or fatigue. Asking for help from your health care team if your sleep problems or fatigue persist or interfere with your daily life. They can assess your condition and offer appropriate treatment options or referrals [11,12].

CONCLUSION

Sleep disorders and fatigue are common and distressing problems for people with cancer and cancer survivors. They can also affect the quality of life, mood, cognition, and physical functioning. The conditions which affect ability to fall asleep, stay asleep, or feel rested after sleeping. Some examples for the sleep disorders are insomnia, sleep apnea, restless legs syndrome,

Correspondence to: Michael Alison, Department of Nutrition and Psychology, University of Alberta, Edmonton, Canada, Email: michael@edm.ca

Received: 19-Jan-2023, Manuscript No. JNDT-23-20867; **Editor assigned:** 23-Jan-2023, PreQC No. JNDT-23-20867 (PQ); **Reviewed:** 13-Feb-2023, QC No. JNDT-23-20867; **Revised:** 20-Feb-2023, Manuscript No. JNDT-23-20867 (R); **Published:** 27-Feb-2023, DOI: 10.35248/2161-0509.23.13.231.

Citation: Alison M (2023) Chronic Fatigue Syndrome and their Stress Management Techniques. J Nutr Disord Ther. 13:231.

Copyright: © 2023 Alison M. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

and circadian rhythm disorders. It can be caused by various factors, such as cancer itself, cancer treatments, pain, anxiety, depression, or other medical conditions. Fatigue is a feeling of extreme tiredness or exhaustion that does not improve with rest. It can affect your physical, mental, and emotional well-being. Fatigue can be caused by the cancer treatments, anemia, infection, inflammation, hormonal changes, or other factors. There is a strong relationship between sleep disorders and fatigue in cancer patients and survivors. Poor sleep quality and quantity can worsen the health and vice versa. Studies have shown that people with cancer who have sleeping problems also have higher levels of fatigue and lower levels of functioning.

REFERENCES

1. Arabatzi F, Patikas D, Zafeiridis A, Giavroudis K, Kannas T, Gourgoulis V, et al. The post-activation potentiation effect on squat jump performance: Age and sex effect. *Pediatr Exerc Sci.* 2014;26(2):187-194.
2. Benedetti F, Mayberg HS, Wager TD, Stohler CS, Zubieta JK. Neurobiological mechanisms of the placebo effect. *J Neurosci.* 2005;25(45):10390-10402.
3. Bilodeau M, Erb MD, Nichols JM, Joiner KL, Weeks JB. Fatigue of elbow flexor muscles in younger and older adults. *Muscle and Nerve.* 2001;24(1):98-106.
4. Contessa P, Luca CJ. Neural control of muscle force: indications from a simulation model. *J Neurophysiol.* 2013;109(6):1548-1570.
5. Dotan R, Mitchell C, Cohen R, Klentrou P, Gabriel D, Falk B. Child-adult differences in muscle activation—a review. *Pediatr Exerc Sci.* 2012;24(1):2-21.
6. Garcia-Vicencio S, Martin V, Kluka V, Cardenoux C, Jegu AG, Fourot AV, et al. Obesity-related differences in neuromuscular fatigue in adolescent girls. *Eur J Appl Physiol.* 2015;115:2421-2432.
7. Hamada T, Sale DG, MacDougall JD, Tarnopolsky MA. Interaction of fiber type, potentiation and fatigue in human knee extensor muscles. *Acta Physiol Scand.* 2003;178(2):165-173.
8. Freal JE, Kraft GH, Coryell JK. Symptomatic fatigue in multiple sclerosis. *Arch Phys Med Rehab.* 1984;65(3):135-138.
9. Muraoka T, Muramatsu T, Fukunaga T, Kanehisa H. Influence of tendon slack on electromechanical delay in the human medial gastrocnemius in vivo. *J Appl Physiol.* 2004;96(2):540-544.
10. Nuzzo JL, Kennedy DS, Finn HT, Taylor JL. Voluntary activation of knee extensor muscles with transcranial magnetic stimulation. *J Appl Physiol.* 2021;130(3):589-604.
11. Piponnier E, Martin V, Bontemps B, Chalchat E, Julian V, Bocock O, et al. Child-adult differences in neuromuscular fatigue are muscle dependent. *J Appl Physiol.* 2018 Oct 1;125(4):1246-56.
12. Rassier DE. The effects of length on fatigue and twitch potentiation in human skeletal muscle. *Clin Physiol.* 2000;20(6):474-482.