

CONSENSUS STATEMENT ON THE SYNDROME OF NEURASTHENIA

(Prepared by an ad-hoc WPA Task Force, chaired by Prof. E. Chiu)

In the categorical nosological systems (DSM-IV and ICD-10) Neurasthenia as a syndrome has been largely excluded.

Whilst objective evidence-based data is presently not available to enable its inclusion into current nosology, the disability accompanying this clinical syndrome is not insignificant. Disagreement and debate regarding Neurasthenia, while proper, lacks a commonly recognized platform upon which to take the argument beyond a negative, non-production academic verbal or written jousting.

To advance the examination of the syndrome of Neurasthenia, with the support of consecutive Presidents of WPA, Professor Norman Sartorius and Professor Juan Lopez-Ibor, the Technical Report from the WPA Group of Experts is now published. This provides an “eminence-based” position upon which will derive and advance future “evidence-based” examination of the syndrome.

The current position of the syndrome of Neurasthenia:-

1. That the clinical syndrome loosely defined as Neurasthenia exists as a mental health and public health problem in many countries and is associated with significant disability.
2. The clinical syndrome of Neurasthenia may be described in five domain impairments:
 - a. Cognitive domain
 - b. Emotional domain
 - c. Somatic domain
 - d. Energy domain
 - e. Sleep domain
3. Associated factors of predisposition, personality, belief systems, explanatory models, psychosocial factors, physical and mental comorbidity have some impact on the presentation of symptomatology.
4. Many issues need further clarification:
 - a. Aetiology
 - b. Natural history
 - c. Relationship with other diagnoses
 - d. Treatment
 - e. Prognosis

5. Clinical, epidemiological and fundamental research into the syndrome of Neurasthenia is encouraged using as a starting point the clinical description of the syndrome stated in the Technical Report, as research criteria to be validated.
6. WPA should encourage clinicians and researchers to engage in appropriate qualitative and quantitative research and the development of valid, reliable and culturally appropriate instruments for the use in clinical assessment, diagnosis of the syndrome and the evaluation of changes of symptoms over time under the influence of treatment.
7. Irrespective of the current lack of evidence base and while awaiting for research data to be available, the disability and the suffering of patients should be acknowledged. Through improved recognition by primary care health workers and psychiatrists, enhanced/or targeted therapeutic activities and psychosocial support, to improve the quality of life for those who suffer from this syndrome.
8. Service delivery system should pay special attention to this group of patients and their families with culturally appropriate, accessible and responsive treatment and support.
9. The development of mental health promotion and destigmatization should include culturally appropriate strategies targetting this syndrome.

Prof. Edmond Chiu

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