Unisanté of University of Lausanne

Association between chronic fatigue and hypermobile Ehlers-Danlos syndrome (hEDS): insurance perspectives and diagnostic challenges in Switzerland.

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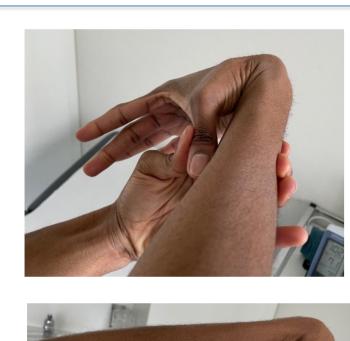
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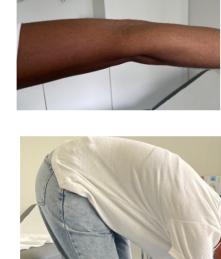
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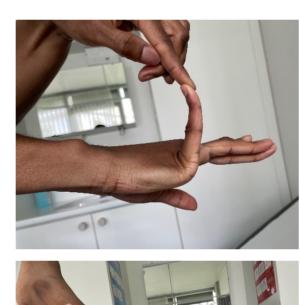
Issue / Problem

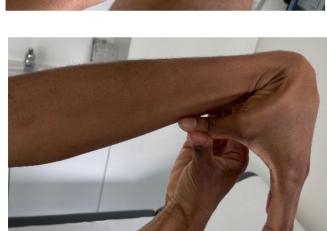
- Chronic fatigue is a frequent symptom in primary care consultations and medical insurance assessments, with a significant impact on the social and professional life of patients.
- Sick leaves certification, work capacity evaluation, and return to work can be challenging, mainly if chronic fatigue is the principal manifestation.
- Sometimes, physicians and insurance experts tend to diagnose chronic fatigue syndrome (CFS), even though other comorbidities could remain underdiagnosed, such as the hypermobile Ehlers-Danlos syndrome (hEDS), with implications in work capacity evaluation and management.

Fig1. Beighton Score as a measure of generalized joint hypermobility.¹













Results (effects /change)

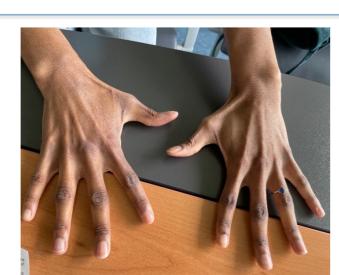
In the context of severe fatigue with multisystem symptomatology, the three criteria of 2017 international diagnostic criteria for hEDS^{1,2} were present:

- (I) Beighton score 8/9 (≥4)
- (IIA) clinical signs $6/12 (\geq 5/12)$
- (IIB) family history of hEDS
- (IIC) chronic musculoskeletal pain ≥ two extremities
- (III) exclusion criteria.

The new diagnosis did not affect the previously described functional limitations of chronic fatigue, and the patient was oriented to a specialized hEDS team with therapeutic implications.

Fig3. Arachnodactyly: one or more of the following: (i) positive wrist sign (Steinberg sign) both sides; (ii) positive thumb sign (Walker sign) both sides







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Description of the problem

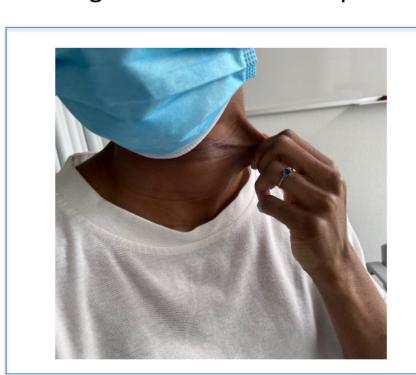
Objectives:

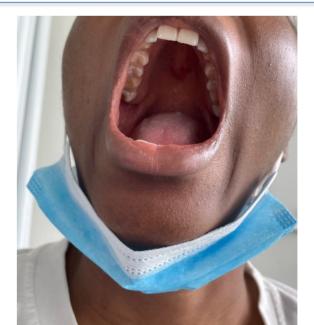
- Discuss strategies for a comprehensive assessment of the functional limitations and the work capacity of patients with chronic fatigue
- Illustrate the association with hEDS through a case report of insurance medicine.

Case:

- A 26-year-old woman of African origin was examined in our Concilium University Department of complex cases.
- CFS was previously diagnosed in a primary care setting, validated after a multidisciplinary insurance examination and a complete appreciation of the functional somatic and psychiatric limitations.
- A total work incapacity was retained by the medical experts and by the insurance.
- We confirmed CFS's 2011 and 2015 criteria and evaluated for other co-existing conditions.

Fig2. Mild skin hyperextensibility, unusually soft or velvety skin, dental crowding, and high-arched or narrow palate







Lessons

- The work capacity of a patient with chronic fatigue and other co-existing conditions, such as hEDS, can be estimated by the functional limitations in every aspect of everyday professional and social life, considering the resources and documenting possible inconsistencies.
- This multidisciplinary approach was validated from an insurance point of view, as the Federal Council of Switzerland announced in 2018 that the CFS could be assimilated into the persistent pain disorder and other somatoform psychosomatic pathologies, as published by the Federal Court of Switzerland in 2015 (141 V 281, case 18.1068).
- Furthermore, a case law of total work incapacity for every activity in CFS was announced in April 2020 in Switzerland, based on the standard evaluation indicators.³

2. Hakim A, De Wandele I, O'Callaghan C, Pocinki A, Rowe P. Chronic fatigue in Ehlers-Danlos syndrome-Hypermobile type. Am J Med Genet 2017;175(1):175–80.