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Investigating the availability of data on ME/CFS patients in Latvia

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Introduction

- In 2018, the Latvian participants of the WG3 CA 15111 EUROMENE investigated the availability of data on ME/CFS patients in Latvia. The prevalence in developed countries appears to be within the range of 0.2-1%, but this is dependent on case definition and criteria used by general practitioners (GP) and specialists to recognise ME/CFS.

In accordance with data from the Latvian Centre for Disease Prevention and Control (CDPC) and The National Health Service (NHS) of Latvia, the patient-related data are classified by ICD-10 code G93.3 (Postviral fatigue syndrome), R53 (Malaise and fatigue) and B94.8 (Sequelae of other specified infectious and parasitic diseases). CDCP data from primary care indicated that:

- approximately 700 patients had ICD-10 code G93.3 assigned,
- while there were approximately 15,000 with ICD-10 code R53,
- and about 70 with code B94.8.

In total, these constitute about 0.8% of the Latvian population, which is considerably higher than the prevalence found in other comparable populations. Therefore, it was likely, though unconfirmed, that the category R53 includes a great many patients with illnesses other than ME/CFS. Category G93.3, by contrast, looked like a significant underestimate of the true population prevalence.

Purpose and methods

- The data obtained from the competent authorities suggested to involve GPs and patients in empirical work on CFS issues. To explore to what extent GPs manage ME/CFS disease, a study was undertaken in Latvia, by creating and launch a **questionnaire for GPs**. Simultaneously, the questionnaire for patients was launched in 2019, and GPs were asked to assist the patients in completion of this questionnaire.

Results of GPs' questionnaire (I)

- Data received by the GPs survey, with 91 respondents, show that 13 responders (14%) use **Fukuda definition** and criteria, and **ICD-10** code R53 (Malaise and fatigue) is mostly used by GPs to denote a diagnosis.
 - G93.3 (Postviral fatigue syndrome) – 20% respondents
 - R53 (Malaise and fatigue) – 67% respondents
 - B94.8 (Sequelae of other specified infectious and parasitic diseases) – 5,5% respondents

Results of GPs' questionnaire (II)

- **Other ICD-10 codes used to identify the patients:**
 - F32 and F33 (Major depressive disorder)
 - F43 (Reaction to severe stress, and adjustment disorders)
 - F45 (Somatoform disorders)
 - F48 (Other nonpsychotic mental disorders)
 - G43 (Migraine)
 - M42 (Spinal osteochondrosis)
 - Z73 (Problems related to life management difficulty)

Results of GPs' questionnaire (III)

- GPs, participated in the survey, confirm that there are many undiagnosed patients, and the **total number of CFS patients** in their practices could be more than 10,000 patients. As a total number of GPs operated in Latvia currently is 1,340 practitioners, the received data demonstrate that the distinguish between ICD-10 used diagnosis cods for CFS is not clear.

Results of GPs' questionnaire (IV)

Variable	Mean	Std. Dev.	Min	Max
No. of symptoms	10,1	2,917	4	17
No. of clinical analyses	8,11	2,81	3	13
Reliance on specialist (% of respondents):				
- neurologist	73%			
- infectologist	19%			
- mental diseases specialists	20%			
Effectiveness of therapies (% of respondents):				
- prescription medicines	88%			
- physiotherapy	66%			
- psychotherapy	66%			
- OTC	64%			
- food supplements	36%			
- homeopathy	25%			
- osteopathy	19%			

Conclusions

- In Latvia the patient-related data are dispersed mostly between categories of G93.3, R53 and B94.8 (and at least 7 other categories) of ICD-10, so the epidemiological data show the considerably higher prevalence of ME/CFS than found in other comparable populations.
- The situation may be supported by the intended implementation in 2022 of ICD-11, in which it is proposed to list 'Postviral fatigue syndrome' in Chapter 08 (Diseases of the nervous system).
- Additionally, the disease register would be required for disease management, as the ME/CFS patients' registries could facilitate the work of GPs, establish patients' pathways and improve disease monitoring.

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Thank you for your attention!

