



An Invisible Illness – Chronic Fatigue Syndrome & Fibromyalgia

Take10 Podcast Transcript

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GK

Welcome back to RGA's Take10 podcast series, disability income claims in under 10 minutes. Managing a disability income claim for a subjective illness, presents certain challenges for claims adjudicators. The obvious one being, how can I apply objective measures to the assessment of my claim, when the presentation and the disability is subjective.

I'm Gayle Kanchanapume and with me today is RGA Chief Medical Research Officer Dr Adela Osman.

Dr Osman, thanks for joining me.

AO

Thanks Gayle, it's a pleasure to be here with you.

GK

So, I'm sure claims adjudicators will already have a pretty good grasp of the common physical and cognitive symptoms that are involved with CFS and Fibromyalgia. Could you perhaps tell us some other facts about CFS and Fibromyalgia, perhaps some things that our listeners might not already know?

AO

Sure. So, I find it very interesting that many medical professionals still describe this condition as a medically unexplained illness characterized by disabling fatigue and widespread pain and tenderness. Since these diseases often co-occur and have a similar psychogenic process, many researchers and medical professionals consider them to be a single, instead of two separate ones. In fact, even the risk factors that usually leads to these two conditions are very similar, so stuff like stress, injury, acute illness, and exertion.

What we do find is that women are two to four times more likely than men to be diagnosed with Chronic Fatigue or Fibromyalgia and to compound the problem,

researchers have not yet found what causes either of these conditions and there are no specific lab tests to diagnose them directly. There's also no FDA approved treatment for either condition.

What we do know is that both the conditions occur in people mostly between the ages of 40 and 60, but the actual incidence may be underestimated in certain populations. For example, symptoms in older people might often be attributed to other coexisting medical problems. In addition, a lot of people from lower socioeconomic groups may have more limited access to healthcare and therefore they may be less likely to seek help with CFS or even acknowledge that they have a condition.

So, in essence, about 90% of people with these conditions have not been diagnosed. However there is evidence of underlying abnormalities in the nervous system, the immune system, and even in metabolic function in many of the affected patients. So CFS and Fibromyalgia have not been associated with an increased risk of all-cause mortality, but they may be associated with an increased risk for suicide.

The last interesting fact that I could share is that a lot of kids can also be diagnosed with either of these conditions, but it's not as common in that group as it is in adults or adolescents.

GK

Thanks for that. We understand that these types of subjective conditions can be really challenging to test for and diagnose. As claims adjudicators, we want to be able to support our customers and provide an empathetic claim service, but at the same time, we're also tasked with gathering sufficient evidence to support the claim. What are the most important questions for claims adjudicators to ask the customer and the treating doctors to help them to understand the condition, the treatment and the disability.

AO

So, thanks for that. Yes, it's important to note that from a clinical perspective, in both of these conditions, many therapies have been tried, but there has been no cure developed and there's nothing curative at present. So, the management is supportive and it focuses on treating common symptoms and comorbid conditions. So, in my opinion, it's very helpful for the claims assessors to establish a rapport with the patient and the treating physician, to be able to provide support and reassurance while managing the claim.

Tele interviews are a good tool. They help us to obtain a good understanding of the insured's medical history, as well as their functional and social circumstances. I honestly believe that these conditions should be handled by a physician. So where claimant is being treated primarily by a general practitioner, I would recommend that the claims assessor speak to their internal CMO's and also determine whether the lack of specialist intervention is reasonable and where the specialist input will be recommended as part of the claims management strategy.

Because these conditions are both strongly associated with other medical conditions like psychiatric illnesses or auto immune diseases, it's important to ask about the management of these conditions and also question the client and the doctor about the specific impairments that result from these conditions.

So, are they managing their sleep hygiene, are they doing anything with regard to cognitive behavioural therapy or graded exercises?

GK

So, two of the most commonly used tools for claims adjudicators, managing a DI claim for CFS or Fibromyalgia are functional capacity evaluations and also neuropsychometric testing. Can you talk to us about the efficacy of these two tools and also what we should be aware of when deciding whether to use them and when relying on their outputs?

AO

Sure. Thanks, Gayle. I think most importantly is that when any insurer requests an FCE, it should be done by a professional that is very experienced in dealing with these types of patients, because the main aim of the FCE is to contrast pre diagnosis functioning to the current functioning and be able to have a benchmark so that you know how to get people back to that pre morbid functioning.

I also believe that an additional tool that helps quite a bit is the clinical longitudinal medical record. This should be used in conjunction, like I said, with both FCEs and neuropsych testing, but mainly to determine the length of illness and to see if there are any objective signs and symptoms that have been documented because all too often we rely solely on self-reporting by the claimant.

Incorporating client's diaries or journal entries also assist quite a bit. So, we try not to use these tools in isolation, especially because what I feel is that FCE's are a short term view, you're asking people to exercise or to perform certain tasks in a very short space of time and people might be able to do that at a relatively high level for a few hours, but they might not have the reserve or the stamina to maintain that level of performance on a regular basis, day after day, week after week. So sometimes the short-term assessments are not exactly ideal. Also, many times FCE protocol doesn't account for delayed flare ups and this is a hallmark of both with these diseases. If people have exertion for while they have this post exertional malaise or fatigue, and therefore an experienced OT or neuropsychologist will be able to take that into account when they deliver a report or give comment on somebody's abilities.

Then the last point I'd like to make is that both these conditions have strong cognitive deficit presentations from clients or where they complain about processing speed decline, memory issues, etc but the objective neuropsychological testing, doesn't always show that up very strongly. So, it's important to take note that an experienced professional will be able to give us a better indication of these symptoms in the wider context of the disease.

GK

So we know that graded exercise and paced activity are actually helpful in managing these conditions and often actually form part of the treatment plan. Yet, we also hear that pushing aside symptoms or attempting to continue working through with symptoms, can actually have serious consequences. Can you give us your views on this conundrum?

AO

Yes sure. I think it's very important to note that not all cases of Chronic Fatigue Syndrome or Fibromyalgia result in disability and that a diagnosis in itself does not validate a claim admission for disability.

So goal for incorporating work as part of the treatment plan should be discussed with the claimant, the employer and the treating medical professional to ensure buy-in from all interested parties. I think that without commitment from all the stakeholders, it is very unlikely that the insurer will achieve a successful and sustainable return to work.

Another suggestion is to discuss work modifications so that people can continue to work. Examples could be stuff like working part-time, working from home or even taking a nap in the middle of the day. So, the insureds social circumstances and support structure need to be understood in the context of identifying any barriers to recovery, pre-morbid functioning and returning to work.

Another great tool that we have at our disposal is the payment of partial benefits where some occupational capacity still exists. This can be a very good option for both the insurer and the claimant.

GK

Yeah, that's a really good point. Finally, Dr Osman, in terms of tips that you can give for those of us picking up a new DI claim for CFS or Fibromyalgia, what would be the top considerations that should be front of mind for claims adjudicators?

AO

So, yes, while we are aware of the fact that the circumstances of each individual claim will dictate the most appropriate management plan, if I could choose two things, I think I would stress that frequent and open communication remains the foundation for the successful outcome for both the insurer and the claimant in this instance. The last one being a paper review of all the medical evidence by an independent medical examiner, it can be very useful to obtain both a second opinion on the diagnosis, but also assist in the management of the claim.

GK

Thanks for that. Dr Osman. I think the key takeaway for me here would be the importance of open communication between the customer and the claims adjudicator and this has been a common theme throughout this whole podcast series.

That's all we have time for today. Thanks for listening and thank you to Dr Osman for sharing her insights with us.

Keep an eye out for our next instalment of Take10, I hope that you can join me.

Speakers



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