

Neurasthenia

Neurasthenia is a diagnosis that is no longer used in Western medicine and was dropped from the Diagnostic and Statistical Manual of Mental Disorders in 1980. However, the diagnosis continues to be used in Asia, particularly in China and Japan. It is classified in ICD 10¹ and the Chinese Classification of Mental Disorders (CCMD - 2).²

So what is neurasthenia?

Neurasthenia is often described as a decrease in vital energy and has diagnostic criteria similar to those for chronic fatigue syndrome (CFS). It is characterised by fatigue in the presence of a core set of symptoms (dizziness, dyspepsia, muscular aches and pains, irritability, inability to relax, tension headaches and sleep disturbance). To make the diagnosis, two out of seven of these symptoms must be present and persistent. The presence of mood, panic and generalised anxiety will exclude a diagnosis of neurasthenia.

Neurasthenia was first described by George Beard³ in the nineteenth century and now there is considerable debate as to whether neurasthenia has been 'superseded' by other diagnoses such as myalgic encephalomyelitis (ME), fibromyalgia or CFS. Indeed the US Centres for Disease Control and Prevention criteria for the diagnosis of CFS are remarkably similar (the presence of four from impaired concentration or memory, tender lymph nodes, sore throat, muscle pain, multi-joint pain, headaches, unrefreshing sleep and prolonged fatigue).

Whether or not neurasthenia and CFS are the same disorder depends to a large extent on where the diagnosis is being made. In the West the overlap with CFS is viewed as being so great that the diagnosis would be CFS. However, the same is not true in Asia, particularly in China and Japan. The reason that neurasthenia has survived in Asian countries is that it is viewed as an acceptable diagnosis for 'distress' and the loss of the ability to cope without the stigma of a psychiatric diagnosis.^{4,5}

In Japan the word for neurasthenia roughly translates as 'nervousness' or 'nervous disposition'. The traditional treatment of choice has been Morita therapy, which consists of a period of rest and isolation, followed by progressive exercise with the aim of breaking the cycle of sensitivity and anxiety. More recently the diagnosis has been used in Japan to 'disguise' serious mental illness such as schizophrenia. It is considered a curable physical condition, with a biological explanation, that does not have the stigma of a psychiatric diagnosis.⁶

In China neurasthenia is described as a decrease in vital energy. A set of diagnostic criteria drawn up in 1983 by Xu and Zhon have been proposed within the CCMD - 2. These criteria require the presence of three out of five of the following symptoms: 'weakness symptoms', 'emotional symptoms', 'excitement symptoms', tension-induced pain and sleep disturbance. The symptoms must have been present for at least three months and must have disrupted work, study or daily life in general. Other clinical conditions must not be present.

Some US research published in 1999 suggested that the diagnosis of neurasthenia should continue to be used as, by avoiding the stigma of a psychiatric diagnosis, sufferers may more readily seek and accept treatment. This was felt particularly true for Asian Americans.⁷ More recently, Harvey et al,⁸ reporting on a study based on data from the UK Medical Research Council's National Survey of Health and Development, concluded that:

“A significant proportion of the adult population will suffer from fatigue without comorbid psychiatric disorder. While fatigue and psychiatric disorders share some risk factors, excessive energy in childhood and being overweight as an adult appear to be specific risk factors for fatigue. Our results confirm the significant overlap between fatigue and psychiatric disorders, while also providing evidence for neurasthenia as a separate diagnosis.”

Neurasthenia is an interesting example of how similar symptoms can be described, treated and managed quite differently in between countries and cultures. Indeed, in some articles neurasthenia is described as a ‘culture-bound syndrome’.⁹ Nevertheless, could it be starting to make its way back in Western medicine?

References and further reading

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