

Development of a Scale for Fast Screening of Fatigue Syndrome from Mental Illness

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Background

Physical, mental, affective and vigor components of fatigue are often associated with depression and other Axis I psychiatric disorders. We developed a 9 item multi-dimensional scale to specifically evaluate symptoms of fatigue, and correlated it to a validated 30-items Chinese Version of Multidimensional Fatigue Symptoms Inventory-Short Form (MFSI-SF-C).

Methods

Adult subjects (n=125; Mean age 35 year old; >3 months after psychiatric treatment) completed the Beck Depression Inventory (BDI), and multidimensional Fast Screening of Fatigue Scale (FSFS), MFSI-SF-C and Sheehan Disability Scale (SDS) assessment. Internal consistency was determined by Cronbach's coefficient alpha calculations. Inter-factor correlations were also assessed. 125 subjects visiting a clinical trial site consented to participate in this reliability and validity study. Diagnoses included Major Depressive Disorder, Bipolar disorder, and schizophrenia. There was one cross-sectional clinic visit during which the FSFS rating instruments were administered in conjunction with the BDI, SDS and MFSI-SF-C. We correlated the score of FSFS, BDI to MFSI-SF-C and SDS. The study was verified with IRB consent and confidentiality was warranted.

Results

Internal consistency for all subscales was within the recommended ranges ($\alpha \geq 0.70$). We found moderate to strong correlations between BDI, FSFS and SDS ($r=0.82$ for BDI, $r=0.76$ for FSFS) and between BDI, FSFS and MFSI-SF-C ($r=0.72$ for BDI, $r=0.87$ for FSFS). There was high internal consistency of FSFS and BDI by one rater at visit 2 as demonstrated by Cronbach's alpha = 0.86 and 0.92.

Conclusions

As shown above, the modified FSFS instruments for fatigue are reliable measures of fatigue and both measures are validated with the SDS and MFSI-SF-C. The multidimensional Fast Screening of Fatigue Scale (FSFS) appears to be feasible for population of major psychiatric disorders. More information is needed to determine whether the issues addressed by FSFS are also meaningful to fatigue syndrome for comorbid physical problems such as DM and cancer patients.