As I have mentioned previously, arachnoiditis does share some of the features of MS, and fatigue is one of these.

There is no direct literature on this aspect for arachnoiditis, so we need to look at the experience of people with MS for lessons to learn.

A 1996 study found that 46% of MS sufferers reported fatigue at least once a week. A more recent study conducted by the MS Society showed that fatigue was one of the three most common symptoms, with a prevalence of 86%.

A review by Bandolier (1) in 2000 cited a prevalence in various studies of between 53% and 92%. Despite the extent of the problem, the review concluded that

"There is no good research underpinning treatment of fatigue in patients with multiple sclerosis. There are some clinical trials for some interventions, but these show no conclusive effects on fatigue outcomes or quality of life. For most interventions there is no research at all."

An article written in 1996 by psychologist J. Lamar Freed, who himself suffers from MS, makes it clear that whilst most clinicians are fully aware of fatigue as a common feature of MS, he believes

"fatigue has neither been taken as seriously nor viewed as profoundly as what the experience of people with MS merits."

He further asserts:

"Fatigue underlies and influences a great many of the other symptoms experienced by people with MS."

The same is also true of arachnoiditis, not least the lack of recognition of the problem.

Freed describes physical fatigue as "bone numbing tiredness". He also explains that fatigue lies behind the ability of someone with MS to walk in the morning but need to rely on a wheelchair later the same day.

This too is familiar to people with arachnoiditis, the fluctuations in stamina and function which seem so arbitrary and therefore difficult to account for (or excuse to family, friends and medical personnel).

Freed stresses the importance of realising that this type of fatigue is not simply an exaggeration of normal tiredness. It is a neurological fatigue, qualitatively different from normal tiredness in the same way as neurological pain differs from other types of pain. It is highly variable and to some extent unpredictable.

It is possibly as debilitating as the pain. One of the important points about fatigue is that it magnifies other symptoms, such as pain, weakness, clumsiness, muscle spasms etc.

Mental fatigue is another unwelcome aspect that can make life very difficult. Freed mentions that the ability to think clearly and at a normal speed in people with MS can vary as much as their physical level of function.

Abilities when rested can cope with complex tasks, whereas during a period of fatigue, even the simplest things are almost impossible: conversations become laboured, memory is impaired.

Furthermore, mental fatigue has an inevitable effect upon mood; moods are more volatile, small worries become massive sources of anxiety, tasks are frustrating, everything seems like an

uphill struggle. Perspective can easily get lost in a maze of mental fog.

This is not the same thing as anxiety or depression, although there are similarities.

[1]. P Branas et al. Treatments for fatigue in multiple sclerosis: a rapid and systematic review. Health Technology Assessment 2000 4 (27)