LIVING WELL

When Tiredness Stops Behaving Like Tiredness

Persistent fatigue deserves curiosity, not self-blame-and the pattern you notice may be more useful than another attempt to push through.

Rest was supposed to fix this

You cancel an evening plan, sleep longer and leave the weekend empty. Still, the heaviness follows you into Monday. Ordinary tasks feel expensive. You keep waiting for the version of tiredness that lifts after rest, but it does not arrive.

That difference matters. Fatigue is weariness, tiredness or lack of energy that can interfere with everyday activities. It may be a normal response to physical activity, emotional stress, boredom or too little sleep. But when it continues, fatigue can also be a sign of a physical or mental health condition.

The frustrating part is how little fatigue says by itself. It is a symptom, not a disease, and has a wide range of possible contributors: anemia, infections, untreated pain, sleep disorders, depression, anxiety and chronic diseases affecting the heart, lungs, liver, kidneys or thyroid. Pregnancy, major surgery and cancer treatment can also be involved.

Medicines deserve a place in the conversation too. Antidepressants, antihistamines and medicines for nausea or pain are among those that can contribute. Lifestyle habits-including alcohol, substance use, too much caffeine, insufficient sleep and either too little or too much exercise-may also matter. None of this means you should identify the cause alone. It means persistent fatigue is worth investigating rather than judging.

Weeks change the question

A few depleted days and fatigue lasting for weeks are not the same situation. Contact a health care provider when tiredness has continued for several weeks or has not improved after several weeks. That is the point where this stops being only a lifestyle puzzle and becomes a medical question.

An appointment is not an admission that something catastrophic must be wrong. It is a chance to sort among many plausible explanations. A provider may ask about your sleep, daily activities, appetite and exercise, perform a physical exam and order laboratory tests. The answers may point toward habits, medicines, a health condition or more than one factor.

Recent illness belongs in that history. A 2022 systematic review examined people at least 12 weeks after confirmed COVID-19. Across 68 studies and 25,268 participants, the pooled proportion reporting fatigue was 32%. Results varied greatly among the studies, so that figure cannot predict what will happen to any one person. It does show that fatigue may persist well beyond the acute infection.

The same review found cognitive impairment in a pooled 22% of participants across 43 studies. A subset also had considerable functional impairment, and the authors said more work was needed to understand the underlying biology and determine how best to treat these problems. If your fatigue began around COVID-19, that timing is useful information to bring-not a diagnosis to make for yourself.

Uncertainty is not permission for somebody to sell you certainty.

Not every long fatigue is ME/CFS

When fatigue refuses to lift, it is easy to jump straight to myalgic encephalomyelitis/chronic fatigue syndrome. ME/CFS is real and serious, but persistent tiredness alone is not enough to establish it. There is no specific test, and other illnesses can produce similar problems. A provider must rule out other diseases before making the diagnosis.

The pattern is more specific than simply feeling exhausted. It involves a substantial loss of the ability to do activities you managed before illness, accompanied by severe fatigue lasting at least six months that does not improve with rest. Sleep problems are part of the core picture.

Another defining feature is post-exertional malaise: symptoms become worse after physical or mental activity. Problems with thinking and memory may occur, as may symptoms that worsen while sitting or standing upright, including dizziness, weakness, lightheadedness or faintness. Symptoms can change over time, improving during some periods and worsening during others.

ME/CFS has no cure or approved treatment, although individual symptoms may sometimes be managed. Its cause is also unknown; researchers are studying possibilities including infections, immune changes, stress, genetics and changes in how cells obtain energy. Some treatments marketed as cures are unproven, potentially costly and possibly dangerous. Uncertainty is not permission for somebody to sell you certainty.

The quick fixes disappoint

Persistent fatigue creates a market for simple answers. Vitamin B12 is one of them, especially when tiredness arrives with low mood or foggy thinking. Yet a supplement's popularity does

not tell you whether it addresses what is happening in your body.

A 2021 systematic review included 16 randomized trials with 6,276 participants who did not have overt B12 deficiency or advanced neurological disorders. It found no evidence that B12 alone or B-vitamin combinations improved cognitive outcomes. The review also found no overall effect on measures of depression.

On fatigue itself, the evidence was thinner still: only one included study reported idiopathic fatigue, so the reviewers could not perform an analysis. That does not prove B12 can never help fatigue. It means these trials did not establish it as an answer for unexplained fatigue in people without overt deficiency.

That distinction protects you from two mistakes. One is assuming a supplement will solve a symptom whose cause has not been identified. The other is treating uncertain evidence as proof that your experience is not real. The fatigue is real. The shortcut is what remains unproven.

Pushing harder can miss the pattern

General fatigue advice and ME/CFS advice do not fit together neatly. Regular physical activity is among lifestyle measures that may help with fatigue. But ME/CFS guidance warns against a "push and crash" cycle, in which doing too much during a better period is followed by worsening symptoms. The pattern you have matters.

A Cochrane review of eight exercise-therapy trials involving 1,518 adults with chronic fatigue syndrome found that exercise probably reduced fatigue at the end of treatment compared with usual care or passive approaches. But long-term benefit was uncertain, and the evidence about serious adverse reactions was also very uncertain. Every study had a high risk of performance and detection bias.

There are further limits. Searches for that review ended in 2014, despite later editorial notes, and participants had been diagnosed using older criteria. The authors cautioned that people diagnosed under other criteria might respond differently. Compared with cognitive behavioral therapy, exercise may have made little or no difference to fatigue; comparisons with pacing and antidepressants were limited or uncertain.

So do not turn "exercise helps fatigue" into a command to overpower symptoms. If mental or physical effort reliably leaves you worse, record that. If rest does not restore you, record that too. This week, note when your energy rises or falls, what activity preceded a setback, how you slept and which medicines you take. A fatigue diary can help you find patterns. If this has lasted several weeks, use those notes to start a medical conversation-not another private test of

willpower.

Where this comes from

- Fatigue

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/fatigue.html
- Myalgic Encephalomyelitis/Chronic Fatigue Syndrome

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/myalgicencephalomyelitischronicfatiguesyndrome.html
- Effects of Vitamin B12 Supplementation on Cognitive Function, Depressive Symptoms, and Fatigue: A Systematic Review, Meta-Analysis, and Meta-Regression.

  Nutrients, 2021 · https://pubmed.ncbi.nlm.nih.gov/33809274/
- Exercise therapy for chronic fatigue syndrome.

  The Cochrane database of systematic reviews, 2024 · https://pubmed.ncbi.nlm.nih.gov/39697147/
- Fatigue and cognitive impairment in Post-COVID-19 Syndrome: A systematic review and meta-analysis.

  Brain, behavior, and immunity, 2022 · https://pubmed.ncbi.nlm.nih.gov/34973396/