

## ONE PCN 10 MINUTE CLINIC PODCAST SHOW NOTES

### TATT

#### Dr Roger Henderson

'TATT' is an acronym that stands for 'Tired All The Time.' It's often used to describe a condition where a person feels persistently tired or fatigued, despite getting adequate sleep. TATT can be caused by a variety of factors, including lifestyle factors (poor diet, lack of exercise, excessive caffeine or alcohol consumption, irregular sleep patterns), medical conditions such as sleep disorders, anaemia, thyroid problems, diabetes, chronic fatigue syndrome and depression or anxiety. Environmental factors may also cause it such as stress or poor work-life balance. Fortunately the vast majority of people with tiredness get better without needing investigating to any degree. In this podcast we look at how to assess the tired patient, red flag symptoms that must not be missed, the value of tests and common differential diagnoses.

#### Key take home points

- Fatigue is an extremely common presentation in primary care
- The vast majority of cases are not due to serious illness
- Up to 75% of consultations for fatigue are one-off consultations with no follow-up
- Investigations are only done in around half of fatigued patients, and few of these pick up abnormal findings
- Many diagnoses are descriptive, such as stress
- Red flag symptoms include weight loss, lymphadenopathy, fever, altered bowel habit, unexplained cough, sleep apnoea and any symptom or sign of malignancy
- A detailed history is very helpful in filtering out potentially serious causes of fatigue
- Asking about lifestyle factors – such as smoking, drinking, drug taking and work-life balance – is important
- Basic examination should include taking the pulse and blood pressure, a BMI and examination of the body systems
- Differential diagnoses are multiple and include OSA, depression, obesity, chronic fatigue (including long Covid) and any serious physical illness associated with fatigue

- Investigations are often done for reassurance of both the doctor and patient and have a low rate of picking up abnormal results
- Basic blood tests (if done) should include a FBC, inflammatory markers, TFTs, U and Es, coeliac screen, ferritin, and vitamin D levels (if warranted)
- Always take the tired patient seriously. Although most cases are entirely benign, some will be presenting with an unknown serious medical condition
- Management of the tired patient will depend on the underlying cause whether that is addressing lifestyle factors or treating the serious condition causing the fatigue

## **References**

[Tiredness/fatigue in adults | Health topics A to Z | CKS | NICE](#)

[Primer\\_Post\\_2014\\_conference.pdf \(growthzonesitesprod.azureedge.net\)](#)

[Interventions for fatigue and weight loss in adults with advanced progressive illness - PubMed \(nih.gov\)](#)

[Fatigue as the Chief Complaint–Epidemiology, Causes, Diagnosis, and Treatment - PubMed \(nih.gov\)](#)

## **Patient resources**

[Information for the public | COVID-19 rapid guideline: managing the long-term effects of COVID-19 | Guidance | NICE](#)

[Information for the public | Obstructive sleep apnoea/hypopnoea syndrome and obesity hypoventilation syndrome in over 16s | Guidance | NICE](#)

[Tiredness and fatigue - NHS \(www.nhs.uk\)](#)

[Self-help tips to fight tiredness - NHS \(www.nhs.uk\)](#)

[Coping with fatigue \(tiredness\) | Macmillan Cancer Support](#)