

Curbside Consult

Why is neurasthenia important in Asian cultures?

DEFINITION OF NEURASTHENIA

Although neurasthenia was dropped from the *Diagnostic and Statistical Manual (DSM)* in 1980, it is included in the appendix section of the fourth edition of the manual, under “Glossary of Cultural-Bound Syndromes.” It is listed as *shenjing shuairuo*, a condition “characterized by physical and mental fatigue, dizziness, headaches, other pains, concentration difficulties, sleep disturbance, and memory loss.”^{1, p48}

The *Tenth Revision of the World Health Organization’s International Classification of Diseases (ICD-10)* presents a set of well-defined inclusion and exclusion criteria for the diagnosis.² The core symptoms are identified as mental and/or physical fatigue, accompanied by at least two of seven symptoms (dizziness, dyspepsia, muscular aches or pains, tension headaches, inability to relax, irritability, and sleep disturbance). To make the diagnosis, it must be a persistent illness. Exclusion criteria include the presence of mood, panic, or generalized anxiety disorders.

A major reason that neurasthenia has survived as a common diagnosis in Asian cultures is that it is considered an acceptable medical diagnosis that conveys distress without the stigma of a psychiatric diagnosis. Health care professionals working with Asian American patients find that many patients from Asian countries describe their symptoms as neurasthenia, although they may meet DSM diagnostic criteria for other disorders.

Many clinicians in the United States see the symptom complex of neurasthenia as similar to that of chronic fatigue syndrome (CFS). Characterized by pervasive fatigue with a diffuse constellation of somatic, cognitive, and emotional symptoms,³ CFS is thought by some experts to be a contemporary revival of neurasthenia.⁴ Others have noted that although the two conditions overlap in their focus on physical symptoms, neurasthenia has a broader scope of symp-

tom and has important cultural connotations.^{5,6} In particular, patients and physicians in Asian countries consider neurasthenia a “core diagnosis,” even though the patient may have more severe disorders, including psychosis. The symptoms cited in the 1994 Centers for Disease Control criteria for CFS⁷ do overlap with those of neurasthenia. Fatigue is the essential symptom for both diagnoses; others that overlap include muscle pain, headaches, inability to concentrate, irritability, and sleep disturbance. Chronic fatigue syndrome differs from neurasthenia, however, in that the diagnosis requires that more symptoms are present and is associated with specific physical signs and impairment of social functioning.⁸

NEURASTHENIA IN ASIAN CULTURES Japan

In Japan, neurasthenia is known as *shinkeisuijaku*, meaning “nervousness or nervous disposition.”⁹ Initially, it was seen as “a psychological reaction developed in a certain type of personality characterized by hypersensitivity, introversion, self-consciousness, perfection-

ism and hypochondriacal disposition.”⁹ Morita therapy, which involves a period of mandatory rest and isolation and a period of progressively harder work, leading to resumption of a social role, was initially the treatment of choice. This treatment, which has its basis in Zen Buddhism, is aimed at breaking the cycle of sensitivity and anxiety (see www.morita-therapy.org).

More recently, professionals and lay people in Japan have used neurasthenia as a “camouflage” to cover serious mental disorders, such as schizophrenia and affective illnesses.⁹ This use makes the patient’s role more socially acceptable and allows biologically focused Japanese psychiatric professionals to apply their treatments.

Neurasthenia in Japan is currently considered a curable physical condition without the stigma of a psychiatric diagnosis.¹⁰ The treatments of choice include plentiful rest, a peaceful environment, and time for a relatively gradual and prolonged recovery. Unfortunately, no well-designed studies have been conducted to assess the effectiveness of such supportive approaches compared to psychological or pharmacologic approaches.



Traditional therapy for neurasthenia includes adequate diet, rest, and lifestyle changes

China

In the 1983 version of *Chinese-English Terminology of Traditional Chinese Medicine*, the etiology of neurasthenia is described as a decrease in vital energy (*qi*). Harmful factors to the patient's body, both exogenous and endogenous, reduce the functioning of the five internal organ systems ("wuzang": heart, liver, spleen, lungs, kidneys), which leads to deficiency of vital energy (*qi*) and lower bodily resistance.

In 1983, Xu and Zhon established an elaborate set of diagnostic criteria for neurasthenia, known as *shenjingshuairou* ("weakness of nerves" in Chinese). Currently these are found in the *Chinese Classification of Mental Disorders* (CCMD-2).¹¹ Unlike the ICD-10 definition of neurasthenia with its core symptom of fatigue, that included in the CCMD-2 cites no dominant symptom in the diagnosis. Three of the following five symptoms are required: "weakness" symptoms, "emotional" symptoms, "excitement" symptoms, tension-induced pain, and sleep disturbance. The duration of illness must be at least 3 months, and one of the following is required: disruption of work, study, daily life, or social functioning; significant distress caused by the illness; or pursuit of treatment. Other clinical conditions that may produce similar symptoms must be absent.

Asian Americans

After his research experiences in China, Kleinman concluded that neurasthenia was best understood clinically when it was regarded as a "biculturally patterned illness experience (a special form of somatization), related to depression or other diseases or to culturally sanctioned idioms of distress and psychosocial coping."^{12, p115}

Findings from a study of Southeast Asian refugees in California support the importance of retaining neurasthenia as a diagnosis, showing that it cannot easily be subsumed under the Western criteria of depression.¹³ In other words, although neurasthenia and depression overlap, neurasthenia seems to be distinct and causes distress in its own right.

Findings of several studies have led to interest in resurrecting the neurasthenia diag-

nosis included in the DSM for assessing Chinese Americans. These findings suggest a high prevalence of neurasthenia in Chinese Americans, that this diagnosis may be missed or misdiagnosed, and that patients with neurasthenia are not receiving treatment.

- Hong and colleagues examined 76 native Chinese university students in the United States. They found that those students in whom neurasthenia was diagnosed had experienced symptoms of depression, as measured by the Center for Epidemiological Studies-Depression Scale.¹⁴
- Zheng and colleagues studied data from the Chinese American Psychiatric Epidemiological Study, a 5-year study involving 1747 completed households in Los Angeles County.¹⁵ They found that 6.4% of the participants met ICD-10 diagnostic criteria for neurasthenia, compared to 3.6% who suffered from major depression. Of those with neurasthenia, 56.3% did not experience any other current or lifetime psychiatric diagnoses, ie, they were "pure" sufferers from neurasthenia.
- Using the same data set, Takeuchi and colleagues found that less acculturated Chinese immigrants tended to express their distress through somatic and neurasthenic symptoms. Depression was expressed similarly for both poorly and highly acculturated immigrants.¹⁶

EVALUATION AND TREATMENT

Cheung has suggested that when asked directly, Chinese immigrant patients acknowledge both affective and somatic symptoms in their experience of depression and distress.¹⁷ Inquiring about neurasthenic experiences may avert the stigma-ridden resistance that the term "depression" tends to invoke. This effort can help to build rapport and a therapeutic alliance.

Traditional therapy for neurasthenia has included eating healthier, regular light exercise, improved hygiene, massage, psychotropic medication, the appropriate use of rest, and adjustment of work or lifestyle to decrease stress.¹² Currently, antidepressant

medication and psychological counseling are standard treatments of choice.

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Competing interests: None declared

West J Med 2002;176:257-258

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