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When Fatigue Symptoms Are Associated With . . . Fatigue Symptoms

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*To the Editors:*

Gül et al. (2017) examined the relationship between burnout symptoms and “sluggish cognitive tempo” (SCT)—recently renamed “concentration deficit disorder” (Barkley, 2014)—based on a survey of 201 psychiatrists. The authors conducted both dimensional and categorical analyses. They found an association between SCT and burnout symptoms, essentially between SCT and the emotional exhaustion component of burnout. The authors additionally suggested that about 14% of the recruited participants suffered from SCT. The authors mentioned several limitations to their work, including the small size of the study sample, the controversial nosological status of SCT, and the non-consideration of depression in the conducted analyses. In our estimation, other methodological flaws, unnoticed by the authors, should be underlined. The flaws in question bear on the very rationale of the study and further question the study validity.

In order to assess SCT, the authors used a questionnaire consisting of the nine following items: “Prone to daydreaming when I should be concentrating”; “have trouble staying alert or awake in boring situations”; “easily confused”; “easily bored”; “spacey or in a fog”; “lethargic, more tired than others”; “underactive or have less energy than others”; “slow moving”; “I don’t seem to process information as quickly or as accurately as others” (Barkley, 2012). Problematically, many of these items explicitly refer to fatigue-related symptoms and therefore overlap with the (emotional) exhaustion component of burnout. Thus, the association that the authors found between SCT and emotional exhaustion is likely to be accounted for by the overlap between the measures of these two variables. Put differently, there is a major risk that the results obtained by the authors be tautologic in nature: Psychiatrists presenting with more symptoms of fatigue also present with more symptoms of exhaustion. It should be underscored that the (emotional) exhaustion component of burnout involves a *global* state of fatigue. Burnout is not only about somatic and affective fatigue but also about cognitive fatigue—the assumption that an individual could be physically and emotionally exhausted while being highly energetic and performant at a cognitive level is implausible. Interestingly, *cognitive weariness*, which is at the heart of the definition of SCT, is a subdimension of burnout in one of the most influential conceptualizations of the syndrome (Shirom and Melamed, 2006). We additionally note that apparently more “exotic” symptoms associated with SCT such as daydreaming and fantasizing have also been observed in burnout for a long time (IsHak et al., 2009, p. 237; Schaufeli and Enzmann, 1998, p. 22).

Another problem with the conducted study lies in the aim of the authors to estimate the “prevalence” of SCT. Although the authors recognized that the nosological status of SCT is controversial, they spotlighted their finding that about 14% of the psychiatrists in their sample presented with SCT. It is unclear to us how the authors came to find such a percentage. Indeed, the categorization criteria on which they relied were not made explicit. Because the authors compared their results to those obtained by Barkley (2012), we can suppose that they used the same categorization criteria. However, even if this supposition turned out to be true, it is worth underlining that Barkley’s (2012) categorization criteria were defined in a largely arbitrary way. Testing different categorization criteria for SCT, Barkley (2012) came to choose “a threshold of five or more symptoms”, resulting in a prevalence of about 6%, on the basis that “this seems to be a more reasonable percentage of the population to identify as possibly having a disorder” (p. 987). Relying on such categorization criteria for identifying “cases” of SCT is therefore unwarranted, and potentially misleading in view of the current state of the art on SCT.

All in all, the study by Gül et al. (2017) is problematic in its very conceptualization. To conclude, we note that while SCT remains an ill-defined entity, the same is true of burnout (e.g., there are no binding or consensual diagnostic criteria for either SCT or burnout). The concomitant use of such constructs is thus unlikely to promote clarity in research. Rather, it tends to escalate confusion.

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