

# What you need to know about Chronic Fatigue Syndrome (CFS) / Myalgic Encephalomyelitis (ME)

## What is CFS/ME?

Chronic fatigue syndrome (CFS) causes persistent fatigue (exhaustion) that affects everyday life and doesn't go away with.... Read more on [NHS Choices - CFS/ME](#).

## What evidence is available?

Useful sources of further evidence include Consultant, Physiotherapist, Occupational therapist, General practitioner.... [Read more about evidence sources](#).

## Activities of Daily Living and Mobility needs

The disabling effects of CFS/ME in individuals is variable. The following describes the typical problems with.... [Read more about ADL & mobility needs](#).

## How long will the needs last?

People with mild illness may recover spontaneously, or with some general advice or a limited treatment programme over.... [Read more about award duration](#).

## Over 65s

CFS/ME is predominantly a disease of young adults.

## What evidence is available?

Useful sources of further evidence include -:

- [Hospital Consultant](#)
- [Physiotherapist](#)
- [Occupational therapist](#)
- [General Practitioner](#)
- [Health Care Professional](#)

## Activities of Daily Living and Mobility needs

The disabling effects of CFS/ME in individuals is variable. The following describes the typical problems with daily living activities for the majority of the time.

### Mild Functional Restriction

Category	Description
Mobility	The ability to walk long distances may be reduced, but the person is likely to be able to walk short distances on an unrestricted basis most of the time. Their judgment, thought processes and means of communicating are not affected to the extent that they would be unable to find their way around in familiar and unfamiliar places.
ADL	The person would normally to be able to wash, dress, bathe, use the toilet, get up and downstairs without difficulty. The ability to plan a meal is not impaired and the tasks involving in preparing and cooking food are unlikely to be restricted in any way.

## Moderate Functional Restriction

Category	Description
Mobility	The ability to walk more than 100 metres consistently may be restricted in moderate cases, but severe restriction of walking is unlikely. Their judgment, thought processes and means of communicating are not affected to the extent that they would be unable to find their way around in familiar and unfamiliar places.
ADL	Those with a moderate level of functional restriction would be expected to be able to manage some personal care and preparation of food without help from another person most of the time. Tasks may take longer than normal and may need to be followed by a period of rest. Although the level of fatigue and symptom severity may vary during the day or from day to day, the ability to maintain personal hygiene and nutrition is likely to be unimpaired.

## Severe Functional Restriction

Category	Description
Mobility	Such claimants may be severely restricted in their ability to walk. There may be a requirement for supervision either at home or out of doors as a result of significant cognitive impairment, but it would be uncommon.
ADL	People with a severe level of functional restriction, who spend most of the day in bed or otherwise immobile, and who may have clinically evident muscle wasting, may well need help with personal care and preparing food.

## How long will the needs last?

People with mild illness may recover spontaneously, or with some general advice or a limited treatment programme over the course of the following six months. These people are likely to be treated in a general practice setting.

People with established CFS/ME of moderate severity lasting one to two years or more are likely to need a more extensive management programme, as described above, lasting 6 to 12 months or more. Most people who are able to attend hospital for treatment are likely to make a significant improvement with appropriate management. Some people will recover fully, but others will not achieve their previous level of functioning. Some may not improve. Those who recover may be at risk of recurrence. Those who improve are at risk of relapse. In many patients, disability and quality of life can be improved, sometimes to a significant extent.

Severe cases are less likely to recover completely or benefit substantially from a management programme.

## Indicators of a good prognosis are:

Male sex,

- A definite history of an acute viral illness like glandular fever at the onset,
- Mild disability and few symptoms,
- Clinical features showing a pattern of evolution towards functional recovery,

- Early diagnosis aimed at eliminating associated physical disorders and/or identifying psychiatric illness along with other complicating psychological or social factors,
- A management approach which may encompass physical, psychological and social elements that allows a stepwise approach to functional improvement using rehabilitation.

### **Indicators of a poor prognosis are:**

- Onset of symptoms without any clear precipitating factor,
- Clinical features characterised by severe and unremitting symptoms,
- Severe and persistent disability,
- A management approach that overemphasises the importance of either complete rest or which advocates a rapid return to pre-illness levels of physical activity,
- Those with co-morbid significant medical conditions or mood disorders,
- A complex background of adverse psychological and social factors.

### **Impairment**

CFS / ME / Post viral syndrome

**All information must be taken into account when considering the duration of disabling effects and the duration of disabling effects must be based on the particular circumstances of the individual claimant.**