



## Mediterranean Maudsley Forum

### Conference

22nd 2008 to 25th September 0  
Palermo, Other

Website: <http://www.iop.kcl.ac.uk/MediterraneanMaudsleyForum>

Contact person: Caroline Zanelli

The second MMF offers exciting opportunity for psychiatrists to learn about the most recent advances in psychiatry. Over the course, a range of experts will discuss the most recent developments in clinical and academic psychiatry. It is des

Organized by: Institute of Psychiatry, London  
Deadline for abstracts/proposals: 27th June 2008

Check the [event website](#) for more details.

### 2<sup>nd</sup> MEDITERRANEAN MAUDSLEY FORUM

Palermo, Italia  
22-25 settembre 2008

e-mail: [laura.gittens@iop.kcl.ac.uk](mailto:laura.gittens@iop.kcl.ac.uk)  
<http://www.iop.kcl.ac.uk/virtual/?path=/mmf/>

# Presentations 2008

Here are the presentations from the Mediterranean Maudsley Forum 2008

[Treatment approaches in the addiction field.](#) (Professor John Strang)

[All you wish you knew about Epidemiology.](#) (Dr James MacCabe)

[Bipolar.](#) (Professor Nick Craddock)

[CRT in Anorexia Nervosa.](#) (Dr Kate Tchanturia)

[Cannabis and Psychosis.](#) (Dr Marta Di Forti)

[CBT](#) (Dr Peters)

[CBT for Psychosis](#) (Dr Peters)

[Child Psychiatry.](#) (Dr Ingrassia)

[Dopamine Salience and Psychosis](#) (Professor Shitij Kapur)

[Eating Disorders](#) (Professor Janet Treasure)

[Fall and Rise of Social Factors](#) (Professor Murray)

[Fertility and Schizophrenia: A Paradox no longer!](#) (Dr James MacCabe)

[Neurobiology of Depression](#) (Dr Carmine Pariante)

[Neuroimaging: The Psychotic Brain](#) (Dr Paola Dazzan)

[Perinatal Psychiatry](#) (Dr Pariante)

[Schizophrenia and Bipolar](#) (Professor Robin Murray)

[The Adolescent Brain](#) (Dr Allin)

[Treatment of Neurotic disorders](#) (Professor Simon Wessley)

[War and Psychiatry](#) (Professor Simon Wessley)

**KING'S**  
*College*  
**LONDON**

University of London



You are in: [King's](#) / [IoP](#) / [home](#)

# Institute of Psychiatry

at the Maudsley

**Palermo, Palazzo Steri: Monday 22nd to Thursday the 25th of September 2008**

**Treatment of Neurotic disorders (Professor Simon Wessley)**

**Wednesday**

***Morning  
chairman:  
Prof R Murray***

**Workshops**

***A. CBT and  
Psychosis: Dr  
Emmanuelle  
Peters.***

***B. Treatment  
approaches to  
addiction: Prof  
John Strang***

***C. Treatment  
of neurotic  
disorders:  
Simon Wessely***

**Yes, you can treat chronic  
fatigue syndrome**

NEWEST MYSTERY ILLNESS: **CHRONIC FATIGUE SYNDROME**

**M.E.**  
*the  
mystery  
illness*



**Mystery  
malaise**

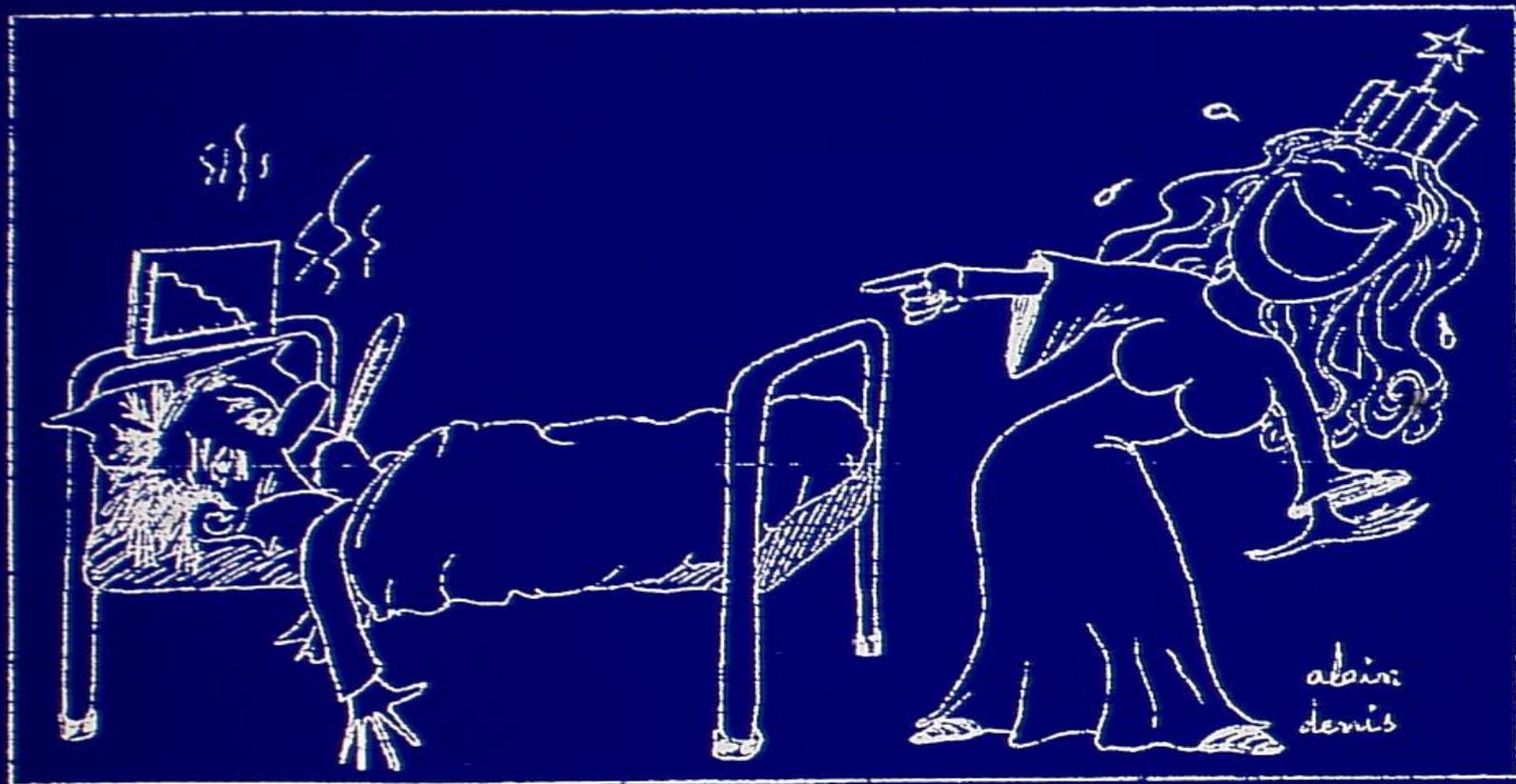
Once dismissed as the 'yuppie flu,' chronic fatigue syndrome is increasingly recognized as a debilitating disease that may afflict millions

Distressing symptoms usually inspire sympathy. Not so with myalgic encephalomyelitis. Too often sufferers coping with physical fatigue

**YOUR BODY - YOUR HEAD**  
**Mysterious ME**

**M.E.**  
*the  
mystery  
ill.*

...live and go with  
...loads of energy and  
...followed by normal  
...Others can't because of  
...hardly enough energy to walk  
...upstairs, find it an effort to talk in  
...more than a whisper, and is living on  
...For  
...Carily...  
...it's a case...



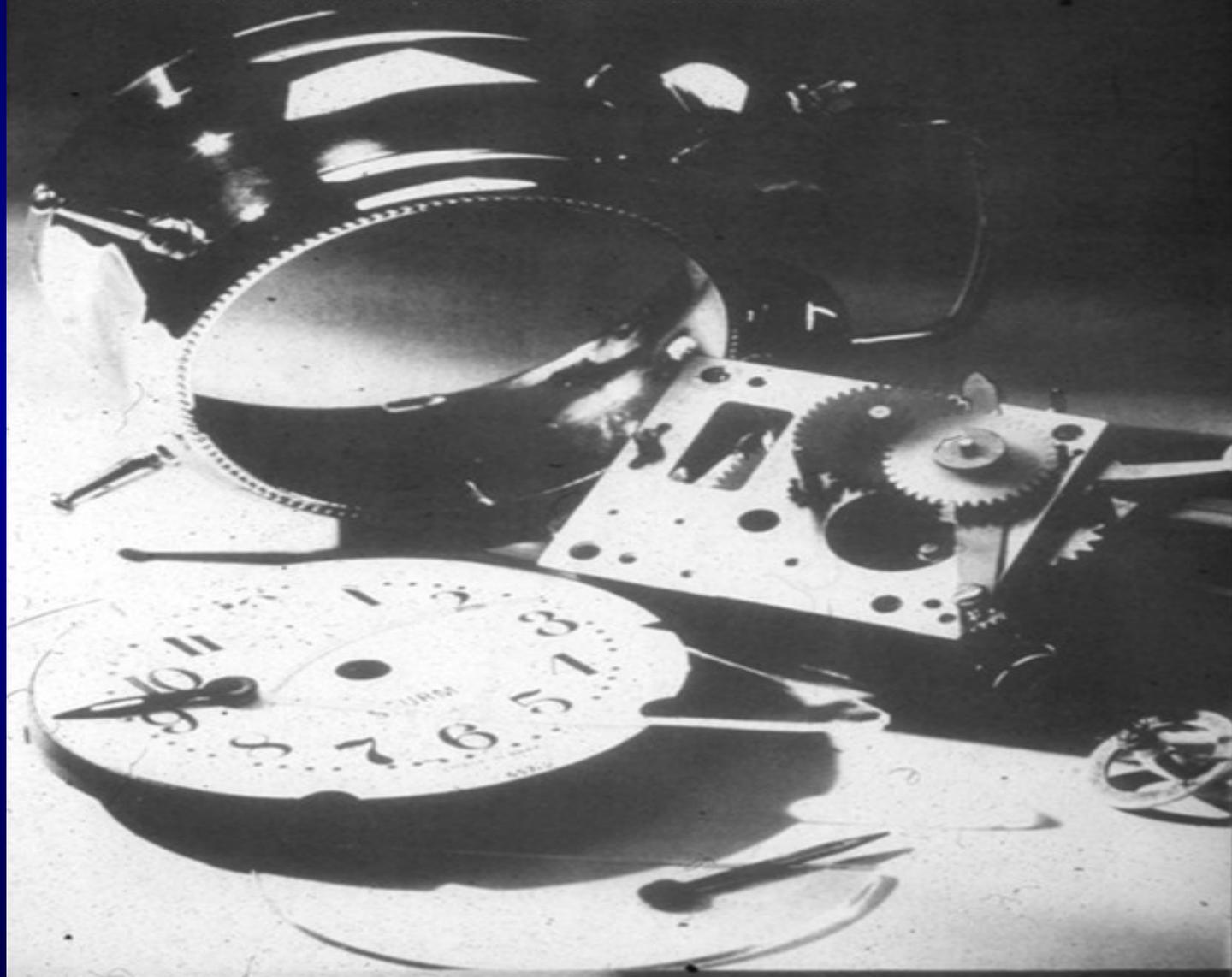
*A Udine il  
primo incontro  
degli italiani  
affetti dalla  
nuova  
sindrome: si  
chiama Cfs e  
ha già colpito  
250 persone*

**“La vita? Una intollerabile fatica?”  
Ecco le vittime della stanchezza cronica**

*Axel Wolf*

# Die große Müdigkeit

Übermüdung und Erschöpfung breiten sich epidemisch aus:  
Chronischer Schlafmangel, Streß und eine hyperaktive Lebensweise  
sind Ursachen für die neue, „stille“ Zeitkrankheit



# Chronic Fatigue Syndrome (CFS)

- **Various definitions**
- **Centre for Disease Control and Prevention (1994)**
  - **Self reported, new onset fatigue lasting at least 6 months**
  - **Not alleviated by rest**
  - **Not the result of organic or psychotic mental illness**
  - **4 or more of: impaired memory or concentration, sore throat, tender LNs, muscle pain, multi-joint pain, new headaches, un-refreshing sleep, or post-exertion malaise**
- **Prevalence 0.24 – 2.36 % (Jason *et al.* 1999; Reyes, *et al.* 2003; Evengard *et al.* 2005)**
- **More common in females**

**What causes CFS?**

**Clinics baffled  
by mysterious  
muscle disease**

# Doctors link 'Yuppie flu' to viruses

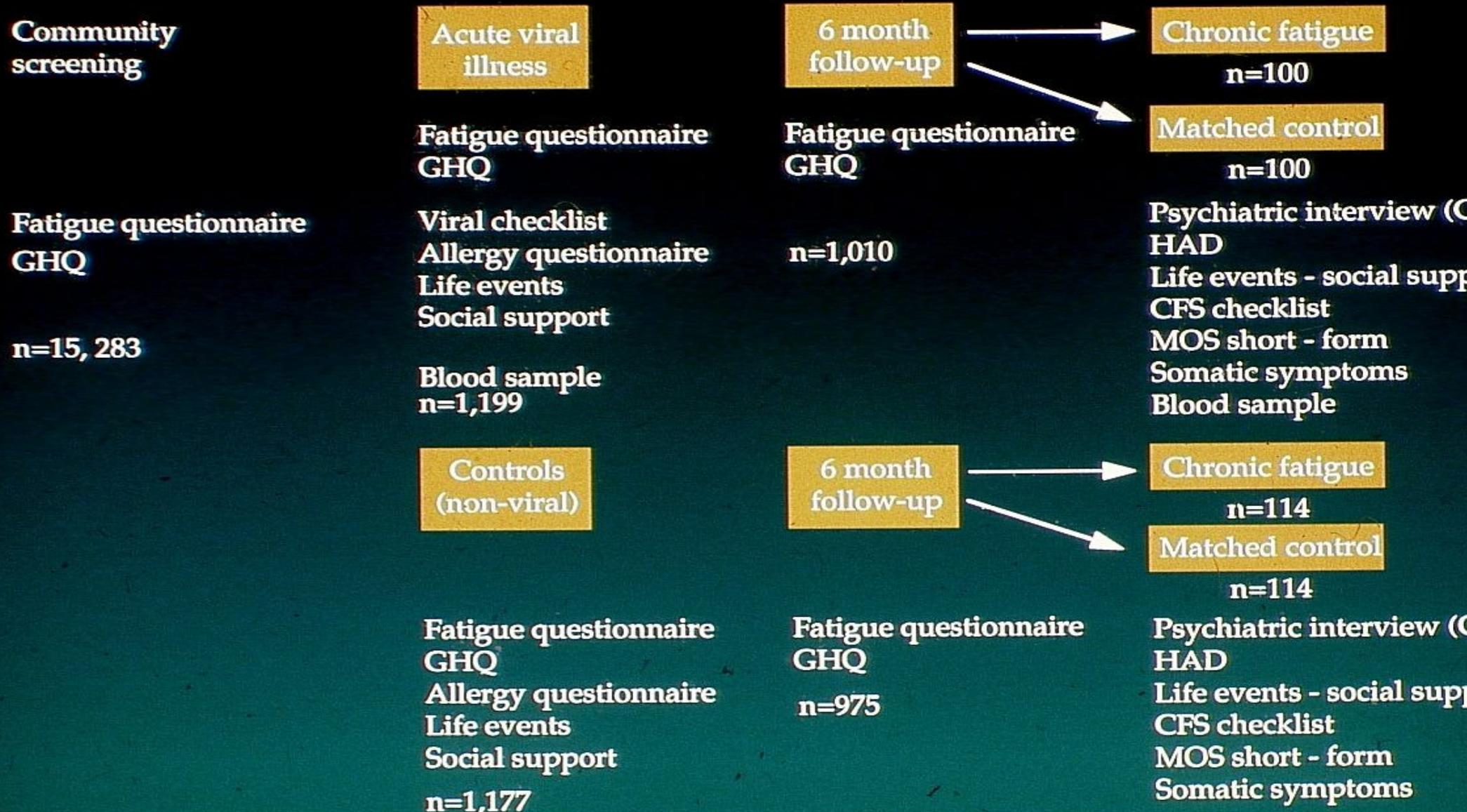
PHILADELPHIA (AP) —

Chronic fatigue syndrome, a mysterious disabling disease sometimes dismissed as psychosomatic "Yuppie flu," has been linked to a family of viruses that disrupts the immune system, researchers said yesterday.

Evidence of a "retrovirus" was found in the blood of 23 of 30 patients suffering from the disease, and in many of their healthy relatives and close friends, the scientists said. That suggests the disease is contagious.

"If it turns out to be the agent causing this, then we learn something about treatment and something about prevention," said Walter Gunn, who heads the investigation into chronic fatigue syn-

# Post-infection fatigue: Plan of study



Stage 1

Stage 2

Stage 3

+

Nested case control

# Chronic Fatigue and CFS after acute viral infection in primary care

Criteria	Viral (N=1010)	Non-viral (N=975)	OR(95% CI)
All fatigue cases	354 (35.0%)	344 (35.2%)	1.0
Chronic fatigue	100 (9.9%)	114 (11.7%)	0.8
Oxford CFS	14 (1.3%)	19 (1.9%)	0.7
CFS CDC 1994	5 (0.5%)	11 (1.1%)	0.4

*Wessely et al, Lancet 1995*

# CFS and previous psychiatric disorder: Odds ratios for Developing CFS at Stage 3

Criteria	GHQ stage one	Previous psychiatric diagnosis
Oxford CFS	6.2	3.9
CFS CDC 1994	5.2	2.8
CFS CDC 1988	6.4	9.3

Wessely et al, Lancet, 1995

# Infections shown to increase risk of CFS in prospective studies

- **Epstein Barr virus**
- **Viral meningitis**
- **Q fever**
- **Weird Australian viruses**

# *'Yuppie flu' fatigue linked to depression*

CHICAGO (Reuter) — Depression, not a virus, probably causes the down-and-out state often called "yuppie flu," researchers say.

Constant mental and physical weariness is "one of the 10 most common reasons why people see a doctor," says Anthony Komaroff, chief of general internal medicine at Boston's Brigham and Women's Hospital.

The cause of such fatigue had been widely thought to be a bug called Epstein-Barr virus.

However, that virus wasn't the culprit for 26 victims of the flu — also known as chronic-fatigue syndrome — who were studied for two years.

All of them suffered fatigue

fever, weight loss and many throat infections, according to a U.S. report released yesterday.

Yet the researchers could find nothing to show that the patients were infected with Epstein-Barr virus.

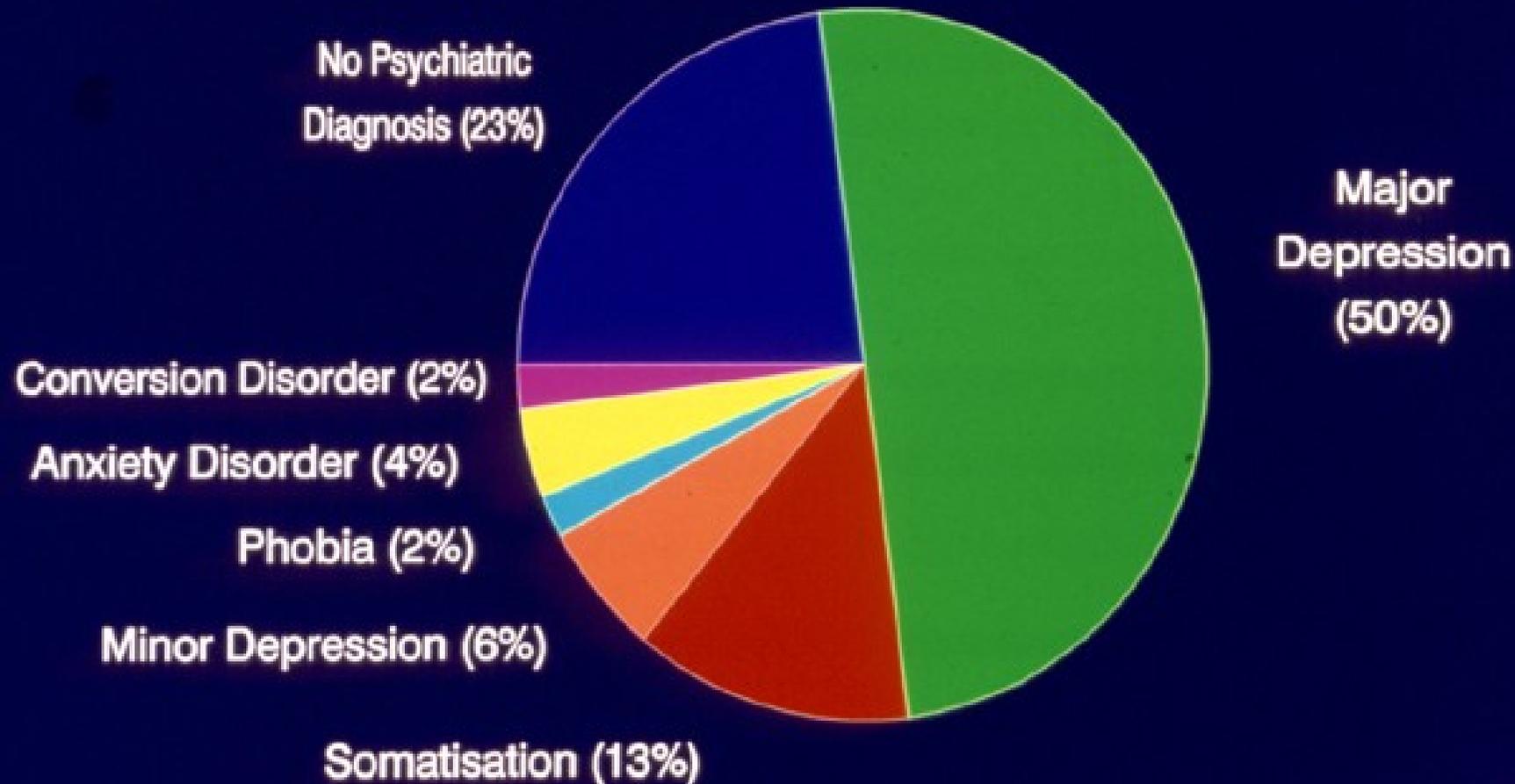
What the researchers did find was that the victims "had a strikingly higher rate of lifetime and current major depression" than those who did not have chronic fatigue syndrome.

Half the patients studied — 13 — "had at least one episode of major depression prior to the development of chronic fatigue."

Several studies indicate depression may change the immune system, but the research isn't conclusive.

# PSYCHIATRIC DIAGNOSES

(Chronic fatigue syndrome: neurology hospital)



*from: Wessely & Powell, 1989.*

# Current psychiatric disorder in CFS compared with medical controls

<i>Reference</i>	<i>Control group</i>	<i>Psych disorder in CFS</i>	<i>Psych disorder in controls</i>	<i>Relative risk</i>
<b>Wessely &amp; Powell</b>	<b>Neuromuscular</b>	<b>72%</b>	<b>36%</b>	<b>2.0</b>
<b>Katon et al</b>	<b>Rheumatoid</b>	<b>45%</b>	<b>6%</b>	<b>7.5</b>
<b>Wood et al</b>	<b>Myopathy</b>	<b>41%</b>	<b>12.5%</b>	<b>3.3</b>
<b>Pepper et al</b>	<b>Multiple sclerosis</b>	<b>23%</b>	<b>8%</b>	<b>2.9</b>
<b>Fischler et al</b>	<b>ENT/ dermatology</b>	<b>77%</b>	<b>50%</b>	<b>3.4</b>
<b>Johnson et al</b>	<b>Multiple sclerosis</b>	<b>45%</b>	<b>16%</b>	<b>2.8</b>

# **CFS as a “Modern Illness”**



...a Friday, Feb. 13, Fabian counseled a self-help support group for CEBV sufferers.

# Malaise of the '90s

## THE BUSINESS

### The disease of the '90s

By LYNNE LANGLEY  
Of the Post-Courier staff

Chronic Fatigue and Immune Dysfunction Syndrome is an "emerging epidemic," according to the Centers for Disease Control.

Researchers call the devastating fatigue syndrome "the disease of the '90s."

# I BEAT THE DISEASE OF THE 90s

'Sophie had a total aversion to light, noise and people'

PEOPLE Today

\*\* TODAY Monday March 23, 1992

## Craig faces two-year battle to beat 21st-Century disease

by PIPPA SIBLEY

WHEN Brock guitarist Craig ...  
...the last week, he ...  
...from a ...  
...the stress ...  
...another ...  
...the ...  
...Craig ...  
...and ...  
...he ...  
...every ...  
...to ...  
...each ...  
...week ...  
...Craig ...  
...the ...

# **BEATING YOUR TOXIC LIFESTYLE**

**You don't have to be bad to live an impure life - pollution lurks in everything from car fumes to cosmetics. But there are ways to protect yourself, reports E Jane Dickson**

## TOXINS ON TAP

Although it's cleaned to the minimum standard, tap water is not purified. It contains nitrates which interreact to trigger circulatory diseases and cancer; pesticides which may be associated with testicular and breast cancer and endometriosis; aluminium sulphate, a possible cause of Alzheimer's disease; lead (from household pipes), which can retard children's mental development; and toxic algae, which cause nausea, diarrhoea and skin rashes.

## DANGERS FROM MERCURY

Mercury amalgam fillings in teeth are claimed by dentists to be safe - but are they? Many doctors believe they release poisonous mercury vapour, which enters the fatty tissue in the brain, nervous system and kidneys.

**Chemical hairdyes  
penetrate the scalp  
and enter the  
bloodstream in two  
hours: vegetable  
dyes are safer**

## THE AIR WE BREATHE

Air quality, especially in our cities, is reaching crisis levels. One-third of us now live in areas where air quality falls short of European health standards. The main culprits are cars - traffic emissions increased by 35 per cent between 1986 and 1991 - and industrial incinerators. Lung cancer and cardiopulmonary and respiratory diseases, such as asthma and bronchitis, are pollution-related, and one US estimate suggests that air pollution is reducing the average urban lifespan by six years.

## AT HOME

You may think your home is a sanctuary from the outside world but many innocent-looking, everyday household substances are a big health risk.

## THE FOOD WE EAT

We don't know the long-term effect on our health of the chemicals we eat every day. Additives are pumped into processed food, but there's also the fertilisers and sprays used to grow our food (1lb of pesticides was used per person in Britain in 1990) and the food pollution that's a by-product of atmospheric and water pollution. These cause colds and stomach upsets, and there is growing concern that the rise in allergy-related diseases and cancer, and the dramatic fall in male fertility since 1940, may be linked to pesticide abuse.

## SICK BUILDING SYNDROME

Many modern offices are 'sick', due to poor ventilation and mould, pollutants and bacteria in air-conditioning and heating ducts. SBS causes headaches, dizziness, fatigue, sore eyes, and throat and nose irritability. To combat:

- Open a window
- Buy an ioniser or place a bowl of water near your desk
- Take screen breaks and turn your computer off when you're not using it

# HOME TRUTHS

What do your TV set, microwave, mobile phone and clock radio have in common? These everyday household appliances could prove hazardous to your health. Zest investigates the enemies within...

WORDS JON COURTENAY GRIMWOOD ADDITIONAL RESEARCH BY LINDA BIRD  
ILLUSTRATIONS GARY KAYE



## THE CLOCK RADIO

We spend up to 3,000 hours each year in bed, so do we really want to spend them with our head next to a strong source of electromagnetic field (EMF)? Especially when it's our retinas and melatonin-producing pineal gland which are most sensitive to EMFs. According to expert Roger Coghill, it's exposure to electric fields during sleep, when our cells should be repairing themselves, that is most dangerous. He suggests measuring levels in our bedroom with a device known as a Field Mouse (LSO inc pEp; available by mail-order from Coghill Research Laboratories on 01495 763389). 'A field strength above 20 volts per metre has been shown by our research to increase the incidence of illnesses such as ME and cot death,' he says. (There's no equivalent Government figure – the only existing guideline is 12,000 volts per metre, the point at which you start to burn.) Pressure group Powerwatch recommends keeping your alarm clock three or four feet away from your bed.

## HAIRDRYER

The big problem with hairdryers seems to be the fact that we hold them too close to our skulls. EMFs received from a hairdryer at 1ft are a fraction of those from a mobile phone. But according to Edward Tenner, Geosciences Researcher at Princeton University and author of *Things Bite Back* (Fourth Estate, £7.99), 'the hairdryer is used too briefly by most of us to be dangerous.' And he says that 'in the past, when asbestos was still used as an insulator they were potentially dangerous. But it was eliminated in the 80s.' Nowadays, the most danger posed by your hairdryer is heat damage to your hair – or burning your scalp.

## THE MICROWAVE

Microwaves have been blamed for all sorts of health hazards, from destroying vitamins in baby milk to altering amino acids in food. And even interfering with pacemakers. And, earlier this year, a report in the *International Journal of Toxicology and Industrial Health* suggested bisphenol A, a form of plastic used in microwave containers, could cause abnormal development of the reproductive organs. Male rats whose mothers were fed small doses of bisphenol A during pregnancy developed enlarged prostates and other abnormalities of the reproductive system.

Other scientists believe microwave cooking alters the molecular structure of food. Or that the older the machine, the more likely it is to leak electromagnetic radiation from around the door seal. According to Phillips, it's best to leave food in the microwave for at least three minutes after cooking it. 'Microwave cooking knocks the food atoms about and produces free radicals,' he says, 'so it's safer to wait a few minutes for the free radicals to recombine.'

## THE TELEVISION

exposure to EMFs, the greater the risk, say the experts. And we tend to expose ourselves to television in a way we don't to any other household appliance. It's best to think of the TV as being similar to a computer monitor – although it emits ten times the amount of electromagnetic radiation – and treat it with the same caution, remembering that the larger the screen, the greater the exposure to EMFs. 'The problem is that whereas computer screens now have built-in low-radiation monitors, flats have been incorporated into TVs,' says Roger Coghill. 'It's probably a cost-cutting decision: a low-radiation screen would add £10 to the price of most TVs.'

Some experts recommend surrounding yourself with plants such as philodendrons, tulips, spider plants and lilies to help negate dangerous rays. But Coghill argues that this is 'like using an umbrella against an atom bomb'. Powerwatch suggests simply sitting at least four feet away from the TV.

If you're worried about EMF exposure, you could try investing in a Q-LINK pendant (£97.20 inc pEp; available by mail-order from LibraVita Technologies on 07000 818818). It's a necklace-type device that uses an internal microchip and 'works like a tuning fork, realigning the body's bioenergy', and so enabling the body to resist the damaging effects of EMFs.

## THE ELECTRIC BLANKET

Electric blankets emit an electric field that's constantly damaging the body and preventing essential repair work on our cells, says Roger Coghill. They also reduce our ability to get a good night's sleep, according to a report from Japan. At a conference in Bologna, Italy, scientists showed that exposure to EMFs could reduce levels of the essential sleep hormone melatonin in otherwise healthy volunteers. Research is also under way at Tokyo University to see if EMFs cause problems for developing foetuses.

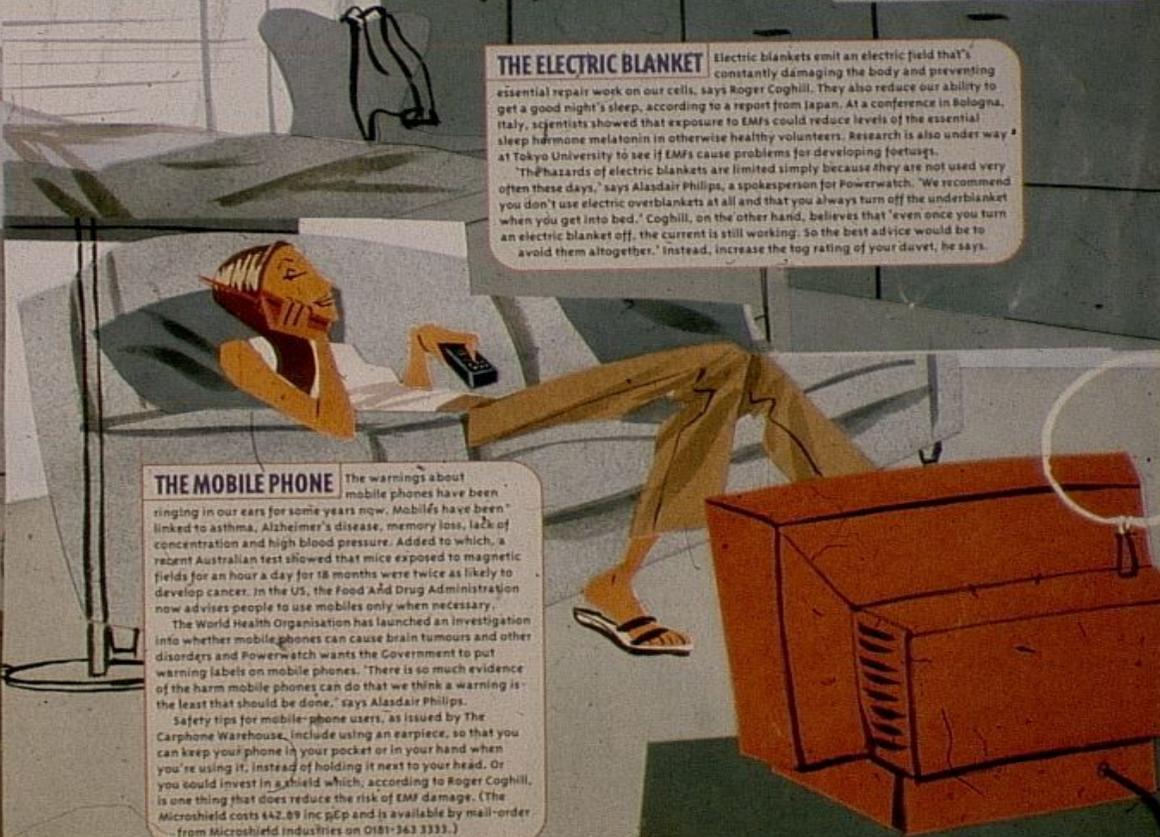
'The hazards of electric blankets are limited simply because they are not used very often these days,' says Alasdair Phillips, a spokesperson for Powerwatch. 'We recommend you don't use electric overblankets at all and that you always turn off the underblanket when you get into bed.' Coghill, on the other hand, believes that 'even once you turn an electric blanket off, the current is still working, so the best advice would be to avoid them altogether.' Instead, increase the tog rating of your duvet, he says.

## THE MOBILE PHONE

The warnings about mobile phones have been ringing in our ears for some years now. Mobiles have been linked to asthma, Alzheimer's disease, memory loss, lack of concentration and high blood pressure. Added to which, a recent Australian test showed that mice exposed to magnetic fields for an hour a day for 18 months were twice as likely to develop cancer. In the US, the Food and Drug Administration now advises people to use mobiles only when necessary.

The World Health Organisation has launched an investigation into whether mobile phones can cause brain tumours and other disorders and Powerwatch wants the Government to put warning labels on mobile phones. 'There is so much evidence of the harm mobile phones can do that we think a warning is the least that should be done,' says Alasdair Phillips.

Safety tips for mobile-phone users, as issued by The Carphone Warehouse, include using an earpiece, so that you can keep your phone in your pocket or in your hand when you're using it. Instead of holding it next to your head. Or you could invest in a shield which, according to Roger Coghill, is one thing that does reduce the risk of EMF damage. (The Microshield costs £42.89 inc pEp and is available by mail-order from Microshield Industries on 0181-363 3333.)



# Mystery disease cripples farmers

Toxic sheep dip blamed as Ministry says 'it's safe'

# Allergies link to ME

# Leading scientist backs campaign against pylons

# Mercury fillings may be ME factor

Research results suggest a link between mercury-containing tooth fillings and myalgic encephalomyelitis.

gesting fillings cause ME but that they may be a contributory factor. He said current est

**So where does that leave CFS  
sufferers?**

# Living with ME

## LIVING WITH M.E.

A self-help guide



Mystery  
disease  
without  
a cure  
MAR - 8 FEB 1990

I  
S

### Optimism is only hope for 100,000 fatigue sufferers

National CEBV Syndrome Assoc., Inc.

P.O. Box 230168

Portland, Oregon 97223

~~ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE~~

Chicago Tribune, Sunday, June 9, 1985 Section 6

CATALOG #NP-0011-000005

Health

# Learning to live with incurable virus

## **Treatments that Might Help**

Below we have listed the main treatments which M.E. sufferers have found useful:

### **1. Rest!**

FOR THE MAJORITY OF M.E. SUFFERERS, PHYSICAL AND MENTAL EXERTION IS TO BE AVOIDED, AND ADEQUATE REST IS ESSENTIAL.

### **IMPORTANT:**

**IF YOU HAVE MUSCLE FATIGUE DO NOT EXERCISE - THIS COULD CAUSE A SEVERE RELAPSE.**

# HOPE *and* HELP *for* Chronic Fatigue Syndrome

The official book of the CFS/CFIDS network

## Rest, Rest, and More Rest

Although it is hard advice to swallow, the consensus among patients is that prolonged rest is the single most effective treatment available. "I hate to admit it but I feel best when I do almost nothing at all. It is when I try to be active that my symptoms flare," said a patient at a support group meeting in Charlotte, North Carolina.

When an upcoming event is likely to be stressful or tiring, many patients rest up for days in advance. The term *aggressive rest therapy* has been coined to describe rest intended to stave off future fatigue, rather than simply to combat the weariness of the moment. "This illness

# JOURNEY INTO FEAR

## The Growing Nightmare of EPSTEIN-BARR VIRUS



**A**FTER TEN MONTHS OF BEING SICK, I came back to New York, hoping the change alone might help me get better. I had improved enough to walk short distances, to carry a light bag of groceries a block or two if necessary, to sit at my desk for reasonable periods. I was still hazy, flat out exhausted, plagued by joint pain, nightmares, fevers and depression—in short, still ill. Nevertheless, I was intent on exploring the CEBV story in the East. Initially, it seemed none of my friends had heard of my peculiar ailment; one suggested it was psychosomatic. "When I have writer's block," she said, "I feel exactly the same way." After our conversation, I found myself calmly removing her listing from my Rolodex and tossing it. But then an old graduate-school friend who is a producer for a national TV news show in Washington, D.C., indicated on her Christmas card she had been ill for six months. With a feeling of dread, I called. After struggling with an unidentified malady for five months, she explained, she was diagnosed as having CEBV by a physician who specialized in the disease. She had barely been able to hide her intellectual debilitation from her colleagues, she said; she spent her weekends sleeping. She was, she added, "a basket case" at dinner parties. There was good news: she was beginning to feel better. The same day, I made a Christmas call to a girlhood friend who also lived in Washington. She told me two young lawyers in her husband's firm, both women, had come down with CEBV—at about the same time. Each was forced to leave work; one returned in a year's time; the other, still sick, had given up practicing law.

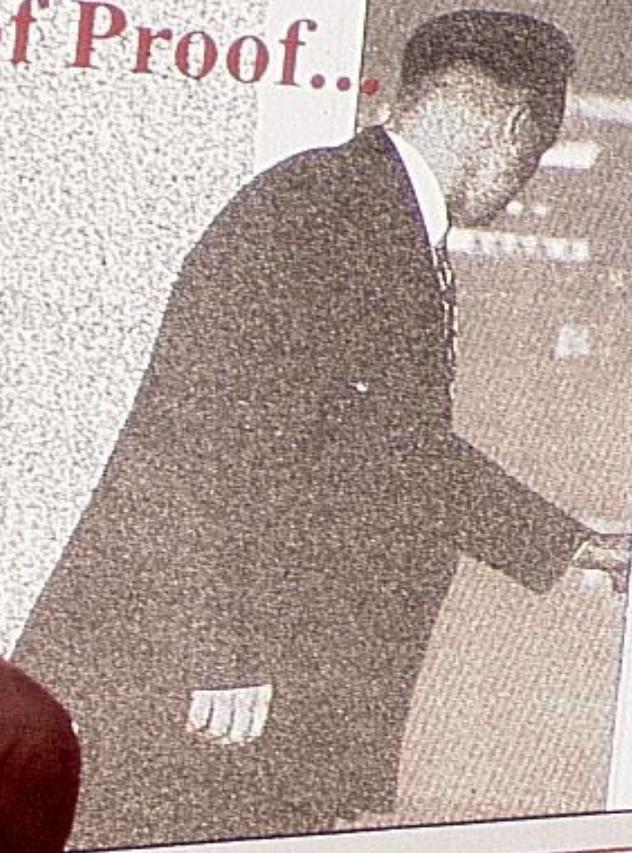
Later, I got a call from a journalist who is a contributing editor at several magazines. She had heard about my illness through a mutual friend. She described her own year of ill health, which began while she was on assign-

*In part one, the author described her battle with a mysterious disease called chronic Epstein-Barr-virus syndrome, or CEBV. Characterized by profound fatigue and neurological complications, CEBV appears to be spreading—especially among people in their prime—although the number of victims and the mode of transmission are unknown. Despite its name, the disease may not be caused by the Epstein-Barr virus, a common herpes virus that is best known as the cause of mononucleosis. Researchers suspect that a new virus that affects the immune system may be the culprit. Seeking to better understand her illness, the author went from Los Angeles, where she became sick, to In-line Village, Nevada, where one of the first major outbreaks of the disease occurred in 1985. In part two, she returns to her home in New York City to continue her inquiry into the CEBV enigma.*



**BY HILLARY JOHNSON**

**The Burden of Proof...**



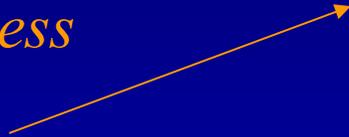
**Myalgic Encephalomyelitis Association**  
**ANNUAL REVIEW 1000 - 1000**

Acute precipitant



Fatigue

*helplessness*



Attempt  
activity

*cognitions*



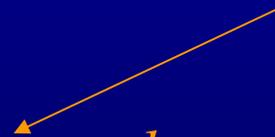
Avoid  
activity

*frustration*



Reduced tolerance  
of activity

*deconditioning*



# Who stays ill?

*Sharpe et al, BMJ, 1992*

- **Belief that fatigue caused by virus**
- **Limiting exercise**
- **Avoiding alcohol**
- **Belonging to a self help organisation**
- **Current emotional problems**

**TIME FOR SOME  
TREATMENT**

# No shortage of drug treatments

- **Fluoxetine**
- **Immunoglobulins**
- **Vitamin B 12**
- **Galanthamine**
- **Fludrocortisone**
- **Evening Primrose Oil**
- **Transfer Factor**

**But None of Them Seem to  
Work**

**Bagnall et al, JAMA, 2001**

# CFS : CASE EXAMPLE

- BELIEF
- BEHAVIOUR
- MOOD
- PHYSIOLOGY
- ENVIRONMENT

# CFS CASE EXAMPLE

- **BELIEF**
  - Persistent virus
  - symptoms mean harm
  - limited supply of energy
- **BEHAVIOUR**
- **MOOD**
- **PHYSIOLOGY**
- **ENVIRONMENT**

# CFS CASE EXAMPLE

- **BELIEF**

- Persistent virus
- Symptoms mean harm
- Limited supply of energy

- **BEHAVIOUR**

- Avoids exercise
- Increased time resting/in bed

# CFS CASE EXAMPLE

- **BELIEF**
  - Persistent virus
  - symptoms mean harm
  - limited supply of energy
- **BEHAVIOUR**
  - Avoids exercise
  - Increased time resting/in bed
- **MOOD**
  - frustrated
  - anxious about future
  - depressed

# CFS CASE EXAMPLE

- BELIEF
- BEHAVIOUR
- MOOD
- PHYSIOLOGY
  - Autonomic arousal
  - Deconditioning

# So where do we start?

- **BELIEF**
  - persistent virus
  - symptoms mean damage
  - limited supply of energy
- **BEHAVIOUR**
  - Activity avoidance
  - Excessive Sleep
- **MOOD**
  - Fear
  - Frustration
  - Depression
- **PHYSIOLOGY**
  - Deconditioning

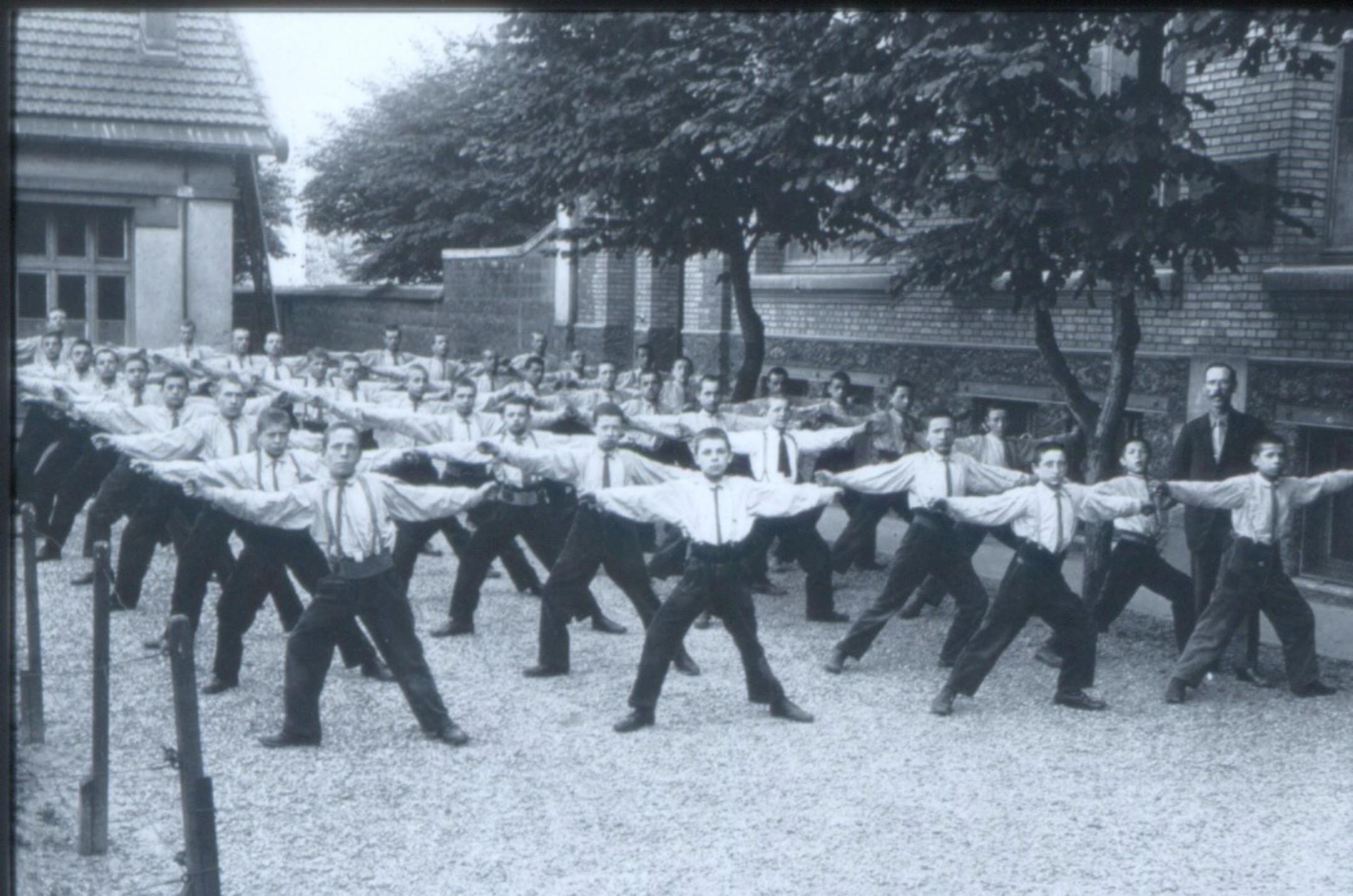
# Graded Exercise Therapy (GET) for CFS

- **Setting:** National Sports Centre
- **Design:** RCT
- **Treatment:** 12 weeks Graded Exercise Therapy
- **Control:** Flexibility exercises
- **Patients:** 66 CFS patients
- **Results:** GET superior
- **Conclusions:** GET safe and effective, but is this fitness or confidence?

(Fulcher & White, BMJ 1997)

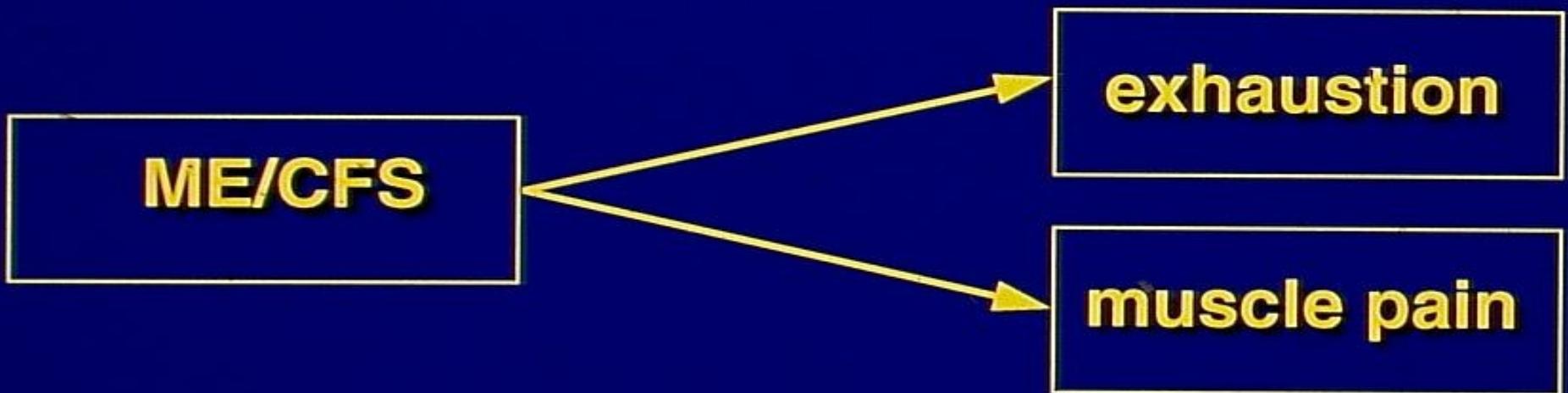
# Fluoxetine and Graded Exercise in CFS

- **Setting:** Real life NHS out patient clinic
- **Design:** 2 by 2 RCT
- **Treatment:** Exercise & fluoxetine or placebo;  
appointments & fluoxetine or placebo
- **Results:** 18% improved with aerobic exercise  
improved with appointments **6%**
- **Patients:** 136 patients with CFS
- **Conclusions:** Exercise can be helpful for patients  
CFS but many cannot tolerate it **with**

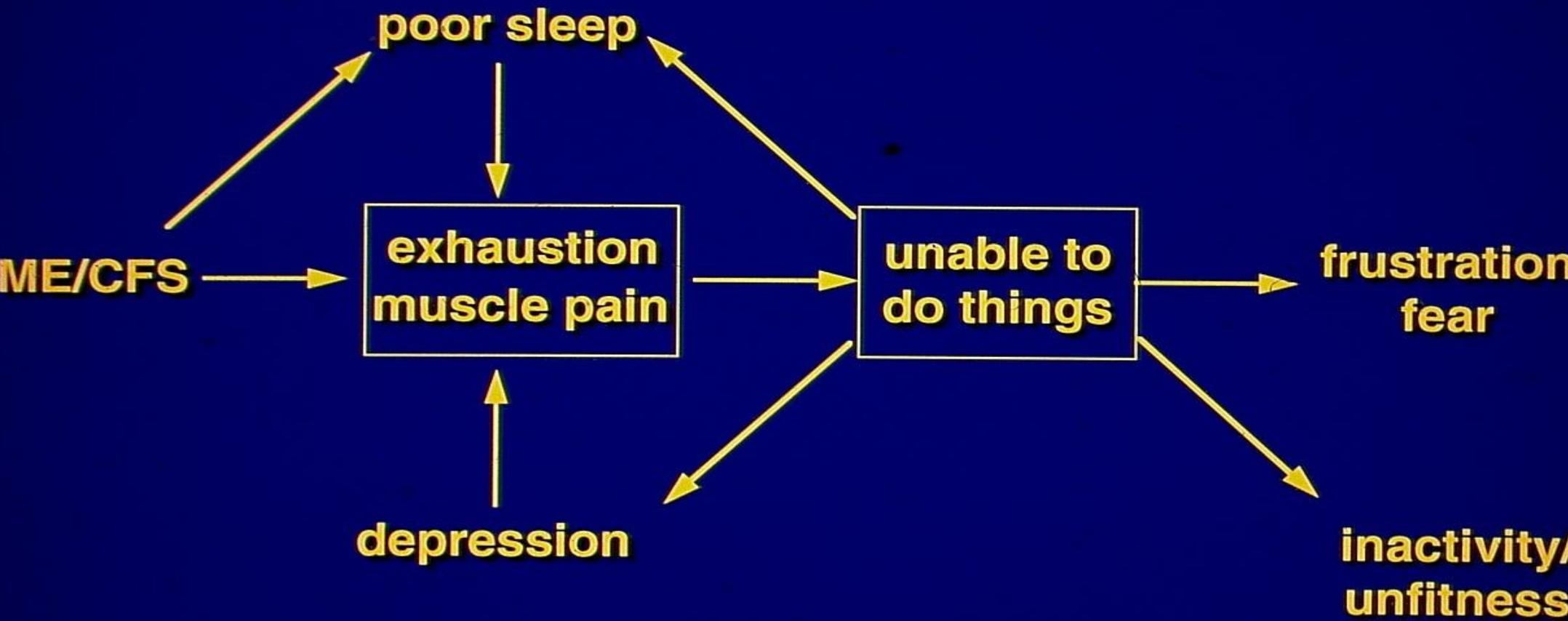


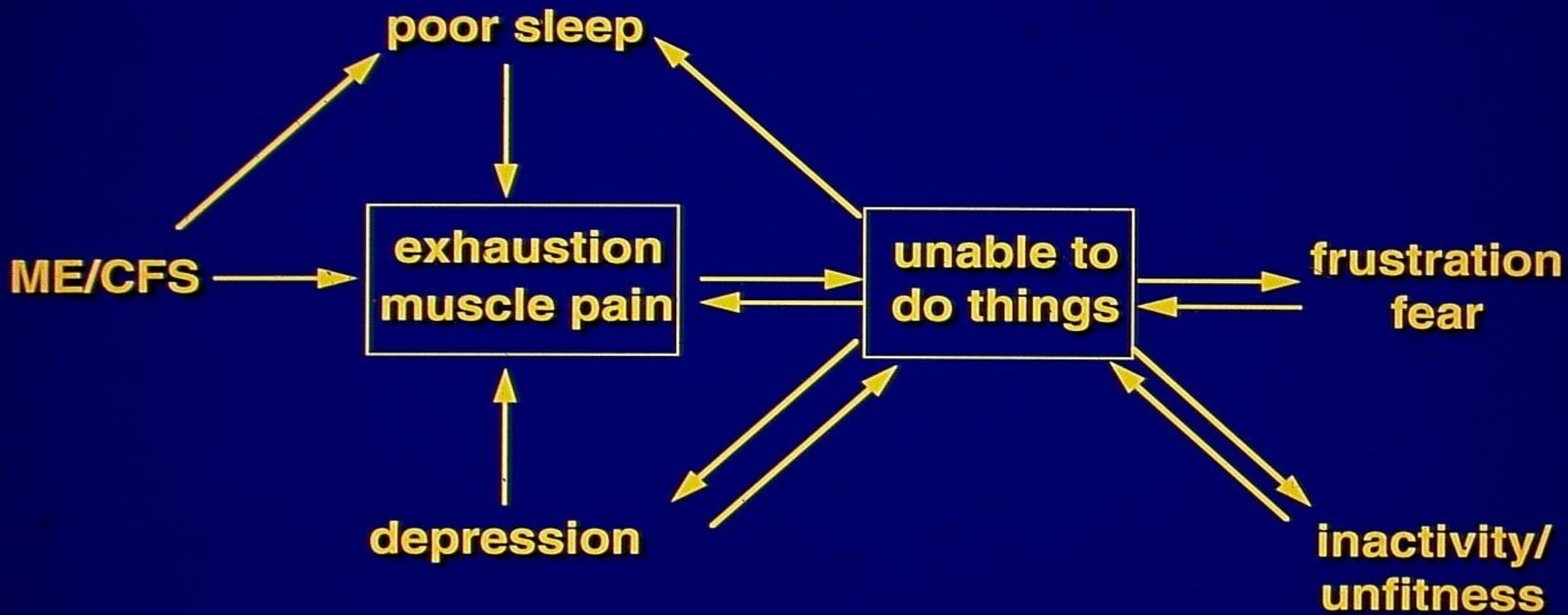
# What is CBT?

- **Collaborative**
- **Emphasis on engagement**
- **Identifies cognitive barriers**
- **Predictability/consistency first**
- **Then graded activity, not exercise**
- **Does relapse prevention**

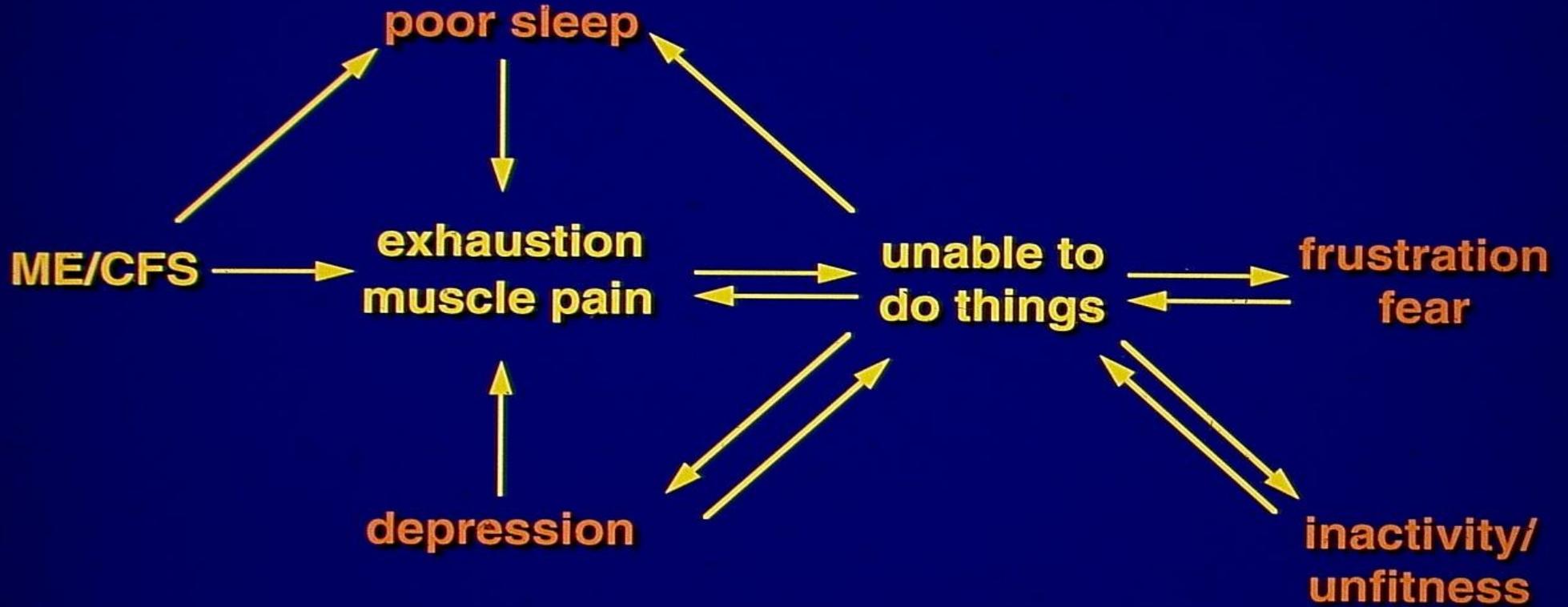








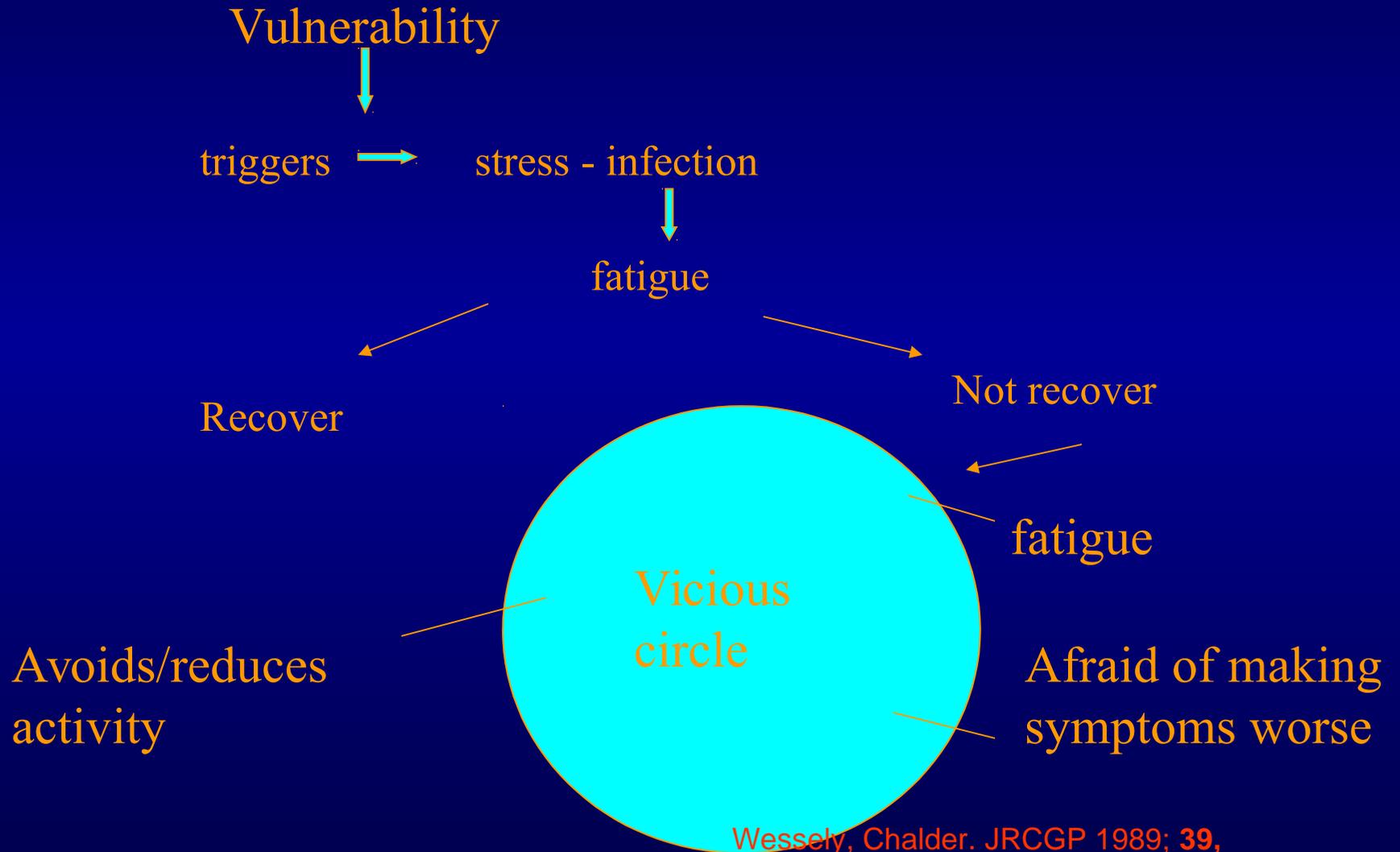
# Treatment



# What is the point of all this?

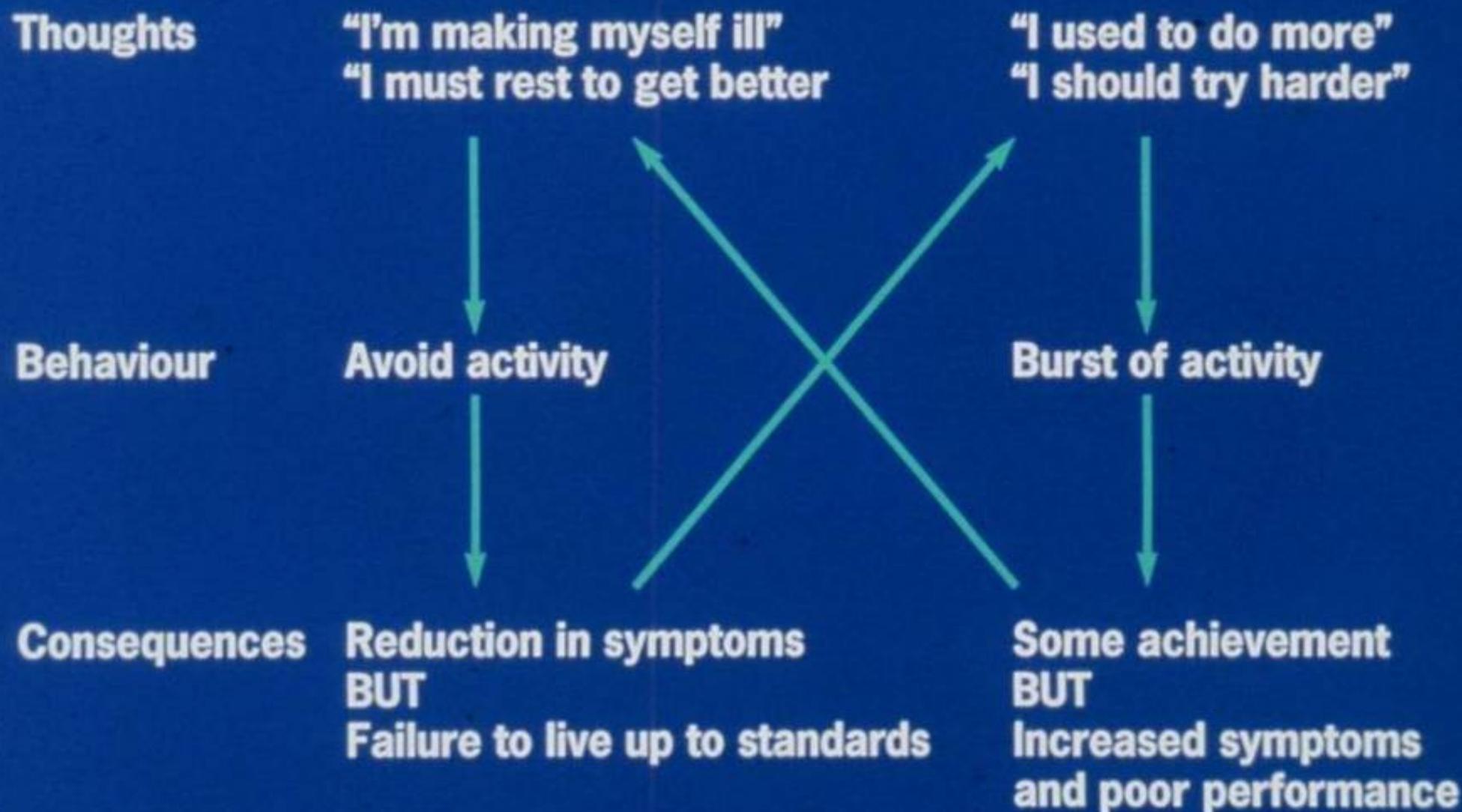
- **because it is all true**
- **and it doesn't challenge patient illness views or self esteem**
- **But prescribing exercise remains tricky...**

# Model of Chronic Fatigue Syndrome



Wessely, Chalder. JRCGP 1989; 39,

# The Perpetuation of CFS



# Key Points

- **Prevent too much activity on “good” days**
- **Prevent too little activity on “bad” days**
- **Chose targets in the light of current fitness/activity, not previous**
- **Warn about temporary symptom exacerbation**
- **Improvement in weeks/months, not days**

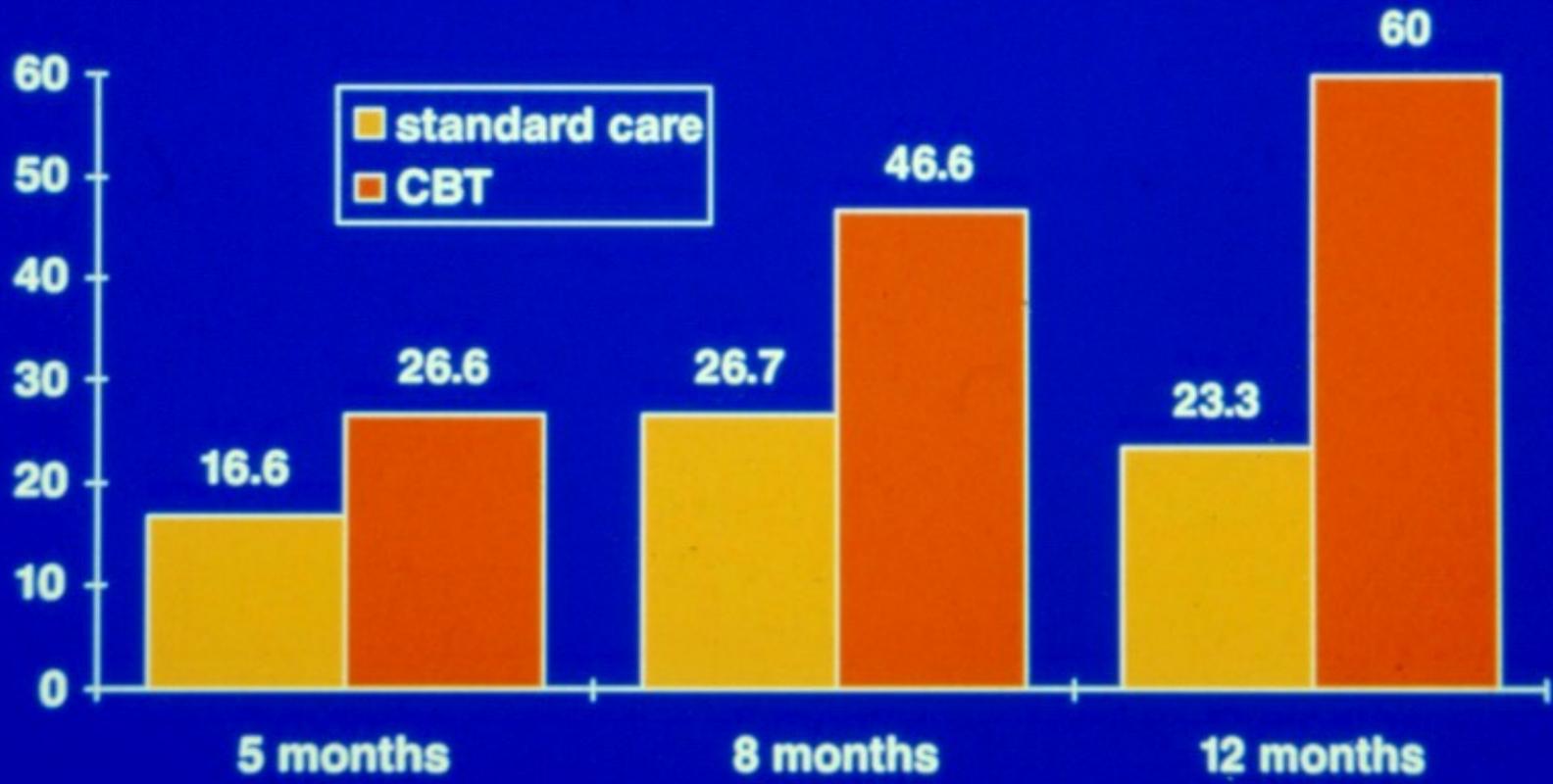
**Does it work?**

# CBT for CFS: the Oxford Trial

- **Setting:** Medical out patient clinic
- **Design:** RCT
- **Treatment:** 16 sessions CBT given by skilled therapists
- **Patients:** 60 CFS patients
- **Results:** CBT superior at 12 months on symptoms and function
- **Conclusions:** CBT was more effective than usual care

# Percentage of patients much improved at follow up (patient-rated)

Sharpe et al 1996



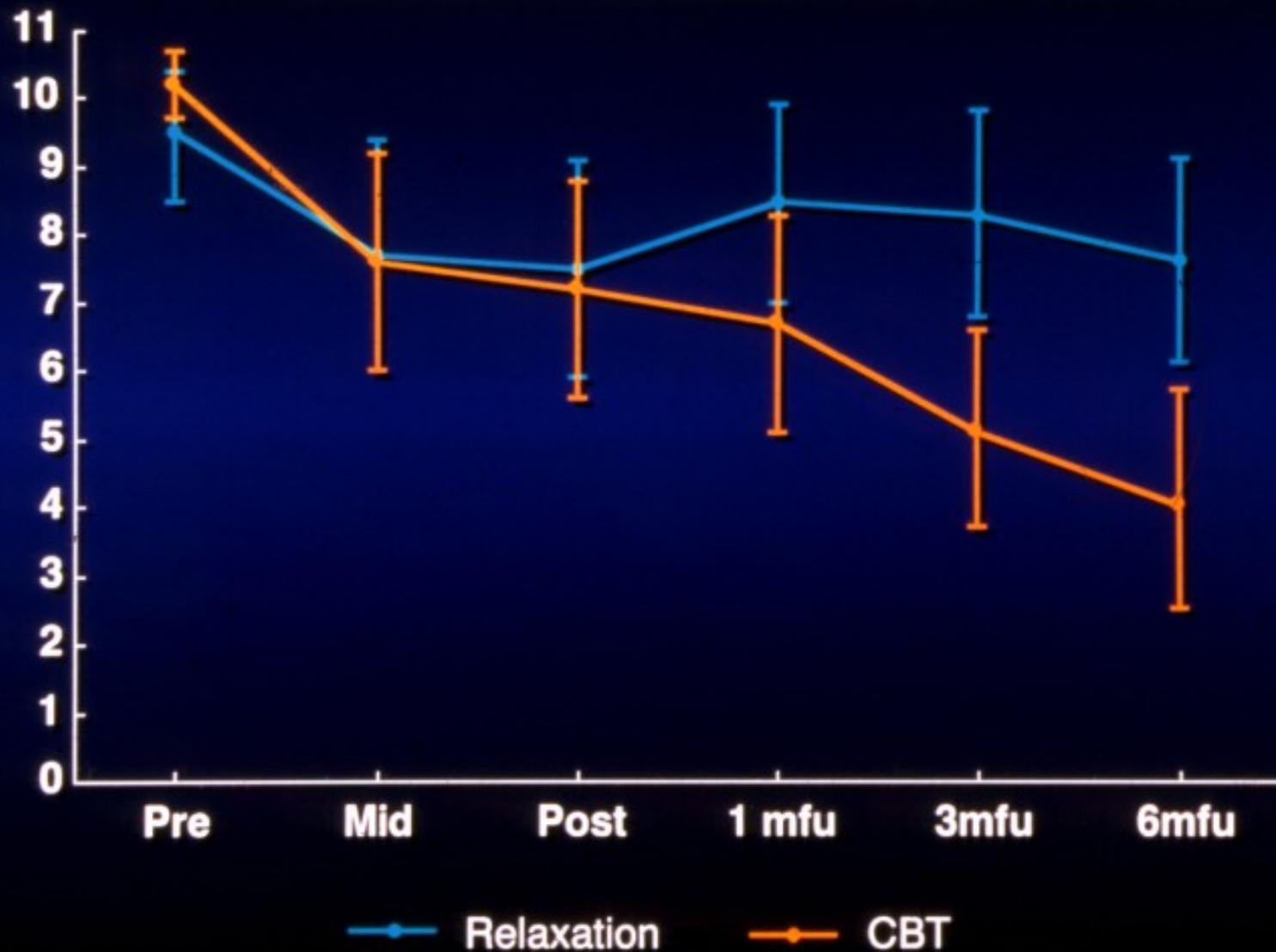
# CBT for CFS: The King's Study

- **Setting:** CFS Clinic
- **Design:** RCT
- **Treatment:** 12 sessions CBT
- **Control:** 12 sessions relaxation
- **Patients:** 72 patients with CFS
- **Results:** CBT better on symptoms and disability
- **Conclusion:** CBT better than non specific treatment

# Outcome at 6 months follow up

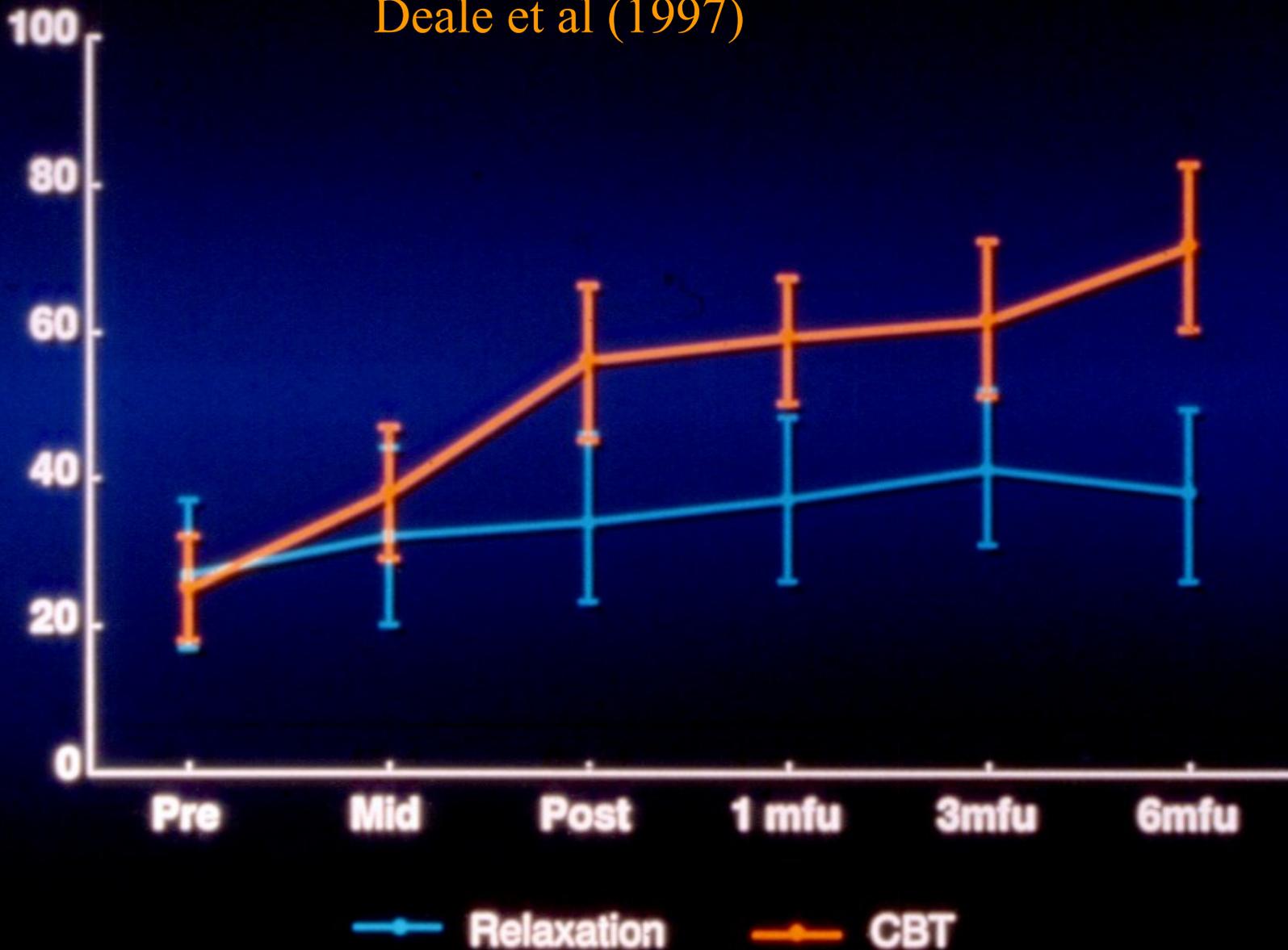
	<b>CBT</b>	<b>Relaxation</b>
<b>Much improved</b> (Increase of 50 or more on MOS score)	16 (53%)	3(10%)
<b>Improved</b>	8 (27%)	11 (37%)
<b>Unimproved</b> (incl drop outs)	6 (20%)	16 (53%)

## Fatigue questionnaire (11 item)



# Medical outcomes survey - physical functioning

Deale et al (1997)

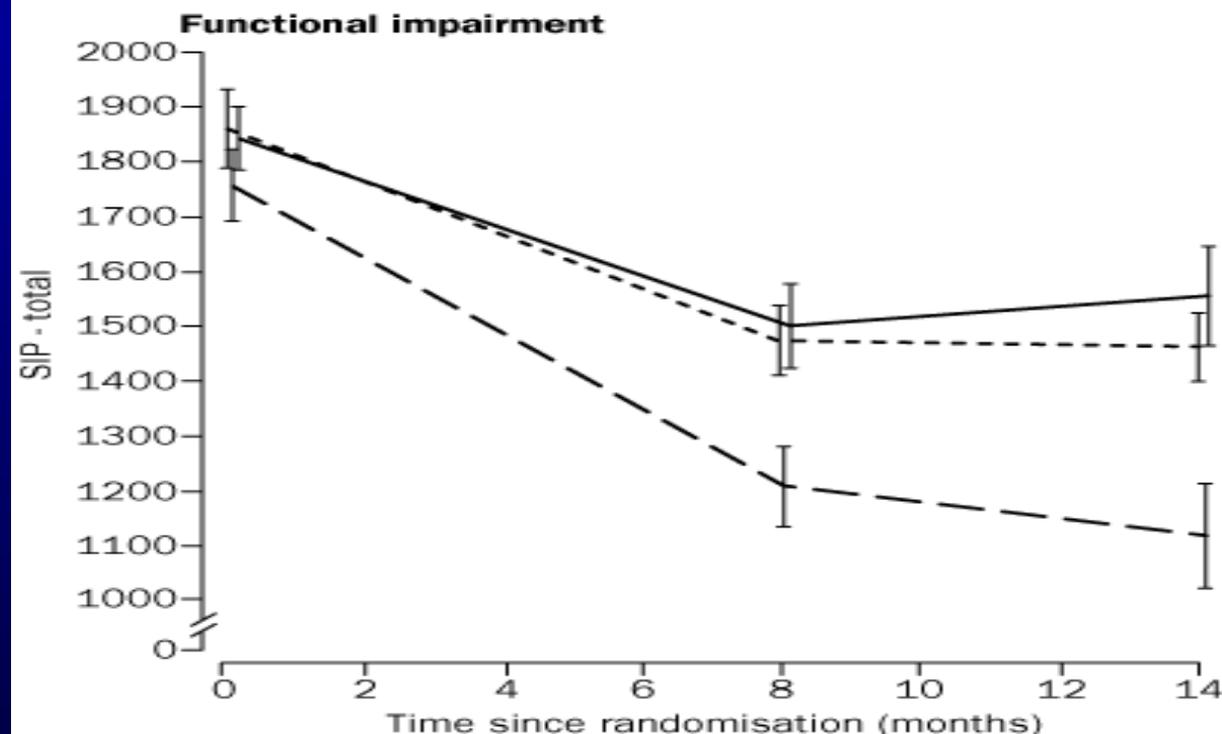
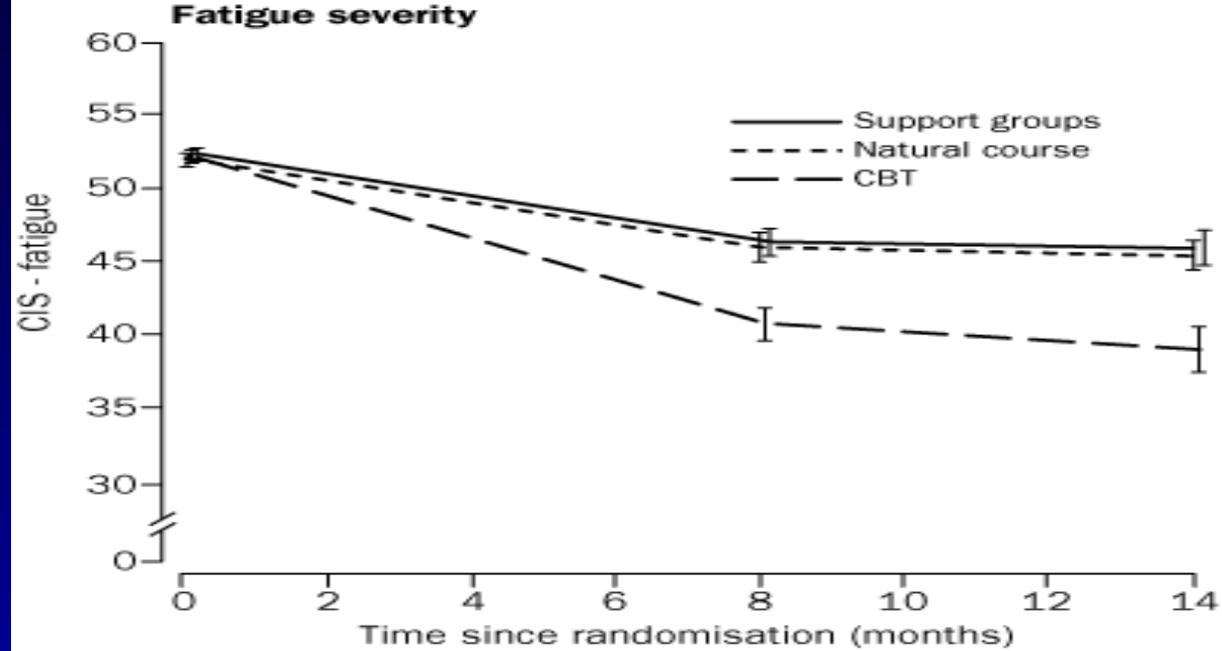


# Long term outcome of CBT v relaxation for CFS: a 5 year follow up

- **Design:** Longitudinal follow up
- **Patients:** 53/60 patients who took part in previous RCT
- **Results:** Both groups improved, but those who received any CBT did better on a range of outcomes.

# CBT for CFS: a multi-centre RCT

- **Setting:** Medical out patient clinic
- **Design:** RCT
- **Treatment:** CBT given by newly trained therapists;  
Support group or Natural course.
- **Patients:** 278 patients with CFS
- **Conclusions:** CBT was more effective than guided  
support and natural course with non specialist  
therapists.



# RCT of patient education to encourage graded exercise in CFS

- **Setting:** Medical out patient clinic
- **Design:** RCT
- **Patients:** 148 patients with CFS
- **Treatment:** standard medical care; GET; telephone advice + GET: face to face advice + GET
- **Results:** 69% improved in the intervention groups 6% of controls improved
- **Conclusions:** Exercise can be helpful for patients with CFS using a physiological explanation

# Do illness beliefs change when patients get better?

## **NO CHANGE**

- **I have CFS**
- **It's a physical illness**
- **It's due to a virus**

## **CHANGED**

- **Exercise is harmful**
- **Doing less helps fatigue**
- **I should avoid doing things when I am tired**

# CONCLUSIONS: REHABILITATION

- **Worth doing**
- **You don't have to get fit to get better**
- **Effective treatment takes at least 6 sessions**
- **Engagement and explanation are critical**
- **CBT and graded exercise are safe**

# **CBT and Graded Exercise are still the only effective treatments for CFS**

- **Cochrane Review (2000)**
- **NHS Centre for Reviews and Dissemination (2001)**
- **AHCPR report (2001)**
- **JAMA systematic review (2001)**
- **Updated systematic review JRSM (2006)**

Click to edit Master text styles

Second level

**NHS**  
National Institute for  
Health and Clinical Excellence

Third level

Fourth level

Fifth level

Quick reference guide

Issue date: August 2007

**Chronic fatigue syndrome/myalgic  
encephalomyelitis (or encephalopathy)**

Diagnosis and management of CFS/ME in adults  
and children

NICE clinical guideline 53  
Developed by the National Collaborating Centre for Primary Care

**So what is the result of  
introducing graded exercise  
and CBT into the clinic?**

**Universal peace, love and  
brotherhood**

# ME: epidemic of anger

Fury over ME advert  
they won't let you see

S. MARR 10 FEB 1990

Med  
HAUNTED, drained and  
desperate, the girl breaks  
down in an anguished cry.  
'I'm so cold, I'm so  
scared! Please help me!  
she begs into the camera

Protest over ME entry

Yuppie flu sparks  
hate campaign

CLINICAL

Controversy  
reigns over  
Royal Free  
disease still

# Breakthrough in the fight for ME victims

Justice for the neglected and maligned sufferers of ME

Never Give Up

*It is Becoming Clear That the Struggle Over CIDS is as Much a Political as a Medical One.*

**ME sufferers forced to battle with insurers**

BOLTONMOUTH NEWS

**HEALTH FOCUS**

victims of 'Yuppie flu' learn to fight back

ANDREW HARRIS

SCOTSWOMAN

# Don't listen if your GP says it's 'just nerves'

When Susan Finlay, who is married to the artist Ian Hamilton Finlay, first wrote about her personal experiences with myalgic encephalomyelitis, she provoked over 9,000 requests for more information. Here she summarises what is now known about the mysterious, debilitating condition.

● Right: Susan Finlay and her husband: walking more than 50 yards may be impossible.

THE OBSERVER

## WEEKEND

### An illness doctors don't recognise

SUNDAY 1 JUNE 1986

## Forced to make my own diagnosis

*When Dr Charles Shepherd developed a mystery illness he could barely convince his colleagues he was ill. He tells his story and how he diagnosed his condition*

It's joked about as 'Yuppie flu'  
 It's hell for 100,000 sufferers  
 It's dismissed by GPs, yet . . .

# It's real . . . believe

M.E. has horrific dreams - so groggy and vivid he wakes up in a mild panic, saturated with sweat and tired to move.  
 Hours later he tries to get out of bed, but can't. His muscles ache so much he is virtually paralysed.

When day breaks the nightmare doesn't end. He hasn't got the energy to get up, so he may sit for hours staring blankly at the wall and if he tries to go to work he will probably collapse before he gets the bus stop just around the corner.

He is only 23 years old and used to buzz with energy. He isn't any more because he is a victim of M.E. (Myalgic Encephalomyelitis), a debilitating illness which has become the butt of my 'designer joke' work.

by Sally Brockway Pictures: Andrew Higgins

All of us come across the sort of virus that can cause M.E. at some time in our lives, but nobody really knows why certain people can't cope with it. It's not a new disease either - the first recorded case was in 1934 and it has baffled the medical profession ever since.

Yachtswoman

This is a very common problem, according to Dr Shepherd, because "There is no medical test which proves a patient has M.E. Many doctors tend to stop listening to the patients and rely on lab reports instead. They see nothing wrong so they label the person as depressed."

year-old district nurse with a young son. She refused to slow down until the disease took a firm grip.

"My doctor told me I had M.E. and said I should take things easy but I just didn't believe him," she recalls.

"I am a very active person and I thought I was probably a bit over-

8th Dec 1987. Guardian

28 HEALTH

## Please believe ME, I'm ill

M.E. sufferers are sick of doctors not taking them seriously and have made a cinema ad to win support for their case. **John Iliman** examines the problems they are facing

**W** E ALL like to be taken seriously, especially when we are feeling ill. It is easy enough if you have a chicken pox or some other well-defined

We have all heard stories about GPs alleged to have given patients short shrift with remarks like:

"Throw away your crutches. It's your head that needs them, not your legs."  
 "Women of your age imagine you're young - are you sure

self. I have patients with real illnesses - patients who are dying from cancer."  
 "Go home and have more babies."

Surgery encounters like these have become increasingly common over the past 30 years with the erosion of the traditional divisions between sickness and health, which have led to, among other things, the medicalisation of "anxiety".

Until the launch of the so-called "minor tranquillisers" in the early Sixties, anxiety was seen as an inevitable everyday experience, and, moreover, as a



Before and after . . . new cinema commercial features a teenage sufferer whose life is totally disrupted. . . .  
 become a new health vogue of the Nineties. The anxious and the worried may seek solace outside the surgery.  
 According to one theory, held by some patients

are shown to be powerless. . . . This may result in swift and brutal treatment of patients with complaints which are difficult to diagnose. Admittedly, some may have totally unrealistic expectations of the NHS's

exhaustion. While some doctors recognise the condition, others question its existence, attributing problems to causes such as depression.  
 The ME Action Campaign is waging a major campaign to

whose by M public suffer. The seek your ask



# ME!

A once cheering call from a friend becomes a chore

### TYPICAL M.E. SYMPTOMS

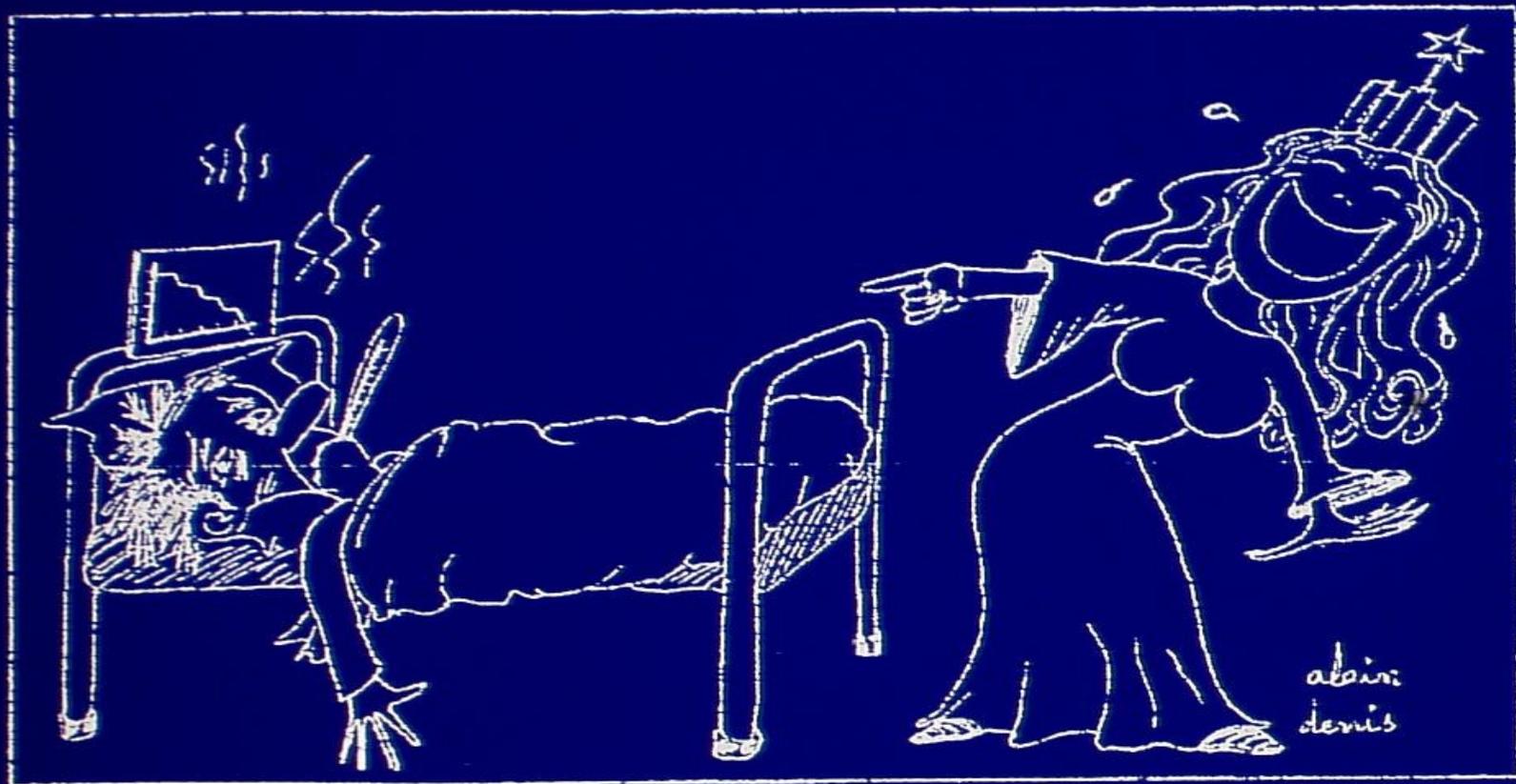
- Fatigue caused by the slightest physical exertion.
- Loss of memory.
- Difficulty in concentrating.
- Disturbed sleep with vivid dreams.
- Aching joints.
- Headaches.
- Mood swings.
- Tingling sensations and numbness in limbs.

### WHAT TO DO IF YOU CONTRACT M.E.

- Find a sympathetic doctor.
- Read and understand as much as you can about it.
- Listen to what your body tells you and rest when tired.
- Avoid general anaesthetics, anti-vaccinations.
- Aim to maintain a balanced and healthy diet.
- If alcohol makes you feel worse, avoid it.
- If you feel depressed or anxious, seek help from others. If necessary, seek counselling.

(6)'I have been diagnosed as having M.E. and believe that antidepressant drugs have been largely responsible for the major improvements in my condition. However I am convinced that this has nothing to do with the antidepressant effect of these drugs, and everything to do with their effect on neurotransmitters in the central nervous system.

*'InterAction' : the Journal of ME Action; No 12 Spring 1993*



*A Udine il  
primo incontro  
degli italiani  
affetti dalla  
nuova  
sindrome: si  
chiama Cfs e  
ha già colpito  
250 persone*

**“La vita? Una intollerabile fatica?”  
Ecco le vittime della stanchezza cronica**

THE SUNDAY TIMES 25 JANUARY 1987

# Virus research doctors finally prove shirkers really are sick

by Neville Hodgkinson  
Medical Correspondent

It has also been called

A CHRONIC disease that

... FEVER

# Fatigue Syndrome Gains Doctors' Respect

Continued From Page B5

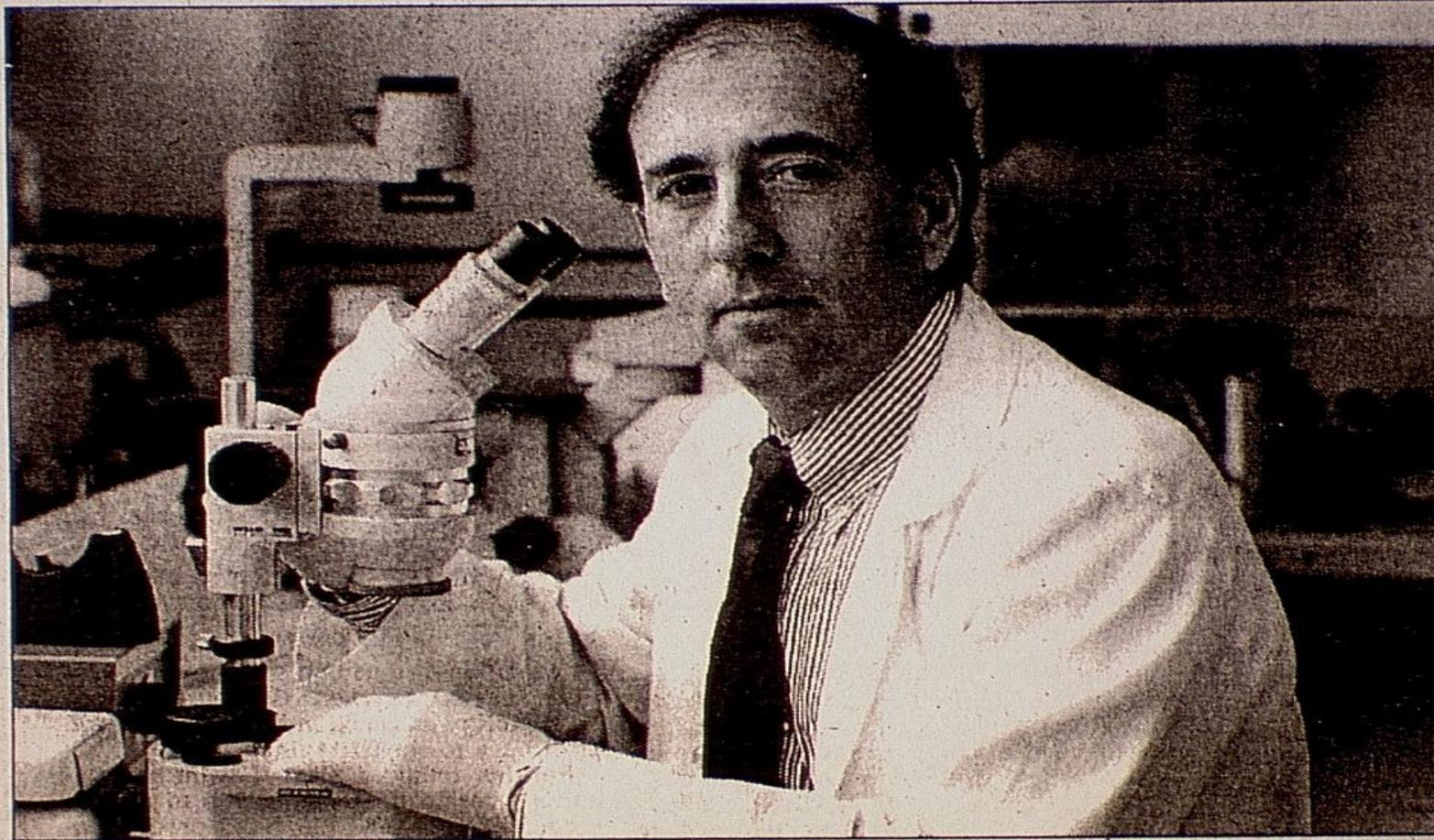
primarily a muscle disease; the fatigue results secondarily from muscle dysfunction.

No one knows how many people suffer from chronic fatigue syndrome, but the numbers are thought to be large. Each month several thousand people who believe they or their friends or relatives have chronic fatigue syndrome seek advice from the Centers for Disease Control, said Dr. Walter J. Gunn, the principal investigator in the agency's attack on the syndrome.

One factor swaying doctors and scientists to change their attitude about the reality of chronic fatigue syndrome is the many patients who describe a clear, sudden onset of their long-lasting symptoms. The timing suggests that their fatigue was based on an infection, not a psychological disorder like depression.

Dr. Walter Wilson, the chief of infectious diseases at the Mayo Clinic in Rochester, Minn., is one doctor who has changed his attitude about the syndrome. Several years ago, he said, he attributed it to environmental and psychological factors because so many patients were overachieving young adults who led a stressful lives.

Such patients pose a dilemma. Most have already consulted a number of doctors who had told them there was nothing wrong. Yet they



Anne Dowd/University of California at San Francisco

Dr. Jay A. Levy of the University of California at San Francisco has found evidence of chronic activation of the immune system in chronic fatigue syndrome patients, suggesting that a test might be developed.



D. Kelly