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MINI-REVIEW OF SOME OF THE PUBLISHED WORKS OF DR ANTHONY DAVID ON "FATIGUE" AND CHRONIC FATIGUE STATES

Margaret Williams 10th June 1996

Note: "Fatigue" is not the same as chronic fatigue, neither is it the same as the chronic fatigue syndrome (CFS); the latter is an umbrella term, one subset of which is myalgic encephalomyelitis (ME).

1990

Tired, weak, or in need of a rest: fatigue among general practice attenders
Anthony David, Anthony Pelosi et al; BMJ 1990:301:1199 - 1202

(Note: this study was funded by the MRC; the help given by Dr Simon Wessely is specially acknowledged, and 3 of Wessely's own papers are relied upon in the text and are given as supportive references).

This study purports to determine the prevalence of "fatigue": out of 611 subjects, only one was considered to have CFS, yet the authors conclude: "Despite the recent interest in chronic fatigue syndrome shown in the medical and lay press…this (study) counters the inflated claims of the frequency with which that syndrome occurs".

(Note that the interchangeable obfuscation of terminologies serves to support the authors' own opinions).

1991

Postviral fatigue syndrome and psychiatry
A.S. David; British Medical Bulletin 1991:47:4:966-988

(Note: this was funded by the MRC; it is acknowledged that many of the ideas in this paper grew out of discussions with Dr Simon Wessely; it uses 11 Wessely papers as references and David refers to the British (Oxford) operational definition formulated by Sharpe, Wessely et al which requires the absence of physical neurological signs and myalgia, so the use of this overly-narrow case definition immediately leads to inherent selection bias).

“Psychological symptoms…are a major feature of the syndrome"

"Fatigue persisting beyond six months was predicted by psychiatric illness prior to the episode"

"Most cases of CFS do have psychiatric symptoms prominent enough to justify psychiatric caseness"

"Thirteen published reports are reviewed, all of which record psychiatric symptoms and diagnosis in chronically fatigued patients” (note that chronically fatigued patients do not necessarily have CFS or ME)

"A diagnosis of depressive illness would be appropriate. Unfortunately, this is not good enough for the patient"

"When PVFS patients are placed alongside suitable controls, they still stand out as especially prone to emotional problems"

"Powell and colleagues (ie. Wessely) found that…feelings of guilt and low esteem featured less prominently in PVFS. They interpreted this (as affording) protection from pathological guilt" (note: why should those with ME/PVFS be obliged to feel guilty about being ill, just because such feelings of guilt fit neatly with the unproven opinions of certain psychiatrists?)

"In short, there is little empirical support for…disability causing depression" (note: there is if an accurate search of the literature is performed and the results are utilised).

David is overly dismissive about the findings of a controlled study which do not support his own view and concludes: "In summary, there is considerable direct and circumstantial support for chronic fatigue being an aspect of psychiatric illness, especially depression".

(Note: David fails to mention the immense amount of peer-reviewed international work which does not support his own view, nor that even Wessely himself now has to concede that CFS is plainly distinct from depression).

1993

Chronic fatigue in primary care attenders
Elizabeth McDonald, Anthony David, Anthony Pelosi & Anthony Mann.
Psycholgical Medicine: 1993:23 November:987-998

(Note: this study was funded by the MRC; it uses 8 works of Wessely as references).

"Epidemiological studies (reviewed by Lewis and Wessely 1992) have pointed to an association between fatigue and psychological symptoms"

"Many putative risk factors…for fatigue syndromes…have often been at odds with majority medical opinion. This is illustrated by the concept of myalgic encephalomyelitis or 'ME' (Ramsay, 1986)"

"Self-help organizations…have established 'ME' in the minds of the public"

The authors deliberately selected subjects who "specifically…would be less wedded to a physical explanation" (note: this raises the issue of outright selection bias)

The authors chose not to use the accepted American guidelines for selection of study subjects (Holmes et al, 1988), asserting that the American guidelines' insistence on multiple physical complaints (quote): "leads to the…inclusion of cases with lifetime psychiatric disorder" (note: in genuine ME, there are at least 64 physical complaints listed, so it could be legitimately claimed that this study is biased in favour of a psychiatric outcome).

One (perhaps inadvertent) pearl of wisdom: "More strict criteria for CFS (referring to the Oxford criteria drawn up by Sharpe and Wessely et al) succeed only in selecting those cases with more severe psychiatric disorders", which is indeed the case.

"The difference between patients with chronic fatigue in primary care *versus* those with chronic fatigue syndromes identified in secondary and tertiary care lies in the…patients' beliefs about the cause of their symptoms"

"It is conceivable that keeping patients within the ambit of primary care will prevent the development and adverse consequences of fixed physical attribution….We would predict that the long-term prognosis for patients so managed would be favourable" (note: in other words, GPs should not send their fatigued patients for any further investigation or help).

1994

Predictors of chronic "postviral" fatigue
Helen Cope, Anthony David, Anthony Pelosi, Anthony Mann; The Lancet: 1994:344:864-868

(Note: this study was funded by the MRC and contains six Wessely references).

"Chronic severe fatigue six months after GP-diagnosed viral illness is related to…doctor behaviour, rather than to features of the viral illness"

"A high prevalence of psychiatric disorders has been documented in patients with chronic fatigue syndromes"

"Personality and psychological functioning were predictive of prolonged sickness and disability"

"Our findings remain of considerable practical importance. Doctor behaviour, such as sick certification, emerged as a significant contributor to the risk of chronic fatigue"

(Note: some doctors were concerned that in concentrating on psychosocial risk factors for chronic fatigue, the authors might have underplayed physical ones [Lawrie &McHale, Lancet 1994, November 26]; the authors responded to these concerns):

"Despite Lawrie & McHale's suggestion that more attention be paid to symptoms and their severity as a measure of physical illness, these indices further support the influence of psychological factors in predicting chronic fatigue states….Work by Wessely has confirmed this finding".

1995

Cognitive Functioning and Magnetic Resonance Imaging in Chronic Fatigue
Helen Cope, Amanda Pernet, Brian Kendall & Anthony David; British Journal of Psychiatry 1995:167:86-94

(Note: This work was supported by a grant from the Sainsbury (supermarket) family's Linbury Trust which has substantially funded Wessely et al to study chronic "fatigue").

The authors refer to "Subjects with chronic fatigue, most of whom met the criteria for chronic fatigue syndrome"

"Subjective cognitive dysfunction increased with psychopathology"

"An extensive battery of cognitive tests failed to reveal conspicuous differences between patients with severe, chronic fatigue or CFS and matched controls" (note: careful scrutiny of the text reveals that this "extensive battery" did not include a measure of sustained attention, which is a cardinal deficit in true ME).

"Some subjects focus excessively on benign cognitive errors and attribute them to neurological illness"

"Clinicians should…avoid re-inforcing unproven illness beliefs"

"Our data contrast with studies which have demonstrated irreversible cognitive decline…due to proven viral infection, despite continued use of the term myalgic encephalomyelitis (ME)"

"We are critical of what we regard as the misuse of neuropsychological test results to confirm or refute an 'organic' basis for CFS".

Notwithstanding their dismissive attitude throughout the text, the authors are forced to conclude their paper as follows: "Subtle morphological changes may not have been detected in this study, which did not employ quantitative volumetric measures" (note: why not, when the stated purpose of this study was to examine whether cognitive dysfunction in "chronic fatigue" may be due to brain pathology evident on magnetic resonance imaging?).

1996

Neuroimaging in chronic fatigue syndrome
H. Cope, A.S. David; JNNP:1996:60:471-473 (Editorial)

Although other MRI studies in CFS have found areas possibly reflecting demyelination, these authors assert about those studies that they: "suggest that no abnormality evident on MRI is characteristic of chronic fatigue syndrome".

Despite the fact that neither author is a specialist in nuclear medicine, they positively conclude: "It is…premature to claim unique neuroimaging abnormalities in the chronic fatigue syndrome"

(Specialists in nuclear medicine at The Middlesex Hospital, using single photon emission tomography, clearly showed that compared with depressives and with controls, patients with ME had significant reduction of blood flow around the brain stem -- Costa DC, Brostoff J, Douli V, Ell PJ; Brainstem hypoperfusion in patients with myalgic encephalomyelitis- chronic fatigue syndrome. Eur.J.Nucl Med: 1992:19: 733).

Perhaps the above review gives some indication of the likely outcome of the Pentagon-funded GWS study, of which Drs Simon Wessely and Anthony David are to be in charge.

The persistent failure of David and Wessely to address or accept the valid findings of other worldwide ME researchers which point to an organic aetiology must surely border on scientific misconduct.