CLARIFICATION OF "CFS" AND "ME" TAKEN FROM THE NEW CDC WEBSITE

provided for the Gibson Parliamentary Inquiry by Margaret Williams
7th June 2006

The new website at the US Centres for Disease Control and Prevention (CDC) contains the following important information about ME/CFS (http://www.cdc.gov/cfs/cfsbasicfacts.htm#similar **)**

Chronic fatigue syndrome, or CFS, is a debilitating and complex disorder that may be worsened by physical or mental activity. In some cases, CFS can persist for years. Since many illnesses have incapacitating fatigue as a symptom, care must be taken to exclude other treatable conditions (such as) major depressive disorders (and) bipolar affective disorders.

A number of illnesses have been described that have a similar spectrum of symptoms to CFS. These include fibromyalgia syndrome, myalgic encephalomyelitis, neurasthenia, multiple chemical sensitivities and chronic mononucleosis (and) chronic fatigue is commonly associated with all of them.

Other commonly observed symptoms include: abdominal pain, alcohol intolerance, bloating, chest pain, chronic cough, diarrhoea, dizziness, dry eyes or mouth, earaches, irregular heartbeat, jaw pain, morning stiffness, nausea, night sweats, psychological problems, shortness of breath, skin sensations, tingling sensations, and weight loss.

Research indicates that CFS is most common in people in their 40s and 50s, although children can develop the illness (and) CFS affects women at four times the rate of men.

(A defining symptom) includes post-extertional malaise (relapse of symptoms after physical or mental exertion).

Symptoms and their consequences can be severe. CFS can be as disabling as multiple sclerosis, lupus, rheumatoid arthritis, congestive heart failure and similar chronic conditions. Symptom severity varies from patient to patient and may vary over time for an individual patient.

Since there is no known cure, treatment is aimed at symptoms relief. **No single therapy exists that helps all CFS patients.** Lifestyle changes, **including prevention of over-exertion**, are frequently recommended.

Symptoms can be exacerbated by overly ambitious physical therapy.

Although health professionals may hesitate to give a diagnosis of CFS, it is important to receive an appropriate and accurate diagnosis to guide treatment and further evaluation.

The longer a person is ill before diagnosis, the more complicated the course of the illness appears to be. Some people with CFS remain homebound.

Full recovery may be rare, with an average of only 5 to 10% sustaining total remission.

Genetic and environmental factors may play a role in prolonging the illness. CDC is applying cutting-edge genomic and proteomic tools to understand the pathogenesis of CFS.

CFS is not caused by depression. Many patients with CFS have no psychiatric disorder.

Several studies have shown that CFS patients are more likely to have a history of allergies than are healthy controls. Many patients report intolerances for certain substances that may be found in foods or medications.

Conditions that have been proposed to trigger CFS include virus infection (and) toxins.