Chronic fatigue syndrome

Monday 28 April 2008

Abstracts & Biographies

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Chronic fatigue syndrome
Monday 28 April 2008
Dr John Scadding
SESSION ONE **Chairman**

BIOGRAPHY

Dr John Scadding is a consultant neurologist at the National Hospital for Neurology and Neurosurgery, Queen Square, and until 2003, was also on the staff of Whittington Hospital, London. He is Honorary Senior Lecturer at the Institute of Neurology. He is, or has been, honorary consultant neurologist to the Royal Navy, the Royal Air Force, the Royal Society of Musicians, and St Luke's Hospital for the Clergy. He was educated at University College London and UCH Medical School. He qualified in 1972 and trained in Neurology at UCH, the Royal Free Hospital and the National Hospital. A period of research into mechanisms of neuropathic pain at UCL and RFH led to a lasting clinical and research interest in the treatment of chronic neuropathic pain.

He was appointed consultant neurologist in 1982. Activities since then have included periods as Medical Director of the National Hospital in its final years as a Special Health Authority and during the formation of a combined Trust with UCLH, and subsequently as a Deputy Medical Director of the UCLH Trust.

His activities in medical education include several years as Clinical Sub-Dean at the Institute of Neurology in the 1980s, and visiting Professorships in Malaysia and Hong Kong. He is a member of one of the MRCP(UK) examining Boards, and from 2000 to 2004 was Chairman of the groups responsible for writing questions for the exam.

His publications include papers on basic and clinical aspects of neuropathic pain, contributions to general medical texts, and joint editorship of a textbook of neurology. He has served on the editorial boards of several journals.

He was appointed Associate Dean of the Royal Society of Medicine in 2002, and Dean in 2006, and becomes Chairman of the RSM Press Board in the autumn of 2008.

Chronic fatigue syndrome
Monday 28 April 2008
Professor Peter White
9.55 am **What is Chronic Fatigue Syndrome and what is ME?**

BIOGRAPHY

Peter White is Professor of Psychological Medicine at Bart's and the London School of Medicine. His clinical work is as a liaison psychiatrist to Bart's hospital, and he also jointly leads a clinic for patients with CFS/ME, which he helped to establish in 1984. His research interests include the nosology, causes and treatments of CFS/ME, particularly establishing the aetiological role of viral infections, such as Epstein-Barr virus, and the utility of graded exercise therapy as a treatment. He is currently the lead co-principal investigator of the MRC funded PACE trial (www.pacetrial.org), which is a multi-centre trial that compares four different rehabilitation approaches for 600 patients with CFS/ME.

ABSTRACT

The ICD-10 psychiatric chapter classifies the syndrome as neurasthenia, while the neurology chapter classifies it as myalgic encephalomyelitis (ME). Yet, clinicians rarely use either label, preferring the more neutral term of chronic fatigue syndrome (CFS). There are some seven different research criteria for adults and children published, and even three sets of clinical criteria; yet none of these attract universal approval or adoption. So what exactly is CFS and is ME the same or something different?

This presentation will briefly summarise the main criteria for CFS used, but then, more importantly, review empirical evidence for delineating the illness from mood and other functional disorders. The likelihood is that CFS is heterogeneous, a conceptual change that is already helping to elucidate pathophysiology, while it is still useful to regard CFS as homogeneous when considering treatment.

ME was originally defined on the basis of several epidemics, and was clearly a different illness to CFS, as originally proposed. ME is now generally used as a colloquialism for CFS. However, some still regard ME as an incurable "organic" neurological disease, with a consequent negative effect on prognosis.

The reality is that mind and body cannot be divided and illnesses such as CFS/ME involve "both", like most chronic diseases. The ME-CFS debate may be remembered in future more as one of the tipping points for the rejection of Cartesian dualism than for the diseases that lie within.

Chronic fatigue syndrome
Monday 28 April 2008
Professor Simon Wessely
10.55 am **Epidemiology**

BIOGRAPHY

Head, Department of Psychological Medicine, Institute of Psychiatry, King's College London

Director, King's Centre for Military Health Research, Institute of Psychiatry, King's College London

Simon Wessely is Professor of Epidemiological and Liaison Psychiatry at the Institute of Psychiatry, King's College London, and Honorary Consultant Psychiatrist at King's and Maudsley Hospitals. He started at Cambridge, and read Art for his Part 2, developing an abiding love for Vassily Kandinsky and equal hatred for the work of Marc Chagall. He then attended clinical school at Oxford, followed by two years on a medical rotation in Newcastle being a real doctor and getting medical membership. However, he always intended to study psychiatry, and started training at the Maudsley in 1984, and has not really left Camberwell since, other than a year at the National Hospital for Neurology, and a year studying epidemiology at the London School of Hygiene.

His Masters and doctorate are in clinical epidemiology. His main areas of research are in the grey areas between medicine and psychiatry, psychiatric injury and military health. His first paper was called "Dementia and Mrs Thatcher", but since then he has published over 500 papers on many subjects, including many different aspects of chronic fatigue syndrome (biological, psychological, social and historical) and also other unexplained syndromes, post traumatic stress, psychological debriefing, history, chronic pain, Gulf War illness, military health and terrorism.

His main current research is around various aspects of military health, including the so called "Gulf War Syndrome", physical and psychological stressors of military life, protection against chemical and biological warfare, PTSD, risk communication, risk and benefits of military service, screening and health surveillance within the Armed Forces, social and psychological outcomes of ex service personnel, and historical aspects of war and psychiatry. He is Director of the King's Centre for Military Health Research Unit at King's College London. In 2006 the unit published the first results of a study of the physical and psychological health of 12,000 UK military personnel, half of whom have served in the Iraq conflict. Further work has looked at issues such as vaccination, risk taking, screening, stress management, Op Tempo and alcohol. All the cohort are currently being followed up.

He founded the CFS Research Unit at King's College London, now directed by Professor Chalder, and also the first NHS only specialist service for sufferers, and continues to see patients weekly.

Professor Wessely is Honorary Civilian Consultant Advisor in Psychiatry to the Army, and one of the new Senior Faculty Members of the National Institute of Health Research. He is a Senior InvHe is PI on a Home Office funded study of psychological and behavioural reactions to the

London bombings and CBRN terrorism in partnership with the Health Protection Agency, and a study of the impact of the recent polonium incidents in London.

He has co authored books on chronic fatigue syndrome, the randomised controlled trial in psychiatry, and a new history of shell shock – but none has yet reached the best seller lists. He is more proud of the fact, contrary to the expectations of his friends and family, last year he completed the Pedal to Paris to raise money for the Royal British Legion, and did so again this year, although Paris seemed further away this time..

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Monday 28 April 2008
Professor Anthony Pinching
SESSION TWO **Chairman**

BIOGRAPHY

Professor Anthony J Pinching is Associate Dean for Cornwall and Professor of Clinical Immunology at Peninsula Medical School, and is based at the Royal Cornwall Hospital. His academic and clinical interests include chronic fatigue syndrome (CFS/ME) and HIV/AIDS, as well as medical ethics and medical humanities.

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Monday 28 April 2008
Professor Chris Dowrick
12.05 pm **Assessment: general practitioners' approach**

BIOGRAPHY

Christopher Dowrick is Professor of Primary Medical Care in the University of Liverpool, and a general practitioner with the Aintree Park Group Practice. He has an international reputation for research in depression and medically unexplained symptoms, with a portfolio of prestigious grants and over 100 publications. The second edition of his book *Beyond Depression* is to be published by Oxford University Press in 2009. He is editor of the international journal *Chronic Illness*. He is a Senior Investigator with the National Institute for Health Research, and currently leads a major NIHR R&D programme designed to increase equity of access to high quality mental health services in primary care.

ABSTRACT

The Department of Health's working group on CFS/ME considers that general practitioners (GPs) should be able to make a firm diagnosis of CFS/ME, and act as a focal point for managing the condition (1).

However, this is not straightforward in practice. Up to one quarter of patients present to their GPs with symptoms of fatigue, whereas less than one in two hundred are likely to fulfil diagnostic criteria for CFS/ME. Much time and effort is usually involved in the careful assessment and exclusion of a wide variety of physical, psychological and social causes for fatigue.

A qualitative study, nested within the FINE Trial (2) has identified some of the complex processes by which GPs and patients negotiate a diagnosis of CFS/ME. These begin with awareness (on both sides) of the limitations of clinical understanding of the condition. GPs tend to draw on alternative sources of evidence, including the media, observation of the patient outside the clinical setting, and their personal experience. Within the consultation, the diagnosis is more likely if patients use scientific discourse to engage the GP (3).

GPs need more training in understanding CFS/ME, and patients can offer a rich knowledge base to facilitate this.

References

(1) Report of the CFS/ME Working Group. London, Department of Health, 2002.
(2) Wearden A, et al. Fatigue Intervention by Nurses Evaluation – The FINE Trial. *Biomed Central* 2006;4:9.
(3) Chew-Graham C, et al. Use of multiple sources of evidence about CFS/ME in primary care consultations. *Annals of Family Medicine* (in press)

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Monday 28 April 2008
Sir Peter Spencer
2.00 pm **M.E. – The patient perspective**

BIOGRAPHY

Peter Spencer was appointed as Chief Executive of Action for M.E. on 30 April 2007. He was previously Chief of Defence Procurement and Chief Executive of the Defence Procurement Agency for a period of four years. Before that he served in the Royal Navy retiring in the rank of Vice-Admiral having served for six years as a member of the Admiralty Board first as Controller of the Navy and finally as Second Sea Lord/Commander in Chief of the Naval Home Command.

ABSTRACT

Action for M.E. is a campaigning charity that also provides information and practical support to people with M.E. and their carers. It has for some years collected data from patients in order to maintain a good understanding of the experiences, expectations and concerns of those directly affected by this poorly understood illness. The presentation sets out the patient perspective based on the results obtained over the past six years, including the emerging findings of Action for M.E.'s 2008 survey. Some general areas of concern will be illustrated with case studies. Finally, the manner in which evidence based principles have to date been applied in the field of M.E./CFS will be reviewed and a case made for much greater investment in medical research into the aetiology and pathogenesis of the illness.

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Monday 28 April 2008
Professor Rona Moss-Morris
3.30 pm **CBT and GET**

BIOGRAPHY

Rona Moss-Morris is a Professor of Health Psychology at the University of Southampton. She grew up in South Africa and immigrated to New Zealand in 1988 where she completed her postgraduate training in health psychology. She held an academic position at the University of Auckland for 10 years before immigrating to the UK to take up her current position. She is best known for her work on illness perceptions and the aetiology of functional somatic syndromes and has been researching psychological factors that affect adaptation to chronic illness for the past fifteen years. This research has been used to design cognitive behavioural interventions for medically unexplained conditions, and more recently, multiple sclerosis. Randomised-controlled trials to test the efficacy of these interventions form a key component of her research. Professor Moss-Morris's work has been published in leading medical and health psychology journals. She has also written a book, Coping with Chronic Fatigue Syndrome, and a number of chapters for health psychology texts. She is currently Editor-in-Chief of Psychology and Health, the principal European health psychology journal.

ABSTRACT

Cognitive Behavioural therapy (CBT) and Graded Exercise Therapy (GET) for CFS/ME

This presentation will begin by outlining a biopsychosocial and cognitive behavioural model of CFS/ME. Evidence to support the role of cognitive and behavioural factors in the development and maintenance of CFS/ME will be presented. In particular, I will show that the way in which people interpret and respond to their symptoms interact with a biological precipitant in the development of CFS/ME, while higher levels of perfectionism and distress are risk factors for the condition. CBT aims to address these factors in the treatment of CFS by working with patients (a) to challenge unhelpful thoughts about symptoms and perfectionism and (b) by scheduling activity so that people do not overdo things on a bad day and then rest up until they recover. GET, on the other hand, focuses largely on behavioural patterns and works by setting a plan of carefully graded exercise with the view to increasing fitness levels and how much people can do. Patients begin by setting clear exercise goals that they can achieve even on a bad day. Each week, the amount of exercise is slowly increased in collaboration with the person with CFS/ME. Finally, I will review the current evidence base for the effectiveness of CBT and GET for CFS/ME and outline two studies in this area, PACE and FINE, that are currently being conducted in the UK.

Chronic fatigue syndrome
Monday 28 April 2008
Dr Alastair Miller
5.00 pm **What drugs can I use?**

BIOGRAPHY

Consultant Physician
Tropical & Infectious Disease Unit
Royal Liverpool University Hospital, Liverpool L7 8XP

Hon Fellow, Liverpool School of Tropical Medicine

Alastair qualified from St John's College Cambridge and Westminster Hospital. He trained in general medicine and infectious disease in Royal Navy hospitals, Heartlands Hospital, Birmingham, St George's Hospital, London and the London School of Tropical Medicine.

He was a consultant in the West Midlands and Hon Senior Lecturer at Birmingham University before moving to his current post in 2005 where he is clinical lead for Chronic Fatigue Services.

ABSTRACT

Chronic Fatigue Syndrome (CFS) remains a "medically unexplained syndrome" – that is we do not understand the fundamental biological mechanisms that account for its very characteristic pattern of symptoms. The National Institute for Clinical Excellence (NICE) says in its 2007 report that CFS "…is best regarded as a spectrum of illnesses that is triggered by a variety of factors in people who have an underlying predisposition".

As in all medical treatment situations the aims of therapeutic interventions are two fold:

1. directly to relieve the patient's symptoms and
2. to ameliorate the natural history of the condition and thus enhance the patient's prognosis (this may also improve symptoms)

The natural history of CFS remains ill defined and no drug therapy has been demonstrated to improve it although numerous drug treatments have been suggested. Fewer have been studies in randomized controlled trials (RCTs) and in meta analysis none have shown convincing benefit. Therefore, currently there is no drug therapy that should be used in an attempt to affect the natural history of CFS outside the context of a clinical trial.

Many symptomatic remedies are helpful but many are poorly tolerated by patients with CFS.

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