

Comparison of the US and UK Report on "CFS"

Margaret Williams Autumn 1996

It is enlightening to compare Wessely School views as set out in the Joint Royal Colleges' Report on CFS (CR54) of October 1996 (known to have been dominated by Wessely) with an American Report of the same time (Chronic Fatigue Syndrome: Information for Physicians. NIH Public Health Services, US Department of Health and Human Services, September 1996).

For example, with regard to children, the American Report states on page 7 that it advocates a *"supportive approach"* but the UK Report states that children may need to be forcibly removed from their parents, stating *"CFS in children covers a broad spectrum of problems, even Munchausen's by Proxy Syndrome"* (10.2).

The American Report states on page 8 that *"the physician should work with the school to limit class time, if necessary, and to resume school attendance gradually"*, but the UK Report urges *"an immediate return to school"* (10.12).

The American Report advises *"Home tuition may be an alternative"* but the UK Report states *"School phobia is important as a complication of CFS"* (10.8) and *"We discourage home tuition"* (10.12).

The American Report points out (on page 3) that *"It is important to note that about 40% of carefully evaluated CFS patients do not have depression or other psychiatric illness"*, but the UK Report asserts that 75% of all CFS patients do have psychiatric illness (Summary for commissioners, page 45).

The American Report states (on page 3) that *"some studies have found a significantly greater prevalence of allergy in CFS patients (and) patients report a worsening of allergic symptoms or the onset of new allergies after becoming ill with CFS"*; on page 9 it refers to *"the high prevalence of allergies in the CFS population"*, but the UK Report describes CFS patients who have *"food allergies (or) chemical sensitivities"* as fulfilling the criteria for somatisation disorder (7.9); significantly, the authors refer to *"food allergy"* in inverted commas, thereby indicating their disdainful non-acceptance of food allergy as legitimate.

The UK Report authors are adamant that *"We see no need for the creation of specialist units"* (12.1); that *"We do not think that specific guidelines on the management of CFS should be issued for general practitioners"* (12.4) and that *"In CFS, the greater the number of somatic symptoms, the greater the probability of psychiatric disorder"* (7.11)

The UK Report authors are unequivocal that *"there is no justification" for the use of neuroimaging studies because 'abnormalities' require careful interpretation (and may be) of little consequence"* (7.13); this might be compared with what the foremost UK researcher in nuclear medicine, Dr DC Costa of UCL Medical School, believes about the abnormalities found in ME, namely that the hypo-perfusion of the mid-brain seen in ME is more severe than in AIDS encephalitis, or indeed in any other brain disease he has examined since 1985.

The UK Report authors specifically advise against looking at immunological parameters since *"revealed changes (are) rarely substantial"* (8.9), and in their Summary for commissioners they conclude that *"No investigations should be performed to confirm the diagnosis"*.

Predictably, the authors state that the *"aims of assessment"* should *"elicit the beliefs and fears of patient and family (and) identify psychological distress"* (8.12).

The UK Report authors state "*We have concerns about the dangers of labelling someone with an ill-defined condition which may be associated with unhelpful illness beliefs*" (9.2): ME is classified by the WHO as a neurological disorder, so it is hardly an "unhelpful illness belief" as these psychiatrists claim it to be.

The American Report states on page 6 that "*Patients with CFS should be treated with compassion*", but the message of the UK Report is clear --- ME does not exist; CFS patients must not be gratified on any level and their aberrant beliefs that they are physically sick must be corrected by compulsory psychotherapy.

Of note is that out of the 256 cited references, almost half were by the same or associated group of authors and included nine which had not been published or reviewed.

Requests that the flawed Joint Royal Colleges' Report be withdrawn were made at the highest level but were refused. The damage done by the Joint Royal Colleges' Report is still reverberating on the UK ME community.