Matters for the MRC RAG on "CFS/ME" to consider

6th March 2003

Margaret Williams brings two further points to the attention of the MRC Research Advisory Group on "CFS/ME".

1. In his Summary of the AACFS 6th International Conference on CFS, Fibromyalgia (FM) and Related Illnesses, Charles Lapp (Associate Clinical Professor, Duke University; Director, Hopkins-Hunter Centre, Charlotte, North Carolina; long-time and well-respected researcher into ME/CFS) stated the following about Cognitive Behavioural Therapy:

   Dr Daniel Clauw (Director of the Fatigue Research Centre at the University of Michigan; a well-respected and well-published author) studied 1092 veterans with Gulf War Syndrome (*sic*) who were randomised to Cognitive Behavioural Therapy (CBT) alone, CBT plus an exercise programme, exercise alone, or 'usual medical care'. After 3 months, there were very modest improvements for those treated with CBT or with CBT plus exercise, but when followed up 6 and 12 months later, **these modest gains were lost.**

   [Should the MRC not take due note of this "evidence-based medicine"?]

2. On 2nd March 2003, the Sunday Times reported that under the auspices of the Oxford-based Cochrane organisation (which provides worldwide guidance to doctors), Simon Wessely has just led a review of the evidence for psychological counselling as a means of preventing post-traumatic stress disorder. For years, victims of traumatic events have been encouraged to 're-live' the experience in counselling sessions, but the Cochrane review concluded that such counselling was at best useless and at worst made people worse. In addition, it found no evidence that counselling reduced subsequent levels of other forms of mental illness, depression, or anxiety.

   These conclusions should come as no surprise to Wessely watchers. In 1996 he wrote a piece in the BMJ (The rise of counselling and the return of alienism: BMJ 1996:313:158-160) setting out his views on counselling; his article is an attempt to preserve psychiatrists' autonomy over the rise of counselling, which Wessely seems to perceive as a threat to psychiatry:

"At issue is a fundamental question about mental health services….Who is really in need? Who is best able to meet that need? Should patients always get what they want anyway?
"(The authors of a recent editorial) concluded that 'all counsellors in primary care should be properly trained, supervised and supported'**….However, a properly trained and supervised person who delivers an ineffective treatment is hardly a sign of progress.** [The international ME community will no doubt note with particular interest Wessely's view as expressed in the BMJ].

Seemingly oblivious of the importance of what he has here stated, inevitably, Wessely then moves on to promote cognitive behavioural therapy:

"Cognitive behavioural therapy given by a skilled clinical team is effective in the management of chronic fatigue syndrome….Patients with chronic somatisation disorders have few equals in terms of cost to the health service.

"We must ensure that the growth in counselling does not divert resources away from access to such treatments as behaviour therapy or cognitive therapy.

"The consequences of these changes (i.e. the rise in counsellors who are not qualified psychotherapists) will be an inevitable reduction in the scope of psychiatry…and indeed the attraction of a psychiatric career".

If the aim of CBT is to counsel a patient about changing their beliefs, and if CBT has been shown to be ineffective (a finding which others studies also support), and if Wessely's Cochrane review has found that "counselling" is at best useless and at worst actively harmful, on what 'evidence-base' will the MRC continue to consider granting £2.6 million to Wessely et al to keep on looking at interventions which do not work?

Note: This article produced criticisms on a discussion group to which Margaret Willaims would like to respond.

Her response to these criticisms can be viewed here.

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