

Cognitive Impairment?

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In the current issue of the Lancet, Drs Abbot and Spence from the ME research charity MERGE write a factual critique of the Prins et al purported "Review" of Chronic Fatigue Syndrome that was published earlier in the year (ref: Chronic Fatigue Syndrome. Prins JB et al. Lancet 2006:367:346-355).

In their letter, Abbot and Spence note that Prins et al focused on only one model of the disorder --- the psychosocial model --- and disregarded the abundant (and ever increasing) evidence of measurable biomedical anomalies in (ME)CFS.

Further, Abbot and Spence point out the reliable evidence-base that shows the number of trials using cognitive behavioural therapy in (ME)CFS to consist of only 8 trials, of which 3 resulted in a negative outcome, leaving just 5 studies that claim modest benefit.

Abbot and Spence correctly observe that Prins et al entirely failed to address the central point, namely, that from the patients' perspective, the biopsychosocial model offers little, yet it dominates the field in terms of funding and exposure in the professional journals (ref: Chronic fatigue syndrome. Lancet: 2006: 367: May 13: 1573-1575).

The other published letter was from Michael Hyland and Ben Whalley from The School of Psychology, University of Plymouth, who unashamedly refer to (ME)CFS as a "mental disease".

In their response to Abbot and Spence, Prins et al state: "Counting words on biomedical aspects is no use": this is absolutely untrue, as the number of disseminated words is the key to the way (ME)CFS is perceived, to the current detriment of both sufferers and medical science itself. If not because of the influence of words, why else would Prins, an ardent believer in the psychosocial model, have been asked to write her "Review"?

The response from Prins et al to Abbot and Spence is astonishing: "We strongly disagree with Neil Abbot and Vance Spence's one-sided biomedical point of view". Who is being "one-sided" if not the proponents of the psychosocial model?

Prins et al then state: "There is overwhelming evidence that a biopsychosocial approach has been more fruitful for patients than a biomedical approach, in chronic fatigue syndrome as well as other chronic diseases". Perhaps unsurprisingly, no references are provided in support of such an assertion; by what rationale can Prins et al continue to ignore the overwhelming and widely-disseminated evidence to the contrary?

It would seem that it is not only patients who suffer from cognitive impairment.