

Response to Article in BMJ on PACE Trial Paper by Chalder et al

by Margaret Williams

British Medical Journal Article:

"Tackling fears about exercise is important for ME treatment, analysis indicates"

BMJ 2015; 350 doi: <http://dx.doi.org/10.1136/bmj.h227> (Published 14 January 2015)

PACE Paper

"Rehabilitative therapies for chronic fatigue syndrome: a secondary mediation analysis of the PACE trial"

Chalder et al

[http://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(14\)00069-8/abstract](http://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(14)00069-8/abstract)

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Re: Tackling fears about exercise is important for ME treatment, analysis indicates

The BMJ is to be congratulated for advancing medical science in respect of ME/CFS by encouraging free discourse as contained in the many pertinent rapid responses relating to the publication of the latest laboured attempt by the Principal Investigators to rescue the UK PACE trial (1).

As is clear from those responses, nothing can salvage the PACE trial. Furthermore, the current iteration of the NIH Pathways to Prevention Statement deals the coup de grace by calling for the Oxford criteria (used in the £5 million trial) to be retired (2) and the CFSAC has gone further by calling for studies using the Oxford criteria no longer to be used to inform treatment recommendations for this disease (3).

How many of the clinicians who remain dismissive of ME/CFS because they have been misled by the media hype over the trial's exaggerated recovery rates are aware that Professor Jose Montoya from Stanford (whose major study of the immune system in ME/CFS is underway) has declared ME/CFS to be an inflammatory autoimmune disorder?

His words should form part of every medical school curriculum: "There is a genetic predisposition for an overwhelming inflammatory response to an infectious agent that was supposed to help the patient but is overwhelming, triggering a tremendous inflammatory cascade" (4). No amount of directive "cognitive

restructuring” and graded exercise can result in “recovery” from such a multi-system inflammatory disease process.

It is now eight years since the Presiding Officer (Speaker) of the Scottish Parliament summed up the principal concerns of the Scottish Cross Party Group, which was that “the cold grip of psychiatry is still far too deeply rooted in the world of ME” (5). Not before time, this cold grip is starting to loosen.

Ioannidis defines bias as: “the combination of various design, data, analysis and presentation of factors that tend to produce research findings when they should not be produced...Scientists in a given field may be prejudiced purely because of their belief in a... theory or commitment to their own findings...Such conflicts may lead to distorted reported results and interpretations”.

He continued: “ History of science teaches us that scientific endeavour has often in the past wasted effort in fields with absolutely no yield of true scientific information...Of course, investigators working in any field are likely to resist accepting that the whole field in which they have spent their careers is a ‘null field’ ” (6).

The day is surely approaching when it will be conclusively shown that the psychosocial lobby have spent their ME/CFS careers in a “null field”.

References:

1. [http://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(14\)00](http://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(14)00)
2. The US National Institutes of Health (NIH) Pathways to Prevention Workshop Draft Statement:
“Advancing the Research on Myalgic Encephalomyelitis/Chronic Fatigue Syndrome” December 2014
3. CFSAC Meets P2P <http://www.occupycfs.com/2015/01/15/cfsac-meets-p2p/>
4. Chronic Fatigue Syndrome: Wrong Name, Real Illness http://www.medscape.com/viewarticle/837577_4
5. Defiance of Science? Professor Malcolm Hooper et al. July 2007 http://www.meactionuk.org.uk/Defiance_of_Science.pdf
6. Professor John P.A. Ioannidis. Why Most Published Research Findings Are False. PLoS Medicine 2005;2:8:e124

Competing interests: No competing interests

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<http://www.bmj.com/content/350/bmj.h227/rr-21>