

Best treatments for chronic fatigue are exercise, CBT: study

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(PhysOrg.com) -- Two effective treatments benefit up to 60 per cent of patients with Chronic Fatigue Syndrome or Myalgic Encephalomyelitis (CFS/ME), according to a collaborative trial funded by the Medical Research Council and UK government departments.

The largest ever study of its kind, led by researchers from Queen Mary, University London, King's College London and the University of Edinburgh, assessed the safety and effectiveness of four separate treatments and found that graded exercise therapy and cognitive behavioural therapy were the most effective.

The findings, published in *The Lancet*, suggest these two treatments should be offered to all patients who are able to attend hospital if they are suffering from fatigue caused by CFS/ME. The findings support current guidance from the National Institute for Health and Clinical Excellence (NICE).

The condition causes fatigue and other symptoms such as poor concentration and memory, disturbed sleep and muscle and joint pain. It is a long-term,

complex and debilitating condition which affects around 250,000 people in the UK. The cause is not known.

The PACE trial included 640 patients with CFS from England and Scotland who were able to attend hospital clinics for treatment. All patients in the trial received specialist medical care which included general advice about managing the illness and prescribed medicines for symptoms such as insomnia and pain.

Patients were divided into four trial groups and three of the groups were also given one of the following therapies over six months:

• Cognitive behavioural therapy (CBT) - A clinical psychologist or specially trained nurse helps the patient to understand how their symptoms are affected by the way that they think about and cope with them, and encourages them to try out increasing their activity.

• Graded exercise therapy (GET) - A physiotherapist helps the patient to try a gradually increasing tailored exercise programme which takes into account the individual patient's symptoms, fitness, and current level of activity.

• Adaptive pacing therapy (APT) - An occupational therapist helps the patient to match their activity level to the amount of energy they have, aiming to help the patient adapt to the illness rather than assuming they can gradually do more.

Professor Peter White, from Barts and The London School of Medicine and Dentistry, Queen Mary, University of London and a co-author, said: "We have found that both CBT and GET can safely help a significant number of patients. While there is still room for improvement, this is a real step forward in informing patients with CFS/ME which treatments can help to improve their health and ability to lead a more normal life."

All patients saw a specialist doctor approximately three times over the 12 month period. Those receiving an additional treatment had 14 further one hour treatment sessions over the first six months. The success of the treatments was measured by patient ratings of fatigue, physical function, overall health and the ability to lead a normal life, plus assessments of how far the patient could walk in six minutes, and of sleep, mood and specific symptoms such as fatigue after exertion.

Dr. Declan Mulkeen, director of Research Programmes at the MRC, said: "There is an urgent need to find ways of improving the healthcare and quality of life for patients with CFS/ME, and the PACE trial is a great example of how MRC-funded research can evaluate treatments and help to bring them to patients as quickly as possible.

"The MRC's next step is to support further high quality research proposals in this area and we are committing £1.5m to encourage research that looks at the root causes of the illness."

Provided by Queen Mary University of London

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