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Review: Chronic fatigue syndrome

Prins JB, van der Meer JW, Bleijenberg G. Invited Review: Chronic fatigue syndrome.

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Compassion Deficit Reciprocated.

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Mr. Horace Reid, Patient.

When the Joint Medical Colleges issued their report on Chronic Fatigue Syndrome (CFS) in 1996, [1] the Editor of the "Lancet" noted its lack of compassion. [2] Ten years later, this review by Prins et al. displays a similar lack of empathy with CFS patients. [3]

The authors constantly minimise disability. When patients complain of difficulty with sleep and exercise, they say these problems are partly "perceived". Cognitive impairment too, is partly "perceived". Natelson has a raft of 23 publications on cognition, some of which point to an opposite conclusion. [4] Prins et al. cite none of them.

There are strong hints that, in the guise of therapy, CFS patients should be denied human comfort from any quarter. "Membership of a self-help group" was a "predictor of poor treatment outcome". "Solicitous behaviour" by family members is a "perpetuating CFS factor". Patients with CFS don't know how lucky they are to be ill: "Long-lasting illness can also have more desirable consequences, such as care, attention, disengagement, or even financial benefits, which might also be considered perpetuating factors." [3]

If Prins et al. extend a certain froideur to CFS clients, then patients cordially reciprocate. In a Prins et al. multicentre trial of cognitive behavioural therapy, reported in the "Lancet", there were very high drop out rates of between 20 and 40%. Drop out rates were highest in the CBT group (40%). [5] A systematic review noted that these were the highest drop out rates for any trial of CBT. [6] Patients expressed explicit reasons for exiting the Prins trial: "Many CFS patients eagerly expect a medical solution for their complaints and are quite sceptical about psychological treatments". [5]

Of 377 eligible patients for the 2001 trial, 99 refused to be enrolled from the beginning. This pushed the actual attrition rate to 50.66%. [5] Prins et al. assert that "CBT and graded

exercise therapy (GET) are the only interventions found to be beneficial" for CFS. [3] On this evidence, they aren't.

Competing Interests: Patient with CFS.

References:

[1] Chronic Fatigue Syndrome, Report of a joint working group of the Royal Colleges of Physicians, Psychiatrists, and General Practitioners, October 1996.

[2] Horton R, Why doctors are failing ME sufferers, "Observer Life", 23 March 1997.

[3] Prins JB, van der Meer JW, Bleijenberg G. Invited Review: Chronic fatigue syndrome. *Lancet*. 2006;367(9507):346-5

[4] Busichio K, Tiersky LA, Deluca J, Natelson BH, Neuropsychological deficits in patients with chronic fatigue syndrome, *J Int Neuropsychol Soc*. 2004;10:278-285.

[5] Prins JB, Bleijenberg G, Bazelmans E, Elving L D, de Boo T M, Severens J L, van der Wilt G J, Spinhoven P, van der Meer J W M, Cognitive behaviour therapy for chronic fatigue syndrome: a multicentre randomised controlled trial. *Lancet* 2001;357(9259):841-7.

[6] Whiting P, Bagnall A-M, Sowden A, Cornell J, Mulrow C, Ramirez G. Interventions for the treatment and management of chronic fatigue syndrome: a systematic review. *JAMA* 2001;286(11):1360-8.