

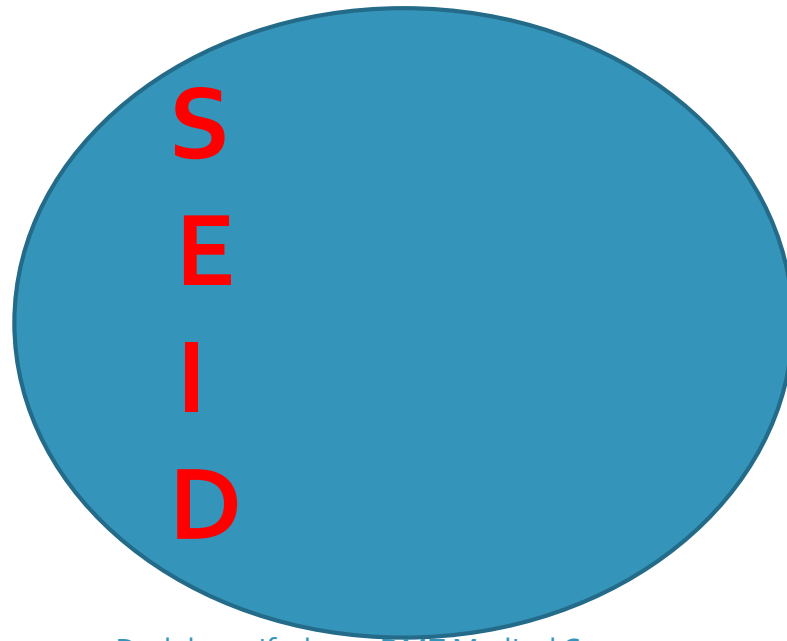
# A NEW DEFINITION FOR ME/CFS

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Pros and Cons  
after February 2015

# Introduction

- The central point is that ME/CFS is **a diagnosis to be made**
- To reflect the condition's hallmark defining symptom the report proposes a new name be adopted



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Systemic  
Exertion  
Intolerance  
Disease

# THE 4-STEP DIAGNOSIS

# 1/4: Reduction or impairment in the ability

- to engage in pre-illness levels of **occupational, educational, social, or personal** activities
- that persists for more than 6 months
- and is accompanied by **fatigue**, which is
  - often profound
  - is of new or definite onset (**not** lifelong)
  - is **not** the result of ongoing excessive exertion
  - and is **not** substantially alleviated by rest



## 2/4: Post-exertional malaise

- often described by patients as a "crash" or "collapse"
- after even minor physical or mental exertion

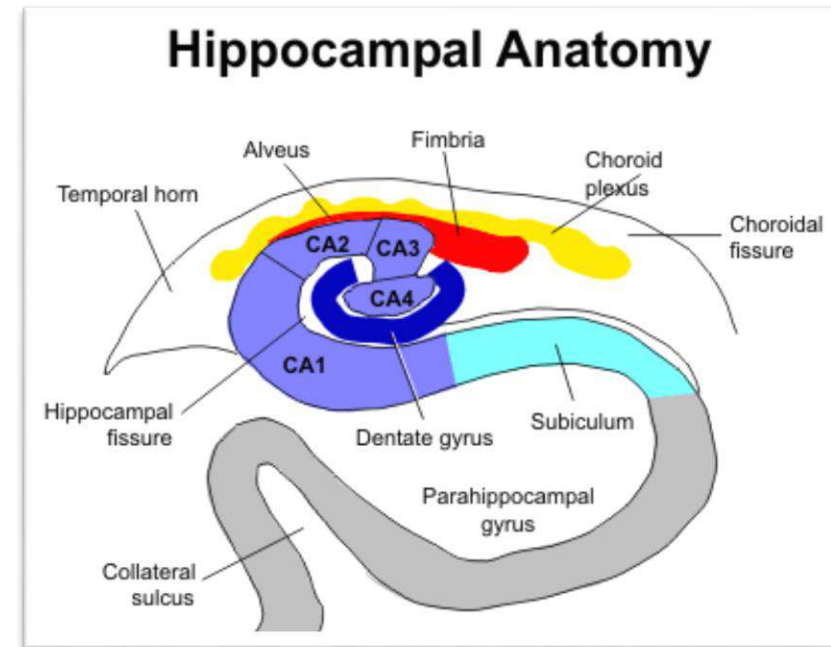
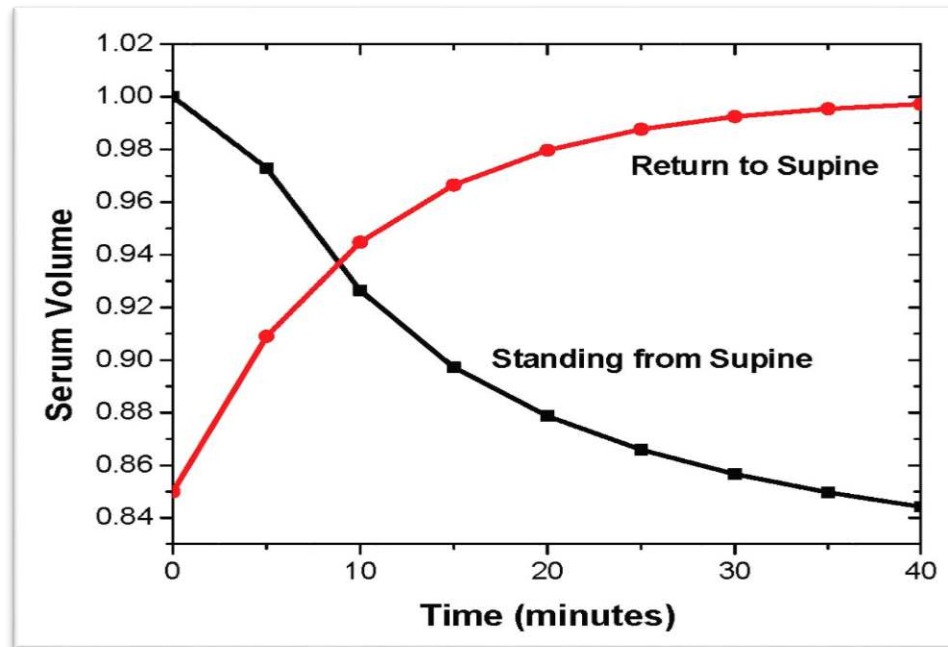


## 3/4: Unrefreshing sleep



# 4/4: Cognitive impairment

- and / or: Orthostatic Intolerance





# Evaluation of symptoms

- Both frequency and severity should be evaluated for
  - post-exertional malaise
  - unrefreshed sleep
  - cognitive impairment
- Symptoms at least half the time with moderate, substantial, or severe intensity

# Evaluation of symptoms

- Unlike some previous definitions, this is **not a diagnosis of exclusion**
- It can be applied to patients who **also** have other potentially fatiguing conditions

# THOSE WHO ACCEPT SAY:

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# PROS

- “**Systemic**” captures the fact that the disease affects multiple systems
- “**Exertion intolerance,**” or PEM, is one of the cardinal symptoms of the disease
- The fact that the IOM has defined the illness **as a disease** is especially important

# THOSE WHO DO NOT ACCEPT SAY:

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# CONS

- Every disease affects **multiple systems**, therefore the inclusion of “systemic” is meaningless
- “Exertion intolerance” is **non-specific**. “Exercise intolerance” is a feature of cardiopulmonary diseases, hypothyroidism, cancer, and many other conditions
- “Intolerance” can be easily interpreted by physicians as “**aversion**,” which increases the likelihood that patients will be told to exercise

# IN WHAT WE BELIEVE...

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# ME / CFS / SEID

- The central point is that ME/CFS is **a diagnosis to be made**
- Clinical symptoms should be evaluated **objectively**
- **Biological** symptoms should also be evaluated
- We believe that this is still a **diagnosis of exclusion**



# WHAT DO YOU THINK ?

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