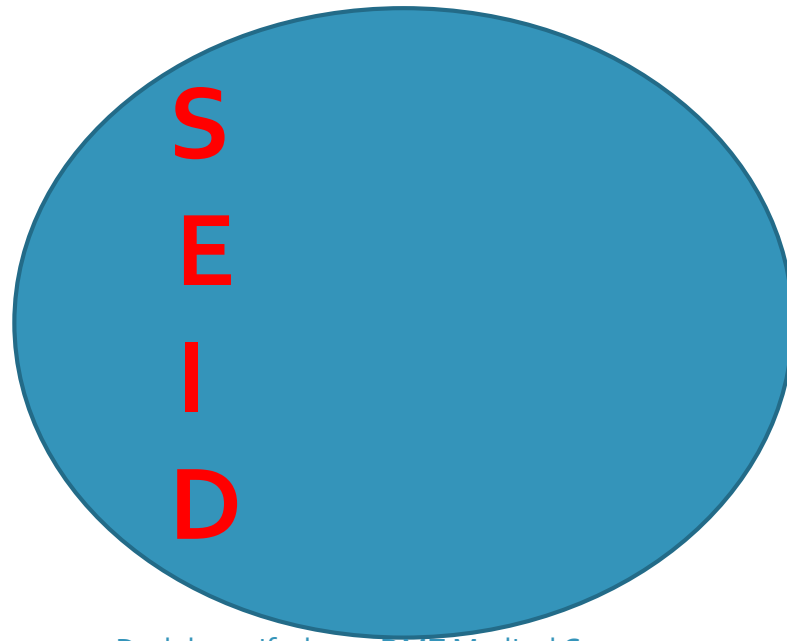


A NEW DEFINITION FOR ME/CFS

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

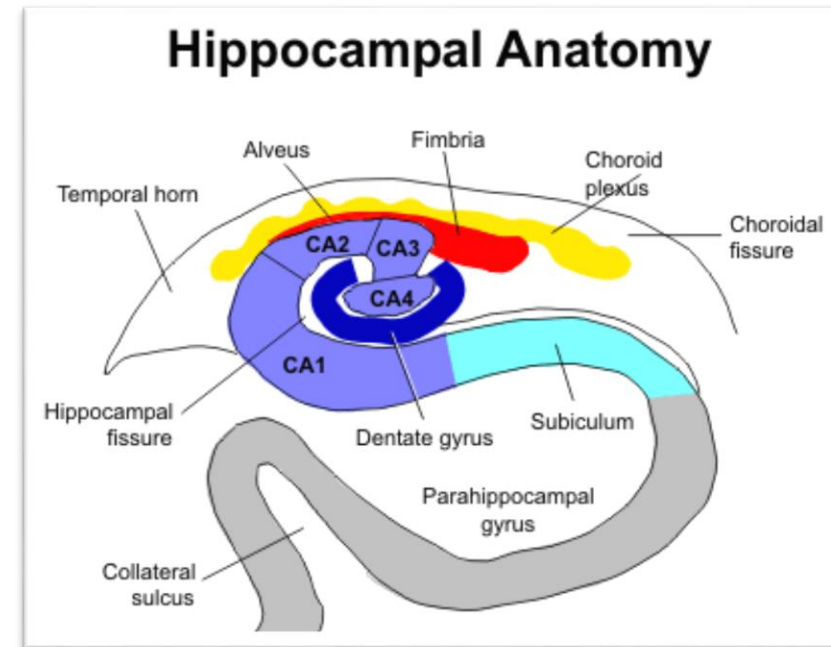
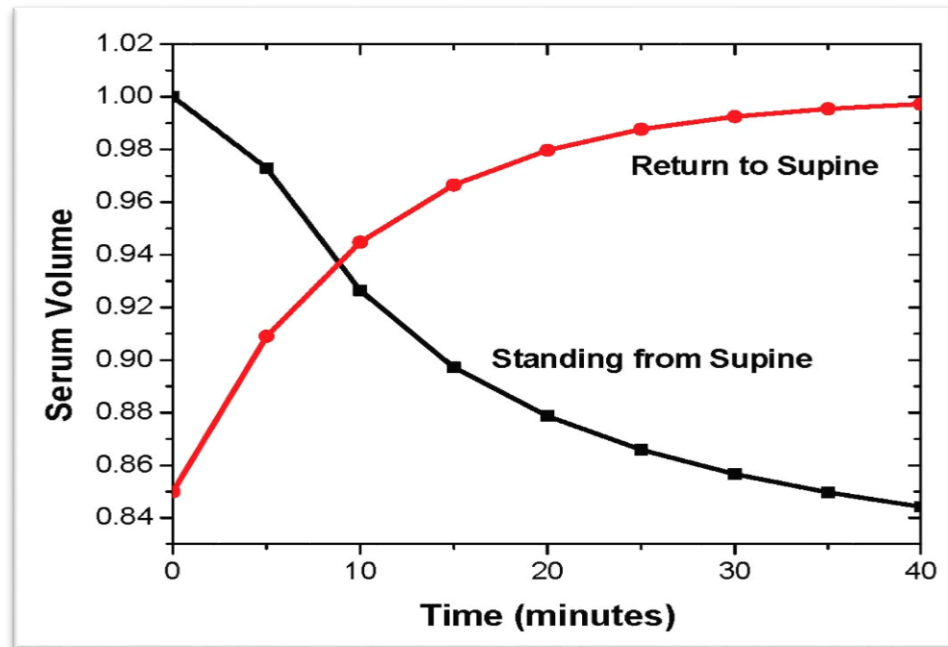


3/4: Unrefreshing sleep



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:

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:

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...

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 ?
