The Lancet

Review: Chronic fatigue syndrome


The Lancet - Vol. 367, Number 9507, 28 January 2006, Pages 346-355

Full Text here:

http://tinyurl.com/advzi

http://www.thelancet.com/journals/lancet/article/PIIS0140673606680732/fulltext

Add your comments to this article

Compassion Deficit Reciprocated.

February 03 2006

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:


