

-----Original Message-----

From: Wessely, Simon
Sent: 21 December 2012 09:15
To: MAR, Countess
Subject: RE: your letter.

Dear Lady Mar,

Thank you for your letter of Dec 17th 2012.

In general I think that CBT/GET improves outcomes in CFS but does not make the majority of sufferers symptom free. I don't particularly like the word palliative in this context, but I think we mean the same thing.

However, on the basis of my extensive clinical experience and the published literature I do know that rehabilitative treatment can in a smaller proportion lead to a resolution of the illness. My hypothesis would be that in these instances the original factors have resolved, but the secondary handicaps of chronic illness remained. I emphasise again that this is not the reason that I recommend CBT or GET to patients.

CFS is not classified as a somatoform disorder. Nor do I believe it should be. In addition, like many of my colleagues in liaison psychiatry, I think that the classification of somatoform disorders is unsatisfactory.

May I take this opportunity to wish you the compliments of the season.

Yours sincerely

Professor Simon Wessely

Professor Simon Wessely
Vice Dean, Institute of Psychiatry
Head, Department of Psychological Medicine Director, King's Centre for Military Health Research
King's College London

-----Original Message-----

From: MAR, Countess
Sent: 21 December 2012 17:41
To: 'Wessely, Simon'
Subject: RE: your letter.

Dear Professor Wessely

Thank you for making your position on CBT and GET clear.

In the spirit of the last full paragraph of my letter to you of 12 December 2012, there is more that I would like to be able to discuss with you. I suggest that we follow-up after the New Year?

I hope you have a peaceful Christmas and New Year.

Yours sincerely
Mar