

Expectations for new clinical guidelines

Issue	RACP	Future
Should health professionals share their diagnosis with their patients?	<p>Not always</p> <p>When they are younger, have less severe symptoms, shorter duration of illness a more non-committal diagnosis may be appropriate (s45)</p>	<p>Yes</p> <p>Patients have the right to be correctly diagnosed</p>
Should patients be trusted to tell practitioners about their health?	<p>No</p> <p>Whenever possible, an independent, corroborating history should be sought from a spouse, partner or family member (s35)</p>	<p>Yes</p> <p>As outlined in – the Medical Board of Australia’s Good medical practice: a code of conduct for doctors in Australia (section three)</p>
Does it overlap with nervous exhaustion?	<p>Yes</p> <p>Extent of overlap with nervous exhaustion, anxiety and depression yet to be determined (s27-28)</p>	<p>No</p> <p>ME and CFS are listed as neurological disease that occur following a viral infection in the World Health Organization (WHO) International Classification of Disease (ICD) 11th edition (ME listed since 1969)</p> <p>Note: WHO didn’t accept view put in 1970 that it was mass hysteria (based on gender split) and suggestion it be called “myalgic nervosa”</p>
Does it overlap with mental illness?	<p>Yes</p> <p>Obvious overlap somatoform disorders and CFS (s29)</p>	<p>No</p> <p>A/A and Institute of Medicine (IOM) Report – many health care professionals mistake it for a mental health condition</p>

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Do patients beliefs or attitudes stop them from recovering?	<p>Yes</p> <p>Health practitioners should identify beliefs that impair recovery</p> <p>Studies that incorporate a cognitive component produce more sustained improvements (s40)</p>	<p>No</p> <p>Scientist have identified dysfunction within cells, this is the issue (see references)</p> <p>Centres for Disease Control and Prevention (CDC) advises no current cure or treatment, suggest focus on managing symptoms</p>
Does prescribing physical activity help cure a person?	<p>Yes</p> <p>Physical activity and rehabilitation achieve good short term results (s40)</p>	<p>No</p> <p>A/A and the Agency for Healthcare Research and Quality systematic review found no evidence exercise has any impact for people with ME or CFS – Fukuda criteria</p>
Is it a distinct clinical illness or disease?	<p>No</p> <p>CFS creates an artificial boundary within a continuum of fatigue (s45).</p> <p>List of symptoms not a disease (s23)</p>	<p>Yes</p> <p>ME and CFS diseases in WHO ICD 11</p> <p>WHO listed ME as disease since 1969</p>
Focus on fatigue relate to exhaustion?	<p>No</p> <p>If fatigue is >6 months, disabling and accompanied by neuropsychiatric conditions – diagnose CFS (s23)</p>	<p>Yes</p> <p>ME: International Consensus Criteria (ICC) – people with ME have an adverse reaction to exertion</p> <p>ME: ICC – the use of ‘fatigue’ has been the most confusing and misused criterion</p>

Issue	RACP	Future
Distinguish between ME and CFS?	No	Yes WHO ICD -11 lists them separately IOM Report recognises ME and CFS are distinct conditions under umbrella ME/CFS

References

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