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Response to the report published by the UK House of Commons All-Party Parliamentary Group on Chronic Fatigue Syndrome/Myalgic Encephalitis (CFS/ME): implications for cardiometabolic risk

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Chronic Fatigue Syndrome/Myalgic Encephalitis (CFS/ME) is associated with affected individuals being more sedentary and having a reduced breadth of activities with attendant significantly increased cardiovascular and metabolic risk [1].

The recent report by the all-party parliamentary group on ME presents an ambitious vision for ME/CFS which is to be welcomed [2]. It calls for the creation of centres for ME/CFS research excellence and updating medical training on ME/CFS, something which is to be applauded. However, we noted the critical tone in which the biopsychosocial model [3] was discussed.

The report states that 'The biopsychosocial model of the illness has prevented many people with ME from obtaining welfare and health insurance-based benefits.' Furthermore, it went on to state that 'despite the scientific evidence showing that ME is a biomedical condition, there is still an inaccurate understanding of ME being perpetuated by small groups within the medical and psychological professions.'

The biopsychosocial model is not a dichotomous model where a medical condition is viewed as 'all in the mind' or purely medical. On the contrary, the biopsychosocial model postulates that mind and body are linked, with a complex relationship between the two [4]. The fact that

there may be a psychological component does not make the condition any less valid and certainly does not preclude the fact that there may be something medically wrong. For instance, Chu (2020) [5] found that post-transplant depression was associated with significantly worse clinical outcomes in lung transplant recipients, illustrating the important mind-body link. The biopsychosocial model applies just as much to ME/CFS as to the patients whose experiences are reported in this study.

In the recently updated National Institute for Health and Care Excellence guidelines for ME/CFS, the treatment options available (based on the best available evidence) are careful energy management and supportive cognitive behavioural therapy (CBT) [6], the latter relating directly to increased activity levels with attendant health benefit. In tertiary NHS referral centres for ME/CFS assessment/treatment, a multidisciplinary team will focus on understanding the specific needs/challenges faced by the individual and will utilise the best evidence available to co-create a management plan with the patient. This approach is guided by the research and as such, would incorporate what may be revealed as evidence for the biological processes that underpin ME/CFS.

We do not believe that the answer to improving the lives of those living with ME/CFS is in discouraging the use of the biopsychosocial model. Surely, individuals living with ME/CFS are best served by a holistic biopsychosocial formulation considering all aspects of the reality of living with this very disabling condition. ME/CFS is a complex condition that requires a multi-track not uni-track treatment approach in all aspects of its management. Any intervention that can result in greater activity levels is likely to reduce cardiovascular risk.

References

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2. All-party parliamentary group on Myalgic Encephalomyelitis (ME) Rethinking ME. A report by the All-Party Parliamentary Group on Myalgic Encephalomyelitis. Houses of Parliament; 2022.

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