ME according to the International Consensus Criteria (ME-ICC 2011) is not just “fatigue” — it is a complex multi-system neuroimmune disease that can also affect the cardiovascular system. In some patients, the heart and circulation can become significantly impaired, especially during relapses or severe disease.

Some of the cardiovascular problems reported in ME-ICC include:

* Orthostatic intolerance — difficulty maintaining blood flow when upright, causing dizziness, palpitations, faintness, or rapid heart rate.

* Reduced blood volume and poor circulation — leading to inadequate oxygen delivery to tissues and the brain.

* Autonomic nervous system dysfunction — the body may struggle to properly regulate heart rate, blood pressure, and vascular tone.

* Abnormal cardiac function found in some studies, including reduced cardiac output and impaired filling of the heart.

* Post-exertional neuroimmune exhaustion (PENE) can place major stress on the cardiovascular system after even minor activity.

* Some research has also suggested links with myocardial inflammation, endothelial dysfunction, or cardiomyopathy-like changes in a subset of patients, though not every patient experiences this.

In severe ME-ICC, patients may become bedbound, unable to tolerate upright posture, hypersensitive to stimuli, and physically unable to sustain normal circulatory demands. Because the illness affects multiple body systems simultaneously, cardiac symptoms should not automatically be dismissed as anxiety or deconditioning.

At the same time, not every person with ME-ICC develops reduced blood volume and impaired blood flow. In very severe cases, prolonged bedbound illness can also affect circulation and physical conditioning.

Some research has found reduced cardiac output or smaller heart chamber dimensions in subsets of ME patients, but findings are not consistent across all studies, and not every patient develops heart disease.

So while severe ME can increase cardiovascular strain and produce serious symptoms such as palpitations, chest discomfort, breathlessness, or fainting, it is important not to assume every patient has primary heart disease. Proper medical evaluation is important if cardiac symptoms occur or worsen.

Management Approaches

*Pacing and Energy Management: The most crucial strategy is staying within the patient's strict energy limits to avoid crashes that worsen cardiovascular symptoms.

*Environmental Adjustments: Reducing sensory overload and avoiding heat can lower cardiovascular strain.

*Volume Expansion: Clinicians may advise increasing salt and water intake to manage reduced blood volume, or in severe cases, using saline infusion.

*Symptom Management: Medications may be considered to support blood pressure and control heart rate.

References

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