

The Myalgic Encephalomyelitis Update

CHRONIC FATIGUE SYNDROME | POST COVID CONDITIONS

GPCME ROTORUA 2023

Clinical guidelines for diagnosis and treatment of ME/CFS have changed. Formerly recommended treatments are now contraindicated. This newsletter aims to assist health professionals in updating their clinical practice.

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Diagnosing ME/CFS

The challenge of diagnosing a patient presenting with multi-systemic symptoms can be reduced by applying the IOM (NAM) diagnostic criteria for ME/CFS.

These require:

- **post-exertional malaise,**
- **a substantial reduction in the ability to engage in pre-illness levels of activity (accompanied by profound fatigue),**
- **unrefreshing sleep, and**
- **cognitive impairment and/or orthostatic intolerance.**

Additional symptoms may be present and relevant for a treatment plan but are not diagnostic.

Scan QR code to read more about **diagnosing ME/CFS.**



ME/CFS patients often look deceptively well, including during clinic visits. When in Post-Exertional Malaise (PEM) the picture changes. This is Nicky, before and then during PEM.

The Hallmark of ME/CFS: Post-Exertional Malaise
Post-exertional Malaise (PEM) is required for a diagnosis of ME/CFS; it is key to distinguishing ME/CFS from other diseases.

PEM is a pathological response to trivial physical or cognitive exertion. Exertion as minor as brushing teeth or talking can trigger major symptom exacerbation.

PEM differs from other forms of exertion intolerance. PEM involves a wider range of symptoms, onset is typically delayed by hours to days, and return to previous function takes days, weeks or longer; in severe cases a return to previous function may not be possible.

PEM loss of function has been demonstrated in repeated CPET studies. However, CPET is not recommended in the clinical setting due to the risk of harming the patient.



Scan QR code for guides on **PEM for both clinicians and patients.**

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Long COVID is affecting an increasing number of patients and, as after other viral infections, a subset are likely to develop ME/CFS. Now is a good time to get up-to-date with the recent changes to clinical guidelines for diagnosis and treatment of ME/CFS.

Learn & Earn CME points

Accredited by RNZCGP.

My Health Hub Webinar

"A practical approach to understanding, assessing and managing ME/CFS"

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Elearning with NZ Doctor

"How to Treat ME/CFS"

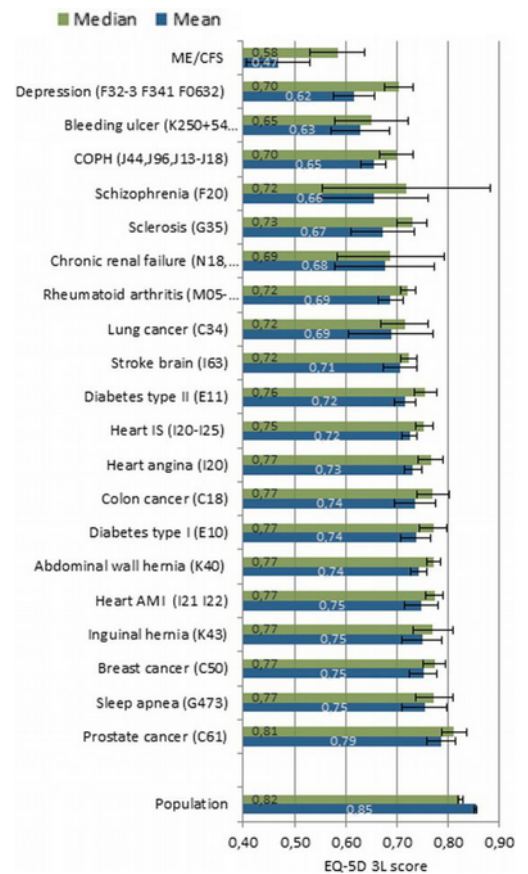
Think GP - Module 1

"Busting the myths and redefining ME/CFS"

Think GP - Module 2

"Ensuring a patient-centred approach to care for people living with ME/CFS".

HRQoL of ME/CFS



"The EQ-5D-3L-based HRQoL of ME/CFS is significantly lower than the population mean and the lowest of all the compared conditions."

From: *The Health-Related Quality of Life for Patients with Myalgic Encephalomyelitis /Chronic Fatigue Syndrome (ME/CFS)*. PLoS One. 2015. © 2015 Falk Hvidberg et al.

Managing ME/CFS

Treatment

Symptoms such as pain, sleep issues, and orthostatic intolerance, as well as any comorbid conditions, can be addressed conventionally with a start-low, go-slow approach as patients may be sensitive to medications.

Support

Equally important to QoL is validation and supporting applications for financial support or for employment or study accommodations.

Pacing

Pacing is a way to manage activity and rest within a restricted energy envelope. Pacing helps minimise post-exertional malaise (PEM) and increase quality of life. The aim is for a stable level of activity that doesn't trigger PEM, not an increase in activity. Predicting what may trigger PEM is complicated by the delay between the triggering exertions and resulting symptom exacerbation.

Scan QR code for **CME and additional resources.**

