P Whiting et al. Journal of the American Medical Association. September (2001) Vol. 286 # 11 P 1360.

Chronic Fatigue Syndrome (CFS) shares many characteristic with Diffuse RSI and Fibromyalgia. Indeed some would argue they form a continuum of diagnoses. One approach to this debate, which has potentially strong implications for arguments over causation, is to rely on the evidence of treatment effectiveness. For example, the more a psychological treatment is seen to work, the more a psychological causation would seem to be supported. This linear logic is of course itself somewhat suspect, but is prevalent amongst medical experts.

The paper reports an extensive review of treatments for CFS. 350 studies were included in the initial pool, of these only 36 randomised controlled trials and 8 controlled trials were retained, on the grounds of methodological quality.

The pool included 2801 patients altogether, 130 outcome measures were employed. The relative relevance of these outcome measures was not debated.

Graded exercise therapy and Cognitive Behaviour Therapy (CBT) showed positive results.

Immunological, pharmacological, dietary supplements and CAT were not effective.

Comment
Diagnostic and outcome uncertainties make comparison very difficult. However, many commentators will seize upon the failure of organic treatments as evidence of a psychological or psychiatric cause. This is at best an extrapolation. One concern for insurers would be the support this conclusion will suggest for a link with occupational stress.

A more reliable conclusion would seem to be that expectations of cure should not be raised, instead, focusing efforts towards rehabilitation (CBT) will be more rewarding. The value for money for CBT cannot be assessed from this report. It is likely that in practice CBT would/should be combined with other modalities, such as temporary pain relief, and that some element of case selection would be applied.

10% retention of medical studies is fairly typical, 90% of reported studies are of doubtful worth.

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