

Litteraturliste over forskning der viser at:

- Cognitive Behavioural Therapy (CBT) ikke helbreder ME/CFS
- ME/CFS patienter har intolerance over for motion (hvorfor Graded Exercise Training (GET) ikke bør anvendes som behandling)

Cognitive Behavioural Therapy (CBT) helbreder ikke ME/CFS:

"We conclude that it is unethical to treat patients with ME/CFS with ineffective, non-evidence-based and potentially harmful "rehabilitation therapies, such as CBT/GET." A review on cognitive behavioral therapy (CBT) and graded exercise therapy (GET) in Myalgic encephalomyelitis (ME) / chronic fatigue syndrome (CFS): CBT/GET is not only ineffective and not evidence-based, but also potentially harmful, Twisk, Maes. Neuroendocrinol Lett Vol 30 issue 3, 2009. pp. 275-420 http://node.nel.edu/?node_id=8918

"At one year after finishing treatment (70 weeks), there were no statistically significant differences in fatigue or physical functioning." Nurse led, home based self help treatment for patients in primary care with chronic fatigue syndrome: randomised controlled trial (FINE trial), Wearden, et al. BMJ. 2010 Apr 23;340:c1777. doi: 10.1136/bmj.c1777 <http://www.ncbi.nlm.nih.gov/sites/entrez>

"At 12 months, the intervention did not improve HRQL scores(health-related quality of life), with worse SF-36 physical function and bodily pain scores in the intervention group. Multidisciplinary treatment was not superior to usual treatment at 12 months in terms of HRQL. The possible benefits of GET as part of multidisciplinary treatment for CFS should be assessed on an individual patient basis". Health-related quality of life in patients with CFS: group CBT and GET versus usual treatment. A randomised controlled trial with 1 year of follow-up, Núñez, Fernández-Solà, Nuñez, et al. Clin Rheumatol 2011 Jan 15 <http://www.ncbi.nlm.nih.gov/pubmed/21234629>

"While some studies report benefit of CBT, this is admitted by its proponents to be a minor benefit and not a cure. In addition, a significant proportion of patients show no improvement following CBT" Chronic fatigue syndrome, Devanur, Kerr, J of Clin Vir, 2006 <http://www.cfids-cab.org/rc/Devanur.pdf>

"The evidence base at follow-up is limited to a small group of studies with inconsistent findings." Cognitive behaviour therapy for chronic fatigue syndrome in adults, Price, et al. Cochrane Database Syst Rev. 2008 Jul 16;(3):CD001027 <http://www.ncbi.nlm.nih.gov/pubmed/18646067>

"These results indicate a lack of correlation between kinesiophobia and exercise capacity, activity limitations, or participation restrictions" CFS: lack of association between pain-related fear of movement and exercise capacity and disability, Nijs, et al., Phys Ther. 2004 Aug;84(8):696-705 <http://www.ncbi.nlm.nih.gov/pubmed/15283620>

"Group CBT did not achieve the expected change in the primary outcome measure as a significant number did not achieve scores within the normal range post-intervention" Cognitive behavioural therapy in chronic fatigue syndrome: a randomised controlled trial of an outpatient group programme, O'Dowd, et al., Health, Tech Ass, 2006 Oct;10(37) <http://www.ncbi.nlm.nih.gov/pubmed/17014748>

"there were no significant changes in stress-related symptoms or fatigue severity" A comparison of cognitive behavioral treatment for cfs and primary depression, Friedberg, Krupp, Clin Infect Dis, 1994 Jan;18 Suppl 1:S105-10 <http://www.ncbi.nlm.nih.gov/pubmed/8148435>

Tre studier fundet på : <http://www.investinme.org/Article-257%20NMEA%20NICE.htm> viste:

Første studie:

"CBT var ikke til hjælp 93 %, GET var ikke til hjælp 95 %" (437 patienter), 25 % M.E. Group Severely Affected ME, Report on Questionnaire, January 2004
<http://www.25megroup.org/Group%20Leaflets/Group%20reports/March%202004%20Severe%20ME%20Analysis%20Report.doc> Side 9 af 23

Andet studie:

"CBT førte ikke til nogen forskel 55 %, CBT gjorde ting værre 22 %, GET gjorde ting værre 48 %," (3074 patienter), Jones DM. Some facts and figures on CBT, GET and other approaches, 2003.
http://www.meactionuk.org.uk/SOME_FACTS_AND_FIGURES_ON_CBT.htm

Tredie studie:

"CBT var ikke til hjælp 67 %, CBT førte til forværring 50 %," (2338 patienter), Action for M.E, M.E. in the UK. Severely neglected. Membership survey 2001
<http://www.afme.org.uk/res/img/resources/Severely%20Neglected.pdf>

Et nyt studie fra 2010 viste:

* Results for CBT: 25% improved; 55% reported no change; 20% made worse (sample size=2137)

* Results for GET: 22% improved; 21 reported no change; 57% made worse (sample size = 997)

* Results for pacing: 71% improved; 24% no change; 5% made worse (sample size=906)

Total 4217 total patients, ME Asscoation Survey 2010

http://www.meassociation.org.uk/?page_id=1345 og <http://www.meassociation.org.uk/?p=4607>

ME/CFS patienter har intolerance over for motion (hvorfor Graded Exercise Training (GET) ikke bør anvendes som behandling):

"Symptoms become markedly worse after exercise" " After a sustained moderate exercise test, CFS patients showed greater increases than controls in gene expression.... (which) were highly correlated with symptoms of physical fatigue, mental fatigue and pain." Moderate exercise increases expression for sensory, adrenergic and immune genes in chronic fatigue syndrome patients, but not in normal subjects, Light, White, Hughen, Light, The Journal of Pain, Vol 10, No 10 (October), 2009: pp 1099-1112 <http://www.ncbi.nlm.nih.gov/sites/ppmc/articles/PMC2757484/pdf/nihms125894.pdf>

"...we found elevated concentrations of plasma transforming growth factor beta (TGF-β), even before exercise, in subjects with CFS...Traveling from home to the hospital significantly elevated TGF-β concentrations from a resting median. There was also a sustained increase in plasma tumor necrosis factor alpha (TNF-α) after exercise in CFS patients, but not in controls." Immunological Changes After Both Exercise and Activity in Chronic Fatigue Syndrome: A Pilot Study, White, Nye, Pinching, et al. Journal of Chronic Fatigue Syndrome, Vol. 12(2) 2004, <http://www.haworthpress.com/web/JCFS>

"The maximal workload and maximal oxygen uptake attained by the patients with CFS were almost half those achieved by the control subjects" "When compared with healthy sedentary women, female patients with CFS show a significantly decreased exercise capacity" Exercise capacity in chronic fatigue syndrome, De Becker, Roeykens, De Meirleir, et. al, Arch Intern Med, 2000 Nov 27;160(21):3270-7
<http://www.ncbi.nlm.nih.gov/pubmed/11088089>

"The patients with severe CFS had significantly lower stroke volume and cardiac output than the controls" Abnormal impedance cardiography predicts symptom severity in chronic fatigue syndrome, Peckerman, LaManca, et al., The American Journal of the Medical Sciences, 2003 <http://www.cfids-cab.org/MESA/Peckerman.pdf>

"These results implicate abnormal immune activity in the pathology of exercise intolerance in CFS and are consistent with a channelopathy involving oxidative stress and nitric oxide-related toxicity." Exercise capacity and immune function in male and female patients with chronic fatigue syndrome (CFS), Snell, Vanness, Strayer and Stevens In Vivo, 2005 Mar-Apr;19(2):387-90
<http://www.ncbi.nlm.nih.gov/pubmed/15796202>

"The response of CFS patients to incremental exercise associates a lengthened and accentuated oxidative stress together with marked alterations of the muscle membrane excitability. These two objective signs of muscle dysfunction are sufficient to explain muscle pain and postexertional malaise." CFS: assessment of increased oxidative stress and altered muscle excitability in response to

incremental exercise, *Jammes, et al*, J Intern Med, 2005, Mar;257(3):299-310
<http://www.ncbi.nlm.nih.gov/pubmed/15715687>

"CFS patients demonstrated significantly lower cardiovascular as well as ventilatory values at peak exercise, compared with the control group." Physiological responses to incremental exercise in patients with cfs, *Inbaf, Dlin, et.al*, Med Sci Sports Exerc. 2001 Sep;33(9):1463-70
<http://www.ncbi.nlm.nih.gov/pubmed/11528333>

"We conclude that after physically demanding exercise, CFS subjects demonstrated impaired cognitive processing compared with healthy individual" Influence of exhaustive treadmill exercise on cognitive functioning in cfs, *LaManca, Sisto, DeLuca, et.al*, Am J Med 1998 Sep 28;105(3A):59S-65S
<http://www.ncbi.nlm.nih.gov/pubmed/9790484>

"Differences in ion transport and ion channel activity were evident at baseline and were exaggerated after exercise" Exercise responsive genes measured in peripheral blood of women with cfs and matched control subjects, *Whistler, et. al*. BMC Phy. 2005 Mar 24;5(1):5.
<http://www.ncbi.nlm.nih.gov/pubmed/15790422>

"74% experienced worsening fatigue and 26 stayed about the same after maximal exercise. None improved. The average relapse rate lasted 8.82 days, although 22% were still in relapse when the study ended at 12 days...The data would suggest that when PWCs [people with Chronic Fatigue Syndrome] are pushed to maximal exertion, they frequently relapse for long periods of time." Exercise limits in the Chronic Fatigue Syndrome, *Lapp*, American Journal of Medicine, (103) 83-4, 1997
<http://www.ncbi.nlm.nih.gov/pubmed/9236491>

"Physical deconditioning does not seem a perpetuating factor in CFS" Is physical deconditioning a perpetuating factor in chronic fatigue syndrome? *Bazelmans, Bleijenberg, et. al*, Psy Med.2001 Jan;31(1):107-14 <http://www.ncbi.nlm.nih.gov/pubmed/11200949>

"The data indicate that CFS patients have gait abnormalities when compared to sedentary controls." Gait abnormalities in chronic fatigue syndrome, *Boda, Natelsenm, et.al*, J Neurol Sci. 1995 Aug;131(2):156-61 <http://www.ncbi.nlm.nih.gov/pubmed/7595641>

"These findings support the clinical complaint of delayed recovery after exercise in patients with CFS." Demonstration of delayed recovery from fatiguing exercise in chronic fatigue syndrome, *Paul, Wood, Behan, Maclaren*, Eur. J Neurol 1999 Jan;6(1):63-9 <http://www.ncbi.nlm.nih.gov/pubmed/10209352>

"Out of 1,214 who had tried graded exercise, 417 believed it had been helpful, and 187 reported no change. However, a disturbing 610 respondents stated that graded exercise had made their condition worse" Pacing and exercise in Chronic Fatigue Syndrome, *Sheperd*, Physiother 2001 Aug87(8):395-396.
<http://www.steungroep.nl/archief/populair/phys200108.txt>

"At 12 months, the intervention did not improve HRQL scores (health-related quality of life), with worse SF-36 physical function and bodily pain scores in the intervention group. Multidisciplinary treatment was not superior to usual treatment at 12 months in terms of HRQL. The possible benefits of GET as part of multidisciplinary treatment for CFS should be assessed on an individual patient basis". Health-related quality of life in patients with CFS: group CBT and GET versus usual treatment. A randomised controlled trial with 1 year of follow-up, *Núñez, Fernández-Solà, Nuñez, et al*. Clin Rheumatol 2011 Jan 15 <http://www.ncbi.nlm.nih.gov/pubmed/21234629>

/Indsendt af ME/CFS Foreningen den 1.11.2011