

# Two effective treatments for Chronic Fatigue Syndrome / Myalgic Encephalomyelitis also cost-effective

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(Medical Xpress) -- Two treatments found previously to be the most effective for patients with Chronic Fatigue Syndrome or Myalgic Encephalomyelitis (CFS/ME) have now been found to be the most cost-effective treatments according to new research led by King's College London's Institute of Psychiatry.

The latest results from the PACE trial show that both [cognitive behaviour therapy](#) (CBT) and graded [exercise therapy](#) (GET), as [supplements](#) to specialist medical care, offer good value for money for [healthcare providers](#) when the cost of treatment is weighed up against improvement in quality of life.

CBT and GET were found to be even more cost-effective when the

savings to wider society – through a reduced need for additional care by family members – were taken into account. Adaptive pacing therapy (APT) was not cost-effective.

The research was led by King's College London, the University of Oxford and Queen Mary, University of London, and was funded by the Medical Research Council (MRC), National Institute for Health Research (NIHR) and UK government departments.

The researchers drew their conclusions in line with healthcare cost criteria used by NICE (National Institute for Health and Clinical Excellence), which considers treatments costing less than £20,000 to £30,000 per year lived in good health (known as a quality-adjusted life years, or QALYs) to represent value for [money](#).

Professor Paul McCrone, Director of the Centre for the Economics of Mental and Physical Health at King's College London's Institute of Psychiatry and lead author of the paper, said: 'It's very encouraging that two treatments found to help a significant number of CFS/ME patients are also cost-effective based on existing NICE criteria. There is now a strong case for the NHS to invest in providing these therapies. Our research suggests this investment would be justified in terms of improving quality of life for patients and could actually save costs to society if the impact on family members is taken into account.'

Professor Michael Sharpe from Oxford University and a co-author of the paper said: 'In the PACE trial we found that the rehabilitative treatments CBT and GET improve the fatigue and disability of people with CFS/ME. This new analysis of the trial data finds that these treatments are also cost-effective in improving patients' quality of life. They are potentially cost-saving to society if the time of family and carers is also considered. This new evidence should encourage health service commissioners to provide these treatments to all those patients

who need them.'

Professor David Lomas, Chair of the MRC Population and Systems Medicine Board, which co-funded the PACE trial, said: 'CFS/ME has a profound effect on patients and can severely impact their quality of life. These promising findings demonstrate how MRC funding can help to identify treatments that are not only effective, but are financially viable for the health service. There is still a pressing need to understand more about the underlying causes of CFS/ME and we recently announced a further £1.6m of funding for this purpose in the hope it will lead to new diagnostic tools and treatments.'

CFS/ME is a long-term, complex and debilitating condition that affects around 250,000 people in the UK, including children. Symptoms include profound physical and mental fatigue, muscle and joint pain, disturbed sleep patterns and concentration and memory problems. The combination and severity of symptoms varies from patient to patient, making it a difficult condition to diagnose and treat.

In 2011, the first findings from the PACE trial showed that CBT and GET benefit around 60 per cent of patients with CFS/ME, for whom fatigue was the main symptom. The latest study, published in the journal PLOS ONE, compared the cost-effectiveness of each treatment after one year against the criteria used by the NHS watchdog NICE. The researchers looked at the total cost of each course of treatment to the NHS and to wider society through patients requiring time off work and informal care from friends and relatives.

Specialist [medical care](#) was the cheapest option in terms of absolute cost to provide, but when the benefit of treatment on [quality of life](#) was taken into account, [CBT](#) became the most cost-effective option (likelihood of 62.7 per cent). There was a 26.8 per cent likelihood that GET was the most cost effective, while the likelihood for APT and standard care

alone were 2.6 and 7.9 per cent, respectively.

**More information:** McCrone, P. et al. 'Adaptive pacing, cognitive behaviour therapy, graded exercise, and specialist medical care for chronic fatigue syndrome: A cost-effectiveness analysis' *PLoS ONE*  
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Provided by King's College London

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