

More evidence needed for chronic fatigue diagnosis, treatments

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(HealthDay)—Criteria for diagnosing myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) as well as treatment options are addressed in two systematic evidence reviews published in the June 16 issue of the *Annals of Internal Medicine*.

Elizabeth Haney, M.D., from the Oregon Health & Science University and Providence Cancer Center in Portland, and colleagues reviewed methods to diagnose ME/CFS in adults. Data were included from 44 studies. The researchers identified eight case definitions for ME/CFS; a ninth was recently proposed by the Institute of Medicine and includes the main elements of previous definitions. Scales rating self-reported symptoms can differentiate patients with ME/CFS from healthy controls, but have not been assessed in clinically undiagnosed patients.

M.E. Beth Smith, D.O., from the Oregon Health & Science University in Portland, and colleagues examined the benefits and harms of treatments for adults with ME/CFS. Data were included for 35 treatment trials. The researchers found that in two trials, some measures of exercise performance were improved with the immune modulator rintatolimod, compared with placebo. There was insufficient evidence in trials of galantamine, hydrocortisone, immunoglobulin G, valganciclovir, isoprinosine, fluoxetine, and various complementary medicines. Counseling therapies and graded exercise therapy improved fatigue, function, global improvement, and work impairment compared with no treatment, relaxation, or support in some trials. Low to moderate evidence suggested improvement in quality of life with counseling therapy.

"More definitive studies comparing participants meeting different case definitions, including ME, and providing subgroup analysis are needed to fill research gaps," Smith and colleagues write.

More information: [Full Text - Diagnosis](#)
[Full Text - Treatment](#)
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