

Many questions remain about treatments for CFS

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Letters

Chronic fatigue syndrome

Many questions remain about treatments for CFS

After the unsuccessful High Court challenge to the NICE guidelines on chronic fatigue syndrome (CFS),¹ the results of two recent reviews may temper many clinicians' enthusiasm for cognitive behavioural therapy for CFS.^{2 3}

A meta-analysis by Malouff et al calculated the mean Cohen's d effect size of cognitive behavioural therapy for CFS to be 0.48.² This is below the 0.5 threshold generally required for a treatment to be seen as having a "moderate" effect.

A 2008 Cochrane review analysed the data in another way and found that 40% of patients reported improvements in fatigue after cognitive behavioural therapy compared with 26% in usual care at the end of treatment. At follow-up, 1-7 months after treatment ended, when people who had dropped out were included, there was no significant difference between the two groups.

Given that CFS is recognised as being heterogeneous by researchers,⁴ it remains far from clear that the NICE guidelines will be suitable for all.

The systematic review on which the guidance was largely based found that several other treatment methods, both behavioural and pharmaceutical, showed some promise in controlled studies but could not be recommended without more research.⁵ When more randomised controlled trials have been performed, evidence based guidelines may look very different.

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