


*Outcomes of the  
Complementary Medicine in CFS  
National Consensus Conference*


*Part 1*

*Consensus Items*




# *CFS - General*

- ❖ CFS is not a single disease entity, but a spectrum of clinical conditions with unexplained, debilitating fatigue as the common factor
- ❖ CFS is a debilitating illness which severely impacts the individual, family and community, at significant financial cost to all concerned
- ❖ The cost of CFS in Australia is in excess of \$100 million per year, comprising direct medical and social security costs, as well as absenteeism and decreased productivity



# CFS - *General*

- ❖ There is currently no diagnostic test, nor proven treatment for CFS which is generally recognised or accepted by the medical profession
- ❖ Specific abnormalities, demonstrated on biochemical, virological, neurological and immunological testing, strongly support a biological, rather than a psychological, basis for the disease
- ❖ There is no strong evidence to suggest that CFS is an illness of psychological origin, nor that it is a primary psychiatric disorder



# CFS - *General*

- ❖ CFS can be triggered, worsened and caused by many unrelated infectious, dietary and environmental factors
- ❖ CFS involves multiple organ systems, with evidence of abnormalities of neurological, immunological, gastrointestinal and hepatic function
- ❖ CFS is a condition commonly seen by doctors using Complementary Medicine in their clinical practices
- ❖ Many Complementary Medical approaches to CFS have good empirical and experimental evidence of benefit



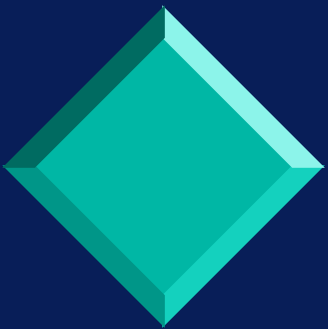
# Research

- ❖ Standardised checklists and questionnaires are needed for consistent diagnosis and categorisation of CFS
- ❖ A simple descriptive study is needed to assess the range of diagnostic and therapeutic approaches to CFS within Complementary Medicine
- ❖ Further research should be directed to assessing various Complementary Medicine approaches to CFS using outcome studies, and including cost-benefit assessment
- ❖ Subgrouping of CFS is required to better classify the various clinical entities



# *Achieving Consistent Diagnosis*

- ❖ Health practitioners require simple, low cost diagnostic tools to correctly identify and consistently categorise people suffering CFS
- ❖ A checklist based on the CDC diagnostic criteria is needed in the primary care practice setting
- ❖ The Metabolic Screening Questionnaire (MSQ) should be adopted as a standard measure of severity and disability in CFS by Conference attendees and other practitioners
- ❖ Other simple, rapid and reliable questionnaires need to be identified for assessment in studies and in clinical practice



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**Part 2**

**Proposals**



# *Diagnostic Tools in CFS*

- ❖ ACMA should identify or create appropriate diagnostic tools based on the CDC case definition of CFS
- ❖ ACMA should identify proven multidimensional questionnaires to assess severity and disability in CFS
  - In the interim, the Metabolic Screening Questionnaire (MSQ) should be adopted, and distributed to attendees and doctors generally
- ❖ ACMA should gather an expert group to modify such diagnostic tools for the specific needs of Australian doctors
- ❖ ACMA should distribute such diagnostic tools for use by Conference attendees, and health practitioners



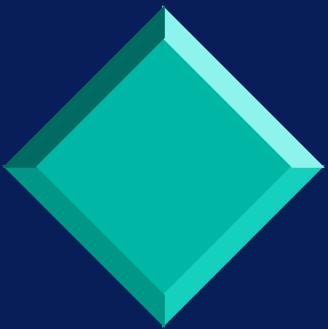
# *Research Issues in CFS*

- ❖ ACMA should develop a simple descriptive study in relation to CFS and involve Conference attendees
- ❖ ACMA should arrange a separate meeting to discuss research issues, and set priorities in CFS research
- ❖ ACMA should identify and invite appropriate parties to this future meeting
- ❖ ACMA should identify potential methods for funding of appropriate CFS research



# *Education & Publication*

- ❖ *ACMA should produce comprehensive proceedings from this Conference*
- ❖ *ACMA should produce a summarised booklet from these proceedings, as a simplified summary of the content of the Conference*
- ❖ *ACMA should distribute this booklet to attendees, and to the profession generally*
- ❖ *ACMA should submit this (or a similar) document to medical journals for broad publication*



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**Part 3**

**Other Major Points**

*not part of the consensus items*



## *CFS - The Condition(s)*

- ❖ CFS is more common in the community than was previously thought, affecting between 100 and 1,000 people per 100,000 population.
- ❖ CFS is a major cause of morbidity in Australia, probably severely affecting more than 50,000 Australians



# *The Medical Profession*

- ❖ All doctors have an obligation to work in the best interests of their patient, above all other considerations
- ❖ Primary care practitioners (GPs) are best placed to diagnose and manage CFS
- ❖ Research efforts and funding for CFS should be directed towards the primary care practice setting, with support and input from appropriate academic institutions



# *Complementary Medicine in CFS*

- ❖ Many modalities used in Complementary Medicine have empirical evidence of benefit in CFS, and deserve further research
- ❖ Outcome studies should be instituted to assess the benefit (including cost-benefit) of the most promising complementary modalities
- ❖ Funding should be directed towards such outcome studies, based in both complementary and orthodox primary medical practices



# *Research and CFS*

- ❖ Data are needed to identify the modalities (complementary & orthodox) which demonstrate the highest cost-benefit in CFS
- ❖ Funding needs to be gained for research into the most promising modalities
- ❖ Research should be carried out in a primary practice setting, involving doctors practising Complementary Medicine
- ❖ Research programs & outcome studies should be carried out in association with recognised research institutions



# *Education*

- ❖ Doctors require education in the diagnosis and management of CFS
- ❖ The benefits of using Complementary Medicine in the management Chronic Fatigue Syndrome should be conveyed to
  - the medical profession
  - sufferers of CFS and their carers
  - the public generally