

Peer Review

Review of: "The Concept of ME/CFS"

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After reading Dr. Edward's commentary, The Concept of ME/CFS, I am reminded of how little progress towards understanding, let alone treating, this terrible disease has been made over the past 30 plus years. As Dr. Edwards points out, ME/CFS is an amalgam of two concepts, neither of which really represents the condition to which they apply. In truth, the term ME/CFS is more about expediency than a genuine attempt to describe a disease. At least in the US, without a disease name, it is difficult to get a diagnosis, and absent a diagnosis, receiving treatment can be problematic.

Responding to patient pleas for a name change and recognizing that "chronic fatigue syndrome" does not accurately reflect the seriousness of the disease, in 2010, the Chronic Fatigue Advisory Committee (CFASAC) to the US Department of Health and Human Services (HHS) recommended that the Department add ME to CFS when referencing the disease. When the committee's charter was renewed in 2014, all mentions of CFS were amended to include ME, demonstrating HHS's support for the Committee's recommendation. Subsequently, both the US National Institutes of Health (NIH) and the US Centers for Disease Control (CDC) began to use the term ME/CFS publicly.

Unfortunately, this did not resolve the controversy whereby ME is regarded as the more serious disease and CFS is often deemed psychosomatic. Dr. Edwards is probably correct when he suggests that ME/CFS is a "newer concept" differing from both ME and CFS, but I am not sure that this view is universal. For my own part, in 2010, I perceived the term ME/CFS as merely a placeholder. Fourteen years in the future, I could not conceive that there would still be no biomarkers for which the disease could be named.

For anyone familiar with the history of ME/CFS, Dr. Edwards' commentary adds little new. It may, however, serve as a cautionary tale for persons involved with other similar conditions. Initially, I thought that efforts to understand post-acute sequelae of COVID-19 (PASC) or long-COVID would also shed light on the etiology of ME/CFS. But many of the same issues that bedeviled ME/CFS are apparent in the current approach to long-COVID, e.g., medical skepticism, imprecise case definitions, flawed epidemiological research, and psychiatric attributions, to name but a few.

Declarations

Potential competing interests: No potential competing interests to declare.