

*Newbury and District Clinical Commissioning Group  
North and West Reading Clinical Commissioning Group  
South Reading Clinical Commissioning Group  
Wokingham Clinical Commissioning Group*

**Excluded: Procedure not routinely funded**

**Policy Statement 130: Chronic Fatigue Syndrome/Myalgic Encephalomyelitis**

**Date of Issue: June 2008 (South Central Priorities Committee)**  
**Ratified and adopted: April 2013**

The South Central Priorities Committee reviewed the evidence for interventions in chronic fatigue syndrome/myalgic encephalomyelitis (CFS/ME) and in line with NICE Guidance considered that the evidence of clinical and cost effectiveness for cognitive behavioural therapy (CBT) and graded exercise therapy (GET) is sufficient to recommend either or both therapies be commissioned within the local pathways for CFS/ME. Where CBT and/or GET are not currently commissioned, they are recommended as a service development for future Commissioning.

All other interventions for CFS/ME and the provision of any intervention on an in-patient or residential basis are considered to be **Procedures Not Normally Funded**<sup>1</sup> due to lack of evidence of clinical and cost effectiveness.

CFS/ME comprises a range of symptoms including fatigue, headache, sleep disturbance, difficulty in concentration and muscle pain. An individual's symptoms may vary in severity and there is variation between patients. Although many patients improve over time, others do not. The cause of CFS/ME is unknown.

Many different interventions for CFS/ME have been investigated in clinical trials of varying quality. There is increasing evidence from good quality trials to support CBT and/or GET in the management of CFS/ME. CBT with or without GET is more effective than standard medical care and does not appear to be more expensive. There is evidence for effectiveness in both adults and children.

There is currently insufficient evidence to support any other intervention in terms of clinical or cost effectiveness. This includes immunological treatments, anti-viral therapy, pharmacological treatments, dietary supplements, complementary or alternative medicine, multi-treatment regimes, buddy-mentor schemes, group therapy and 'low sugar low yeast' diets.

There is currently no evidence relating to patients with severe CFS/ME (who are house or bed bound)<sup>1</sup>. There is currently no evidence to support the use of in-patient or residential settings to deliver effective interventions for CFS/ME. There is currently no evidence to suggest that any group or sub-group of patients with CFS/ME will benefit particularly from any specific intervention or that patients who have failed to improve on one intervention may do better on another.

The South Central Priorities Committee recommended that these gaps in current evidence should be investigated through appropriately designed and funded research trials.

Notes

1. Procedure not routinely funded formerly known as Low Priority/Procedure of Limited Clinical Value/Never Dos
2. Exceptional circumstances may be considered where there is evidence of significant health impairment and there is also evidence of the intervention improving health status.
3. This policy will be reviewed in the light of new evidence or guidance from NICE.
4. Further information on policy statements is available from <http://www.fundingrequests.cscsu.nhs.uk/>