

Health Care Provider Letter

Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS)

The U.S. Department of Health and Human Services recognizes Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) as a debilitating, multi-system, neurologic disease affecting up to 3 million Americans. Of these, the majority remain undiagnosed, largely due to a gap in healthcare knowledge on disease recognition and effective care management.

The purpose of this letter is to connect you with evidence-based research, diagnostic criteria, and treatment guidelines on ME/CFS, to ensure patients receive *timely, accurate, and effective healthcare- when and how they need it.*

According to the National Academy of Medicine's (formerly the Institute of Medicine) evidence-based report published by the National Academies Press in 2015, there are five core clinical features that can accurately identify ME/CFS and are required for diagnosis:

- A substantial reduction or impairment in ability to carry out normal daily activities, accompanied by profound fatigue
- Post-exertional malaise (worsening of symptoms after physical, cognitive, or emotional effort that can last days, weeks or months)
- Unrefreshing sleep
- ---and--
- Cognitive impairment --or--
- Orthostatic intolerance

These illness symptoms must have persisted at least six months and cannot be completely attributed to another disorder. The core symptoms must be moderate to severe and present at least 50% of the time.

Other common, but not core, manifestations of ME/CFS include pain and sensory amplification, abnormal immune function and the emergence of symptoms after an infection.

Biomarker and cellular research have increased our understanding of the underlying issues contributing to orthostatic intolerance, low energy capacity, and cognitive impairment. Furthermore, there are emerging insights about the relationship of ME/CFS to autonomic dysfunction, mast-cell activation syndrome, hypermobility disorders, post viral syndromes, and mitochondrial dysfunction.

Previous beliefs and misconceptions surrounding ME/CFS have dissipated, largely due to the research findings, publications, and acknowledgement from recognized institutions such as:

- [The Institute of Medicine \(IOM\)/National Academy of Medicine \(NAM\)](#)
- [National Institutes of Health \(NIH\)](#)
 - [Directors Blog with Dr. Walter Koroshetz & Dr. Francis Collins](#)
- [U.S. ME/CFS Clinician Coalition](#)
 - [Diagnosing and Treating ME/CFS Guidelines](#)
- [The Centers for Disease Control and Prevention \(CDC\)](#)
 - [Morbidity and Mortality Weekly Report, CDC Grand Rounds](#)
- [The Journal of the American Medical Association](#)
- [Michigan State Medical Society CME Modules](#) (*content is the intellectual property of the Bateman Horne Center*)
 - [Clinical Diagnostic Criteria for CFS, now called Myalgic Encephalomyelitis or ME/CFS](#)
 - [Uniting Compassion, Attention, and Innovation to treat ME/CFS](#)

The [Bateman Horne Center](#) (BHC) is a non-profit clinic and research center, advancing the science, treatment, and education of ME/CFS and related conditions. BHC serves as a subject matter expert and resource to you and other medical providers across the country.

Contact us for more information, and/or reference the publications and CME offerings hyperlinked above to increase your confidence in identifying and managing ME/CFS and related conditions.

Respectfully,

The Bateman Horne Center



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