

## Information about ME/CFS (Myalgic Encephalomyelitis/Chronic Fatigue Syndrome) for Health Care Providers

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 three 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 assist in your care management decisions.

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

- A substantial reduction or impairment in the 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 for at least six months** and cannot be completely attributed to another disorder. Frequency and severity are critical for separating ME/CFS from other causes of chronic fatigue. **The core symptoms must be moderate-to-severe and present at least 50% of the time.**

*It is important to recognize that other common 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, mitochondrial dysfunction, and many post-viral syndromes, including Long COVID.

Former beliefs and misconceptions about ME/CFS have dissipated, due to research findings, publications, and acknowledgment from recognized institutions and centers:

- [The Institute of Medicine \(IOM\)/National Academy of Medicine \(NAM\)](https://www.ncbi.nlm.nih.gov/books/NBK274235/)  
<https://www.ncbi.nlm.nih.gov/books/NBK274235/>
- [U.S. ME/CFS Clinician Coalition's website](https://mecfscliniciancoalition.org/)  
<https://mecfscliniciancoalition.org/>
- [Centers for Disease Control and Prevention](https://www.cdc.gov/me-cfs/index.html)  
<https://www.cdc.gov/me-cfs/index.html>
- [National Institutes of Health](https://www.nih.gov/research-training/medical-research-initiatives/mecfs)  
<https://www.nih.gov/research-training/medical-research-initiatives/mecfs>

### Publications:

- [Myalgic Encephalomyelitis/Chronic Fatigue Syndrome: Essentials of Diagnosis and Management](#). Consensus Recommendations. The Mayo Clinic Proceedings. VOLUME 96, ISSUE 11, P2861-2878, November 01, 2021.
- [Insights from myalgic encephalomyelitis/chronic fatigue syndrome may help unravel the pathogenesis of postacute COVID-19 syndrome](#). Anthony L Komaroff, W Ian Lipkin. Review Trends Mol Med. 2021 Sep;27(9):895-906. doi: 10.1016/j.molmed.2021.06.002. PMID: 34175230.

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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