

LETTER TO THE EDITOR

Reply to: Chronic fatigue syndrome: a clinical and laboratory study with a well-matched control group

How important are symptom criteria in the definition of CFS?

DEAR SIR,

Every statistic method has its limitations and statisticians may have their preferences. Co-variance analysis is an accepted method in social sciences.

But the main question: does the application of CDC symptom criteria define a distinct patient population that requires a different approach or treatment than fatigued patients who do not fulfil the CDC symptom criteria.

We would like to make the following remarks about this question.

The CDC symptom criteria for chronic fatigue syndrome (CFS), the Holmes or the Fukuda symptoms, are mere consensus criteria. This is demonstrated by the differences between the Holmes criteria (1988) and the Fukuda criteria (1994), proposed by a different group of experts. Perhaps more important is that both sets of symptom criteria are unvalidated.

A next point is that the way these CDC symptom criteria are assessed makes all the difference. The prevalence of symptoms based on a complaints probing list is much higher than spontaneously reported symptoms [1]. In this respect it is a pity that in the CDC definition of CFS it is not mentioned in what way these symptoms have to be assessed. There are many indications that CFS can best be seen as a condition at the end of a continuum, as we have discussed [2] based on two recent studies [3, 4]. The latter studies show, amongst other things, that after strict application of the CFS criteria, symptom criteria included, the diagnosis of CFS in the general population is not a stable

condition over time. At one moment, subjects are at the end of this continuum, fulfilling the criteria for CFS, and at other moments they shift and do not fulfil the CFS criteria.

Furthermore, Wessely *et al.* [5] have observed that there is a linear relationship between the number of symptoms included in the symptom criteria and the number of other somatic symptoms. This means that there is no evidence that CDC symptoms are characteristic of CFS.

In our studies we found that it is not specific symptoms which are related to impairment, but it is merely the fact that patients who report many symptoms have more concomitant functional impairment than patients who report few symptoms [1, 6], irrespective of which symptoms they report.

Last but not least, we have found in our treatment studies that there is no difference in effect of cognitive behaviour therapy between CFS patients with four or more symptoms and patients with one to three symptom criteria [7].

In conclusion, the diagnostic value of the symptom criteria still has to be demonstrated.

Conflict of interest statement

No conflict of interest was declared.

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