



Opposition to Graded Exercise Therapy (GET) for ME/CFS

Dear Health Care Provider,

May 1, 2018

We are greatly concerned by the promotion of graded exercise therapy (GET) as an intervention for myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) [1]. Our experiences working with ME/CFS patients are that graded exercise aimed at training the aerobic energy system, not only fails to improve function, but is detrimental to the health of patients and should not be recommended.

Graded exercise therapy mistakenly assumes that ME/CFS fatigue and disability result from inactivity and deconditioning [2]. However, exercise as treatment seems counterintuitive when the hallmark of ME/CFS is a distinctive post-exertional malaise or PEM, whereby even minimal mental or physical exertion leads to symptom exacerbation and reduced function [3]. ME/CFS is not deconditioning nor are its symptoms explained by inactivity. It is a complex, multi-system disease involving neurological, immunological, autonomic, and energy metabolism impairments [4]. The debility in ME/CFS is much greater than is seen with deconditioning [5].

Scientific studies have demonstrated that even mild exercise can provoke ME/CFS symptoms [6]. This low tolerance for physical activity is typified by an abnormally early transition to anaerobic metabolism [7]. In ME/CFS the aerobic energy system does not function normally. Physical exertion elicits a reaction so distinctive that many researchers, including the National Institute of Health's ME/CFS Intramural Study [8] and Cornell's Collaborative ME/CFS Research Center [9], use exercise, not as a therapy, but as a way to aggravate the illness so that it can be studied.

Indications of metabolic dysfunction in ME/CFS suggest that limiting sustained activity whenever possible is a more reasonable therapeutic approach. This minimizes risk of relapse. We contend that listening to patients provides evidence-based support for interventions that help rather than harm. Management programs for ME/CFS patients should first aim to reduce and stabilize symptoms before increasing activity levels. We believe this is best achieved through pacing that utilizes energy conservation techniques mindful of heart rate limits. Only then can careful training of the anaerobic energy system, (i.e., improving the body's tolerance for and ability to clear lactate while increasing ATP in resting muscle) be initiated [10].

This letter is motivated by concern about the potential harm to ME/CFS patients from GET. The views expressed here reflect the experiences of many ME/CFS patients, which we feel are well supported by the scientific literature.

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