



“The main goal of the guidelines is to help physicians help patients,” says Dr. André Jacques, director of the college’s practice and enhancement division. Patients were complaining to the college that GPs were unable to provide treatment and referred them to specialists. Many of the patients then had to wait months. “We think GPs can take care of CFS patients with a minimum of knowledge,” says Jacques. The guidelines were 2 years in the making and included a review of scientific literature and expert input from 5 physicians, including 2 microbiologists.

Canada has been a little slow off the mark: CFS is already recognized by the World Health Organization, the US Centers for Disease Control and Prevention and, as of July, the British government.

Recent research

Despite that recognition, some physicians doubt there is a biological basis for CFS and postulate that it involves some form of depression or anxiety. However, some research points in another direction. Most of it focuses on the roles infection, the immune system and hormones may be playing (see sidebar).

Dr. Sean O’Sullivan, a general practitioner and psychotherapist from Tillsonburg, Ont., who treats patients

with CFS, holds great hope for new findings from a Philadelphia researcher. Dr. Robert Suhadolnik, a professor of biochemistry at Temple University, has found a statistically significant dysregulation in one of the antiviral pathways in CFS patients. The test is now being applied in the Netherlands and paid for by its health services. “The tide of experimental evidence is turning inexorably in favour of a biological basis [for CFS],” says O’Sullivan.

In fact, there’s a movement in the US to drop “syndrome” from the name to acknowledge this biological basis.

All the new research may also affect how physicians view, and treat, CFS patients. “We won’t have to wait for this generation [of doctors] to die before the disease is acknowledged,” says O’Sullivan. “I’ve seen patients who have had their charts hurled at them by physicians.”

Treatment options

The Public Health article in this issue (p. 519) provides an approach to diagnosing and managing CFS patients; *CMAJ* also asked 3 physicians how they treat the illness. O’Sullivan has seen about 500 CFS patients since 1986, while Dr. Ian Bowmer, the dean of medicine at Memorial University, has been seeing these patients since the early 1980s and now treats about 60 of them. And Dr. James

A physician’s life with CFS

“Chronic fatigue syndrome made me feel like there was toxic waste in my veins,” says Dr. Sean O’Sullivan. “I’d never experienced anything like it. It’s not like the fatigue after a workout — you are completely exhausted. You feel you have been poisoned.”

O’Sullivan, a GP from Tillsonburg, Ont., is a textbook patient for CFS. A hard-working general practitioner with a very active personal life that included white-water kayaking and martial arts, he’d heard about CFS in medical school — at the time it was called Icelandic disease — but he’d never diagnosed a case. “I’d see some and I’d do testing and would say, ‘I can’t find anything wrong with you, take vitamins, rest, do some exercise.’”

O’Sullivan gained personal experience with the syndrome in 1984. He says he was part of a cluster of cases. His sister-in-law, an ER nurse, and a number of her colleagues also got ill. The nurse had an eye infection that both O’Sullivan and his wife, a psychotherapist, contracted. They all wound up with CFS.

O’Sullivan lost 4 months’ work in that first year. In

1985 the medical literature said it lasted 6 weeks to 18 months, so he went back to work full time: delivering babies, working nights on call and emergency, and sleeping poorly. He did it for a year, relapsed, took 4 months off, worked another year, had another relapse, and took 6 months off.

By 1988 he’d learned his lesson and went back to work slowly, gradually increasing his workload. He also started training in psychotherapy and began to see more CFS patients. “I’m much better than I was 10 years ago,” says O’Sullivan, 53. “Medicine made no difference, just time.” He also tried alternative therapies — evening primrose oil among others — and nothing worked.

He still doesn’t talk much to his colleagues about the condition. “There’s no point,” he says. “They’re not interested.” He thinks the Quebec guidelines will help change things a little, but real change will only come with proper scientific results. “This disease,” he says, “changed my life completely.”