

Appendix 5 (as supplied by the authors): Exercise for people with Chronic Fatigue Syndrome

Details based on the Graded Exercise Therapy [GET] as delivered in the PACE trial¹ - www.pacetrials.org

Rationale for exercise: To reverse the physical deconditioning, exercise intolerance and avoidance that has been caused by inactivity and to gradually re-engage the person in physical activity. Based on the assumption that chronic fatigue syndrome is maintained by physiological changes of deconditioning and activity avoidance - which can be reversed. It involves a careful assessment of the participant's current physical capacity, and mutual negotiation of meaningful functional, physical goals

Provider: Trained exercise therapist, such as a physiotherapist or exercise physiologist, who has had training and experience with GET in patients with chronic fatigue syndrome (see pp 33-35 of therapist manual).

Mode: Sessions delivered face-to-face, but agreed physical activity and exercises are completed unsupervised between sessions.

Where: appropriate hospital outpatient or community facility

Materials needed:

Participant manual available at:

<http://www.pacetrials.org/docs/get-participant-manual.pdf>

Therapist manual available at:

<http://www.pacetrials.org/docs/get-therapist-manual.pdf>.

Physical activity and exercise diary; information sheets and worksheets (e.g. goal setting, exercise questionnaire) ; ambulatory heart monitor (lent to individuals); pedometer (optional); printed copy of Borg scale (pp. 156-7 of therapist

manual); therapist record sheets (pp 93- 124 of therapist manual)

Procedure: A baseline of physical activity is agreed and commenced, at a manageable and low level of intensity. The duration of the activity is then increased slowly, regularly, and carefully, at the right time for each person. Once managing 30 minutes of low intensity exercise a day (e.g. walking), the intensity may be increased by keeping a careful record of their exercise and not exceeding their target heart rate. A wide choice of exercises and activities is useful (e.g. walking, cycling, swimming, Tai Chi), with the goal of building them into daily activities. For details of each session see pg 31, pp 38-68 of therapist manual.

Number of exercise sessions: Up to 15 sessions. There are three main treatment phases, plus a booster session in the final session:

Phase 1 (Assessment, engagement, and treatment planning) - sessions 1 to 3; Phase 2 (Active treatment) - sessions 4-12; Phase 3 (Preparation for discharge) - sessions 13-14.

Schedule details: Sessions 1-4 occur weekly; the remainder occur fortnightly. Schedule of home activities is 5-6 days/week.

Duration and intensity of each session: The first session is up to 90 minutes in duration; the remainder are up to 50 minutes.

Other: Engaging the person to participate in the exercise plans is crucial (see tips on pg 32 of the therapist manual). *The planned physical activity (not symptoms) is used to determine what the person does.* The level of activity is mutually reviewed regularly and adjusted depending on the person's current health and symptoms. Activity is not increased if there is a global increase in symptoms.

Reference

1. White PD, Goldsmith KA, Johnson AL, et al. Comparison of adaptive pacing therapy, cognitive behaviour therapy, graded exercise therapy, and specialist medical care for chronic fatigue syndrome (PACE): a randomised trial. *Lancet* 2011;377:823-36.