

Transplant & Specialist Services Division
Infection & Immunity Directorate

Fatigue Service
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To whom it may concern

RE: Rochelle Craker DOB: 17/02/1988 NHS:
106 Falkland Rd, London, N8 0NP

This letter serves to confirm that Miss Craker is registered with our chronic fatigue service.

Diagnosis: Myalgic Encephalopathy/Chronic Fatigue Syndrome (ME/CFS)

GP provided past medical history (PMH):

- Hypertension
- Anxiety
- Complex PTSD

Additional PMH provided by Miss Craker:

- Migraines
- Multiple chemical sensitivity disorder symptoms
- OCD
- Depression
- Hypermobility

The Centre for Diseases Control (2018) defines ME/CFS as

“a biological illness, not a psychological disorder. Patients with ME/CFS are neither malingering nor seeking secondary gain. These patients have multiple pathophysiological changes that affect multiple systems”

Diagnostically, those with ME/CFS must have:

- Debilitating fatigue of at least 3 months duration
- Post exertional malaise (PEM).
- Disturbed/unrefreshing sleep.
- Cognitive impairment (e.g., problems with concentration, memory, and word-selection)

In addition to these symptoms, people with ME/CFS frequently experience several other symptoms/conditions such as:

- Generalised muscle and joint aches/pains
- Orthostatic intolerance
- Sore throats
- Tender lymph nodes
- Palpitations
- Headaches
- Irritable Bowel Syndrome
- Multiple Chemical Sensitivity Disorder
- Depression/anxiety

Those with ME/CFS may also experience practical challenges on a day-to-day basis, for instance:

- Challenges with self-care (food preparation, shopping, housework)
- Staying in employment, and they may require workplace adjustments to do so.
- Social isolation
- Stigma because of a lack of public understanding into the condition and unhelpful stereotypes.

In Miss Craker's specific case, she is socially isolated, unable to work currently, and unable to walk > 5 mins before a significant increase in PEM. As she is seldom able to leave the home, she also requires assistance from others with shopping, cooking, and cleaning.

The effective treatment of ME/CFS requires a holistic view from a multidisciplinary team. Our team consists of a GP, An Advanced Practice Physiotherapist, specialist physiotherapists, specialist psychologists and a peer support worker (somebody with a lived experience of ME/CFS themselves).

Our service is based upon Acceptance and Commitment Therapy (ACT) and Compassion Focussed Therapy (CFT), which aim to assist people in living a full life in accordance with their individual values, and to disentangle from some of the vicious cycles, which may perpetuate and sustain ME/CFS.

In addition to these therapeutic principles, we also offer practical advice for

- Overcoming stigma
- Energy management
- The influence of challenging thoughts and emotions, and how to address these.
- Communication skills
- Postural Tachycardia Syndrome management
- Diet and nutrition
- Flare-up planning

As well as our service's input, effective understanding from other healthcare services, employers and family members are likely to be invaluable. Conversely, a lack of understanding and unhelpful stereotypes is likely to be detrimental.

For anybody wishing to understand their family member/employee/client/patient/service user more fully, please feel free to access our website, www.rfcfs.co.uk, which offers more, frequently updated, material.

Yours sincerely,

Approved but not signed to avoid delay

Alan Lythgoe
Advanced Practice Physiotherapist
Team and Clinical Co-Lead, Fatigue Service