

Section 1.5 Assessment and care planning by a specialist M.E./CFS team

Key messages for this section

- After confirming an M.E./CFS diagnosis, a special M.E./CFS team should carry out a holistic assessment, which should include:
 - a full history including relevant symptoms, comorbidities, overall physical and mental health, sleep quality, anything known to exacerbate or alleviate symptoms, and other causes of stress
 - physical functioning
 - the impact of symptoms on overall wellbeing
 - current and past experiences of medicines, vitamins, and mineral supplements
 - Dietary assessment (weight before and after diagnosis, use of restrictive and alternative diets, access to shopping and cooking).
- Following the assessment, a specialist M.E./CFS team should develop a personalised management plan with the patient. This should provide information and support, including managing daily living, symptom and flare-up management, physical maintenance, education, employment support, and details of the professional's involved in the person's care. A copy of this plan should be given to the person with M.E., their family/carer(s), and to their GP.
- The draft guideline is clear that the patient is in charge of their management plan and that the plan must be mutually agreed depending on the person's preferences and needs, their ability to manage their condition, their hopes, plans and priorities, the severity of their symptoms, and their physical and cognitive function.
- People with severe or very severe M.E. should be offered home visits to carry out the holistic assessment and develop their management plan.

For more information about the NICE guideline for M.E./CFS or to share your view, please visit www.actionforme.org.uk/NICE