What is my most important learning point about ME/CSF?

ME is a life-altering illness with some of the worst reported health-related quality of life. Public awareness is low, and this is mirrored by a lack of understanding among doctors; 62% of patients surveyed said they are not confident that their GP understands their condition (Muirhead et al., 2021). As a medical student, my most important learning point is two-fold: pacing is a vital self-preservation tool for ME/CFS sufferers, and we must be mindful of the harms caused by exercise-based therapies.

Recent biomedical research supports the hypothesis that ME/CFS is a post-viral illness, often triggered by infections such as Epstein-Barr virus, enteroviruses, or SARS-CoV-2. Biological markers—such as immune dysregulation, mitochondrial dysfunction, and viral reactivation—differentiate ME/CFS from other conditions (Meresearch.org.uk, 2025). A systematic review found that patients with post-COVID syndrome who meet ME/CFS criteria exhibit sustained symptom severity and distinct biomarker profiles, reinforcing the overlap between long COVID and ME/CFS (Legler et al., 2023). These findings challenge outdated psychological models and underscore the need for biomedical approaches to treatment.

Historically, treatment was based on the idea that patients could recover by “reframing beliefs about illness” (BMJ, 2025). Graded Exercise Therapy (GET), the main intervention from this model, was recommended despite weak evidence. In 2016, NICE reversed its guidance due to growing evidence of harm. Its latest advice states: “Do not offer people with ME/CFS any therapy based on physical activity or exercise as a cure” (NICE, 2021). Yet many clinicians still view ME as psychological (Geraghty, 2020) and may advise patients to push through symptoms. While exercise benefits most people, it can worsen symptoms in ME/CFS due to Post-Exertional Malaise (PEM)—a marked exacerbation following physical, sensory, or emotional exertion.

The most well-evidenced management strategy is pacing. Pacing, or “energy management,” helps patients stay within their energy limits and avoid flare-ups. It accounts for cognitive tasks, mobility, daily living, and relationship demands. A systematic review from the University of Manchester found pacing improved fatigue, though more high-quality evidence is needed to support NICE guidelines (Sanal-Hayes et al., 2024). No specific pharmacological treatments are recommended, though symptom relief may include analgesia and sleep aids.

ME has been historically dismissed and under-researched. With 75–85% of adult sufferers being women (Jason et al., 1999), we must reflect on the role medical misogyny has played. Professor Chris Ponting, who led a genetic study on ME, blamed the lack of research on a bias toward funding conditions that benefit men (Leask, 2025). This bias affects clinical care too. The myth that ME is “all in your mind” reflects a broader problem of doctors being more dismissive of women’s symptoms (B Trachman, 2025). ME patients may be misdiagnosed with depression or labelled as having “unexplained medical symptoms” (MEpedia, 2023), resulting in years of unnecessary suffering.

To conclude, ME is not psychological, and exercise is not a cure. Pacing remains the most important tool we have to help patients preserve function and quality of life.

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