Learn about ME webinar

Thursday 12 November 2026

Dr Nina Muirhead, Dr Robin Kerr and Becky Sessions

ACTION FOR M.E.
the ME association
#ME ACTION SCOTLAND
LONG COVID Scotland
Scottish Government
Riaghaltas na h-Alba

Contents

- What is ME? Symptoms and impact
- Diagnosis and management
- CPD for ME
- Quality of life
- Pathophysiology
- Pharmacological symptom management
- More on post-exertional malaise in practice
- Rehabilitation versus energy management
- Multi-morbidities
- Making services accessible
- Signposting and resources

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What is Myalgic Encephalomyelitis?

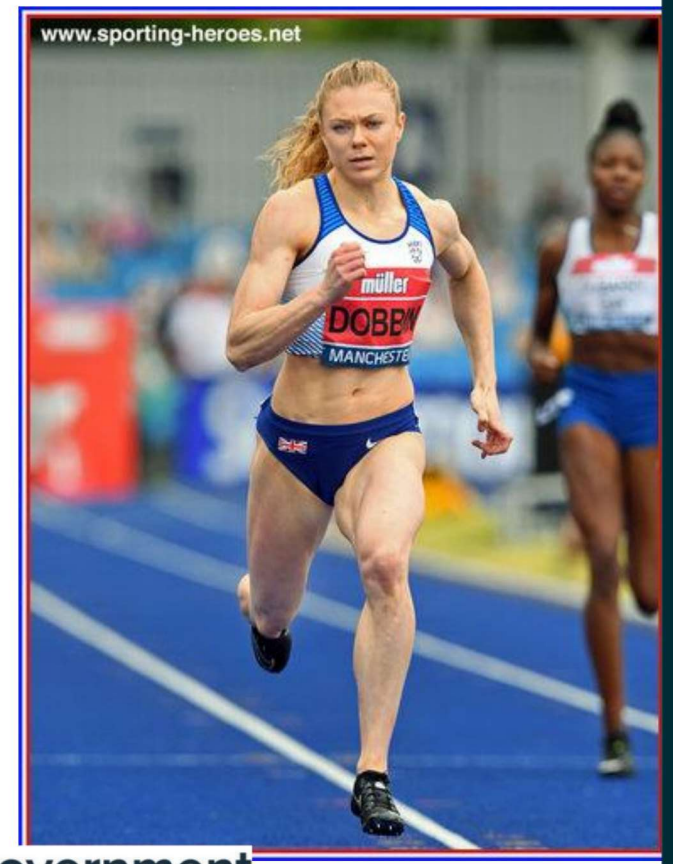
- Neurological disease
- Characterised by symptom exacerbation following exertion
- Range of severity can fluctuate
- Other main diagnostic criteria: Unrefreshing sleep, severe fatigue or exhaustion limiting function, cognitive impairment and post exertional malaise (PEM)
- **Recognition and Support**

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Life Altering disease even for Olympic Athletes

"I've gone from training five hours a day to being bedbound 22 and a half hours a day."
"… I've left the house just five times this year."
"I only get up to eat and use the bathroom."
"Even conversations, bright lights or loud sounds can trigger a 'crash' lasting days or, in severe cases, months."
"It's life-decimating like I can't even put into words."
"It feels like you are a few days from death."
"It feels as though my entire body is shutting down; it feels like you are a few days from death."
"Your body just can't produce energy properly… it leaves you with so many symptoms I can't even list them.

Beth Dobbin, Olympic sprinter



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Symptoms of ME/CFS

- orthostatic intolerance and autonomic dysfunction
- dizziness, palpitations
- fainting
- nausea
- worsening symptoms on standing or sitting upright from a reclining position
- temperature hypersensitivity
- profuse sweating
- chills
- hot flushes
- feeling very cold
- neuromuscular symptoms, twitching and myoclonic jerks
- flu-like symptoms
- sore throats, muscle aches
- intolerance to alcohol, or to certain foods, and chemicals
- heightened sensory sensitivities, including to light, noise, touch and smell
- pain, including pain on touch, myalgia
- headaches, eye pain, abdominal pain
- joint pain without acute redness, swelling or effusion

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Diagnosis and management

- Early diagnosis based on history
- 3 months of symptoms

- Fatigue
- Unrefreshing sleep
- Post exertional malaise
- Cognitive impairment

- Management is supportive, mobility aids and care as needed

- Pacing and rest, managing energy

- Regular review for other co-morbidities

- Medication to treat problems with sleep, pain, orthostatic intolerance

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Patient interviews: how did you present to your GP?

- “I was too ill to continue.”
- “I got the flu, went back to work, then started getting pins and needles and other symptoms.”
- “I thought I was slipping away I felt so ill.”
- “Things can sometimes hit me for days or weeks at a time.”
- “My neck would get really stiff, tremendous headache and a fever.”
- “The next time it happened I thought: Oh well, I didn’t die last time.”
- “I kept going to the GP and saying: I’m not well… I’m not well.”
- “I had pneumonia and I wasn’t getting better… and I wasn’t getting better…”

“I was working… I was starting to feel really ill but I was pushing through. And then one day I decided to jog back home from school, the next day I totally collapsed and felt like I was dying.”

“[You] feel ashamed that you can’t live your life the way you want to.”

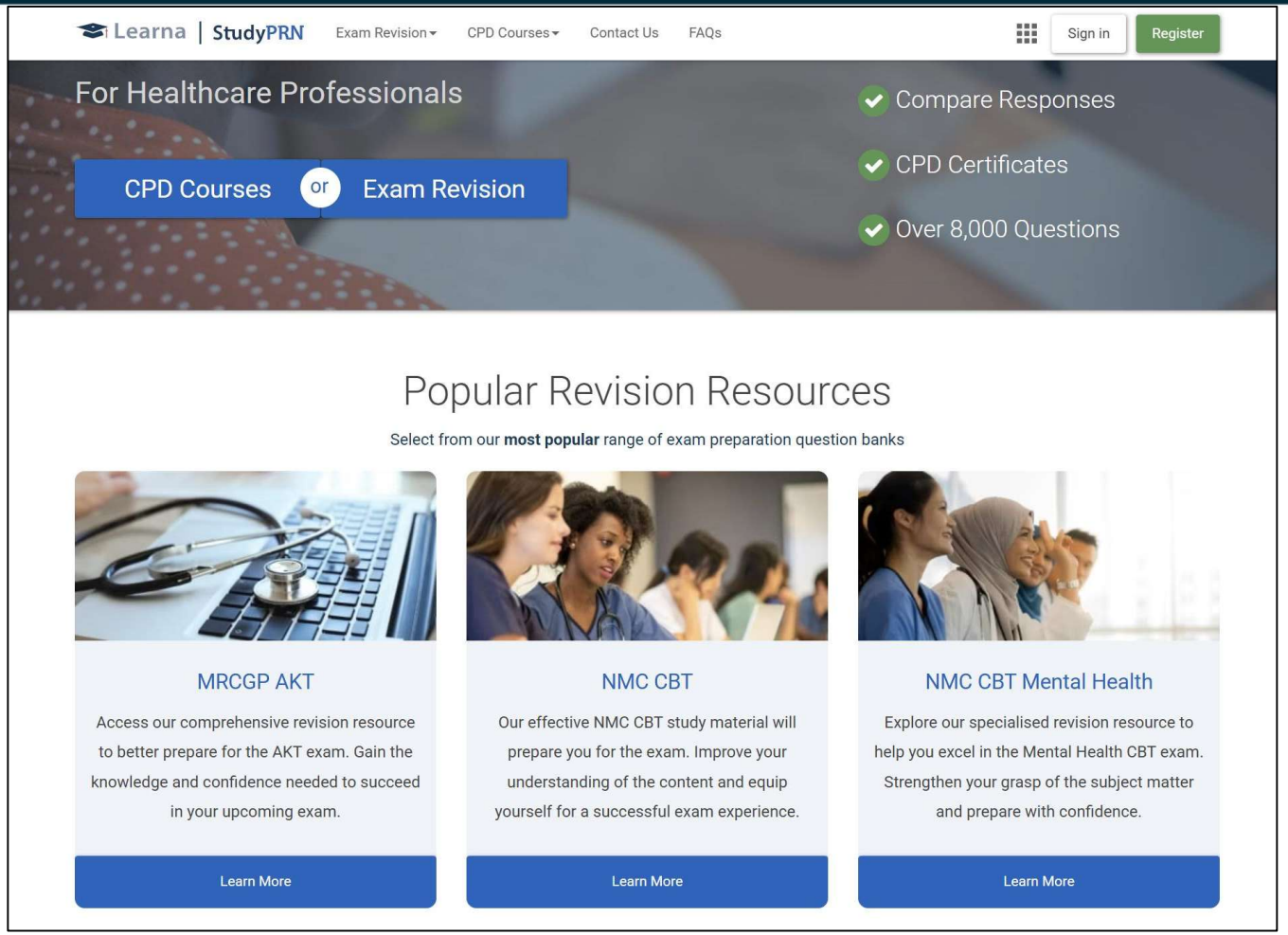
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What to ask the patient about post-exertional malaise

- What fraction of your pre-illness capacity (mental/physical) are you functioning at? What could you do before the disease versus now?
- How many hours a day/week can you function productively/do useful things?
- How many hours/day are your feet on the floor?
- What happens when you engage in normal/trivial (previously tolerated) physical or mental exertion?
- Do you avoid or change certain activities because of what happens after you do them?
- What can/can't you manage on a good/bad day?
- How long does it take to experience symptoms and to recover (be asymptomatic or back to baseline) after physical or mental effort?

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www.studyprn.com



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Learna | StudyPRN

CPD CERTIFICATE

Awarded To

Clare Ogden

Module Completed

Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (2)

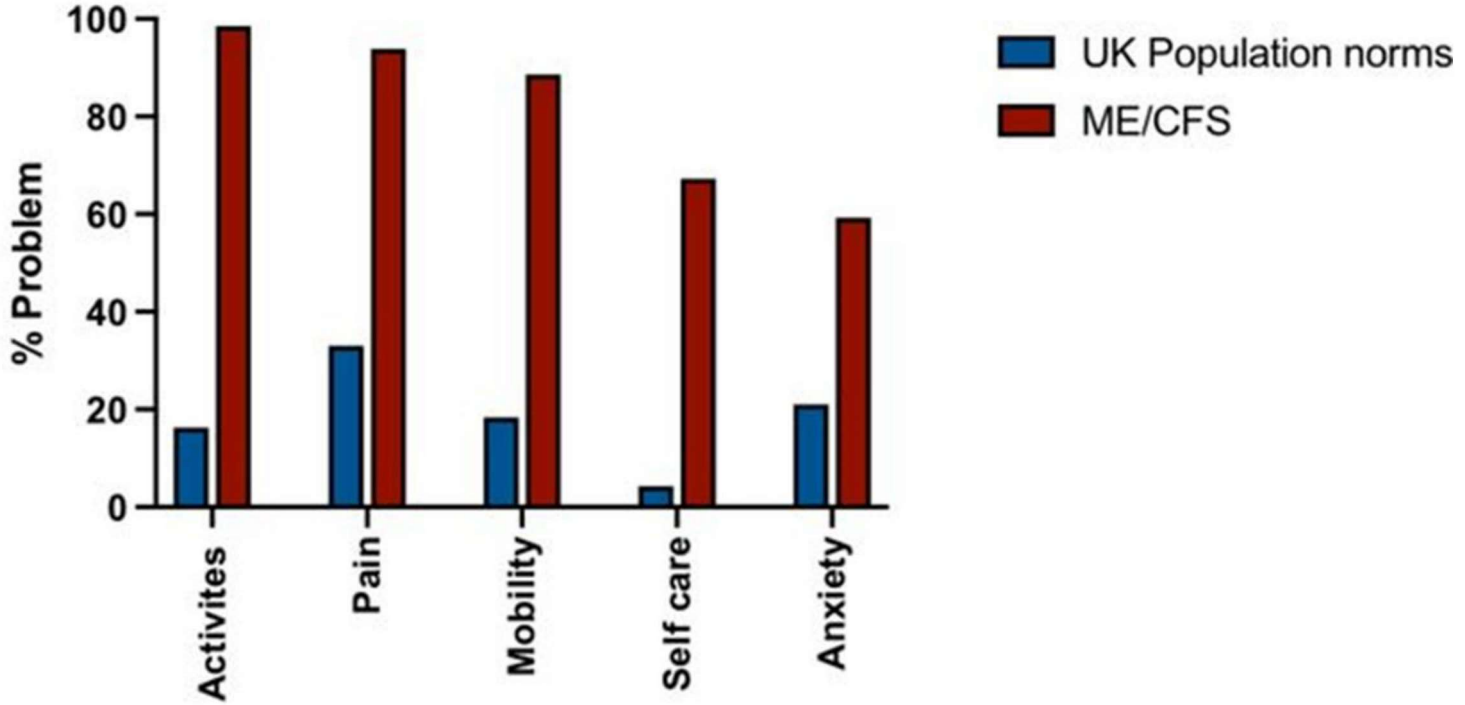
CPD 1 HOUR

Completion Date

07 November 2026

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Quality of life research



Jui Vyas et al. BMJ Open 2022;12:e058128

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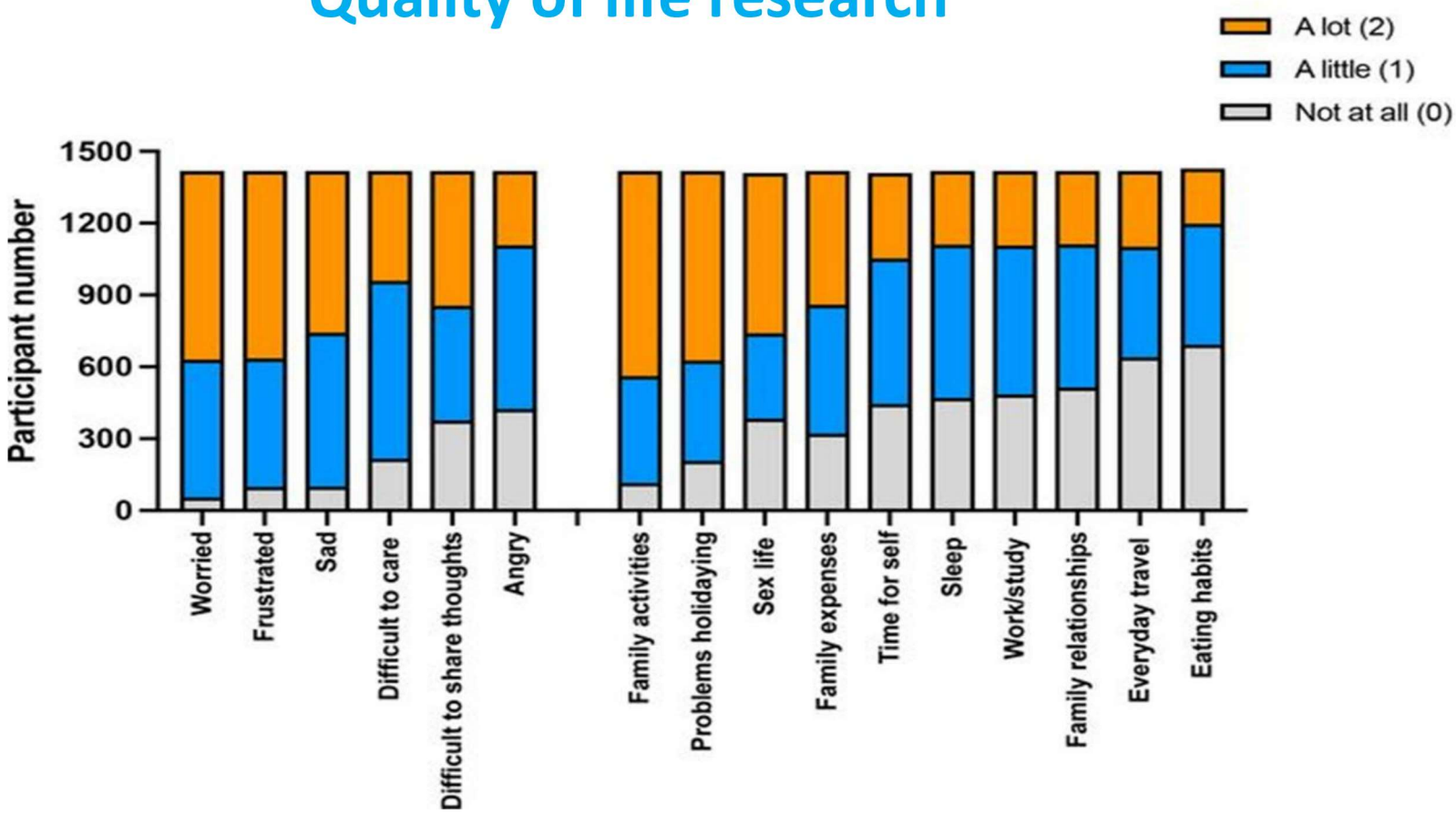
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PATHOPHYSIOLOGY?



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ME patients have reduced exercise capacity on day 2; controls' capacity increases

Journal of *Clinical Medicine*

MDPI

Review

The Prospects of the Two-Day Cardiopulmonary Exercise Test (CPET) in ME/CFS Patients: A Meta-Analysis

Eun-Jin Lim [1], Eun-Bum Kang [2], Eun-Su Jang [1] and Chang-Gue Son [1,*]

[1] Department of Korean Medicine, Institute of Bioscience and Integrative Medicine, Daejeon University, 62 Daehak-ro, Dong-gu, Daejeon 34520, Korea; eunjinlimsydney@gmail.com (E.-J.L.); jang.ensu2@gmail.com (E.-S.J.)

[2] Department of Health and Exercise Management, Daejeon University, 62 Daehak-ro, Dong-gu, Daejeon 34520, Korea; kbume23@naver.com

* Correspondence: ckson@dju.ac.kr; Tel.: +82-42-229-6484; Fax: +82-42-257-6398

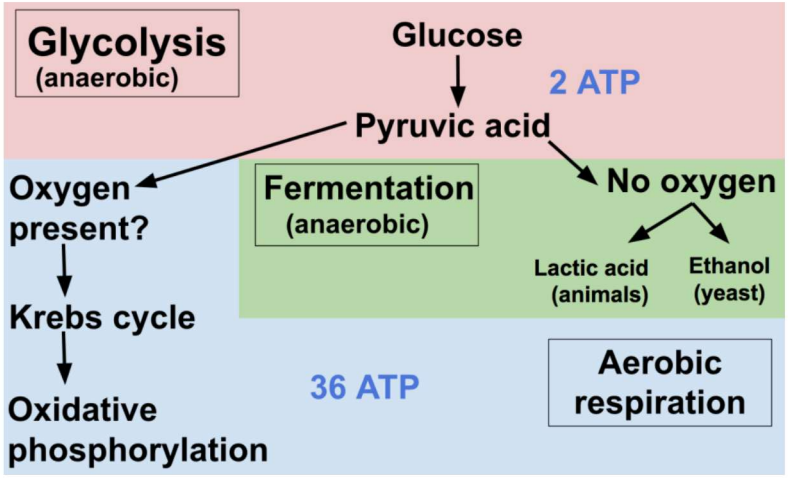
Received: 10 November 2020; Accepted: 11 December 2020; Published: 14 December 2020

check for updates



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ME patients with elevated blood lactate at rest are at higher risk for more severe PEM



www.nature.com/scientificreports

SCIENTIFIC REPORTS
nature research

OPEN

Elevated blood lactate in resting conditions correlate with post-exertional malaise severity in patients with Myalgic encephalomyelitis/Chronic fatigue syndrome

Alaa Ghali[1*], Carole Lacout[1], Maria Ghali[2], Aline Gury[1], Anne-Berengere Beucher[1], Pierre Lozac'h[1], Christian Lavigne[1] & Geoffrey Urbanski[1]

Elevated blood lactate after moderate exercise was reported in some of patients with myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS). We hypothesised that blood lactate could be also elevated in resting conditions. We aimed investigating the frequency of elevated lactate at rest in

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The reduction in VO_2 max in Long COVID patients is from a peripheral rather than a central cardiac limit due to impaired capillary oxygen extraction and not deconditioning

[Chest Infections Original Research]

CHEST

Persistent Exertional Intolerance After COVID-19

Insights From Invasive Cardiopulmonary Exercise Testing

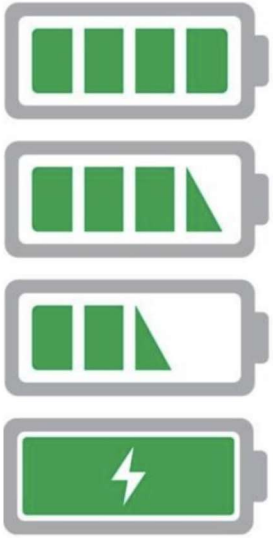
Inderjit Singh, MD; Phillip Joseph, MD; Paul M. Heerdt, MD, PhD; Marjorie Cullinan, RT; Denyse D. Lutchmansingh, MBBS; Mridu Gulati, MD, MPH; Jennifer D. Possick, MD; David M. Systrom, MD; and Aaron B. Waxman, MD, PhD

AND
de Boer E et al. Am J Respir Crit Care Med 2022; 205: 126–9. 131.
Heerdt PM et al. Br J Anaesth 2022; 128: e246–9. 132.
Singh et al. Pulm Circ 2023; 13: e12220. 134.
Schwendinger et al. Sports Med 2023; 53: 51–74.

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These studies offer a potential explanation for the post external symptom exacerbation (PESE) or post exertional malaise (PEM) suffered by ME/CFS and long COVID patients

Healthy



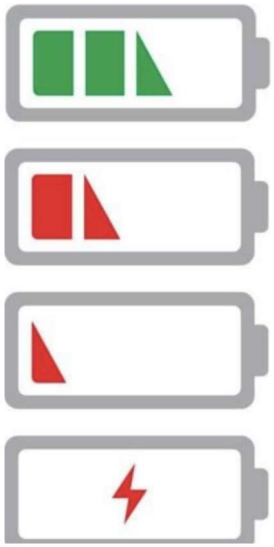
In the morning your battery is full.

In the afternoon energy is used for mental activities, but you still have plenty of energy left.

In the evening a substantial part of your energy is used.

At night your battery is recharged again.

ME/CFS



In the morning your battery is partly filled. This is your maximum attainable level.

In the afternoon after a few mental activities, your battery is almost empty.

In the evening, or sometimes even before, your battery is empty.

At night your battery tries to recharge, but it's not strong and cannot be fully recharged.

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What could be a peripheral cause of VO_2 max reduction?

ESC HEART FAILURE
ESC Heart Failure 2020; **7**: 1064–1071
Published online 10 March 2020 in Wiley Online Library (wileyonlinelibrary.com) **DOI:** 10.1002/ehf2.12633

ORIGINAL RESEARCH ARTICLE

Peripheral endothelial dysfunction in myalgic encephalomyelitis/chronic fatigue syndrome

Nadja Scherbakov[1,2,3,4*†], Marvin Szklarski[5†], Jelka Hartwig[5], Franziska Sotzny[5], Sebastian Lorenz[5], Antje Meyer[1,3,4], Patricia Grabowski[5], Wolfram Doehner[1,2,3,4] and Carmen Scheibenbogen[1,5]

[1]*Berlin-Brandenburg Center for Regenerative Therapies (BCRT), Augustenburger Platz 1, 13353, Berlin, Germany;* [2]*DZHK (German Centre for Cardiovascular Research), partner site Berlin, Berlin, Germany;* [3]*Department of Cardiology, Charité - Universitätsmedizin Berlin, Berlin, Germany;* [4]*Center for Stroke Research Berlin (CSB), Charité - Universitätsmedizin Berlin, Berlin, Germany;* [5]*Institute of Medical Immunology, Campus Virchow, Charité - Universitätsmedizin Berlin, Berlin, Germany*

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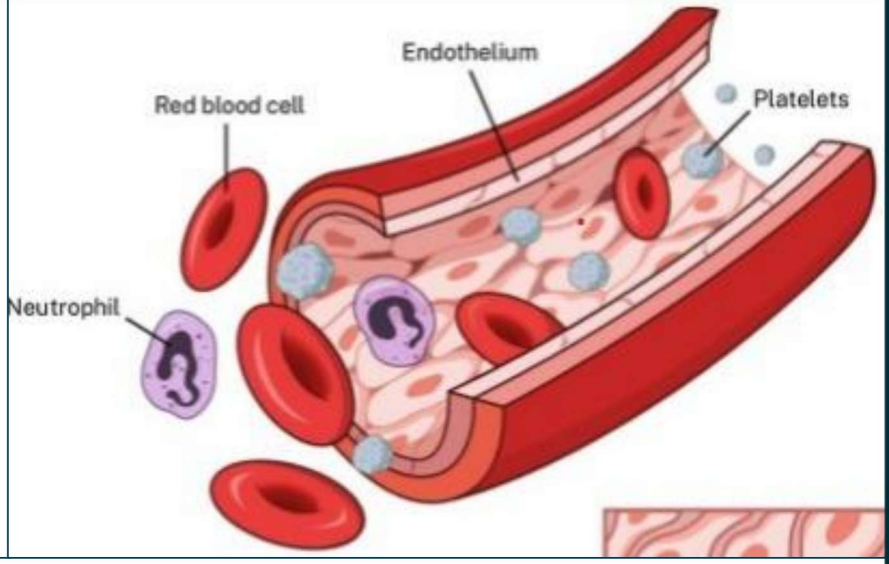
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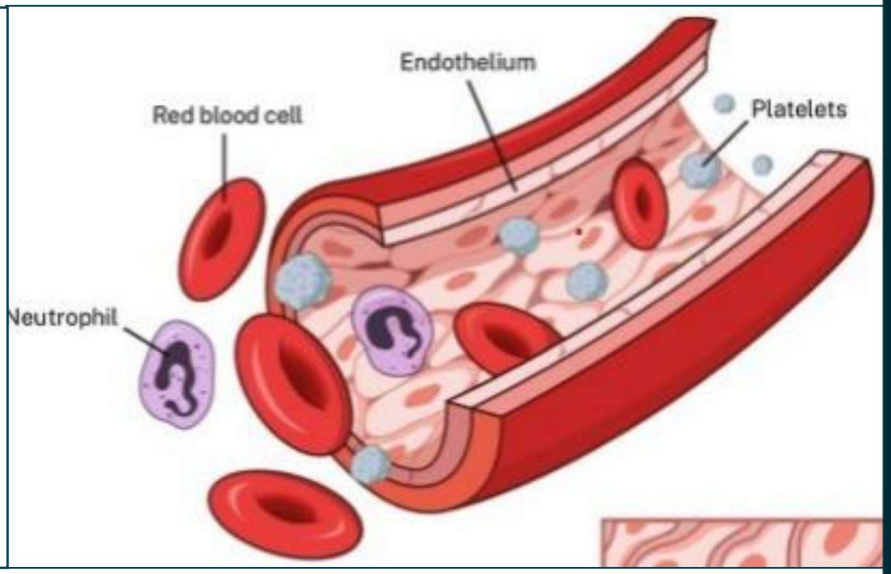
https://doi.org/10.1016/j.transci.2022.103368.

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What could be a peripheral cause of VO_2 max reduction?

Markers of endothelial damage in ME and Long COVID correlate with higher symptom burden and reduced exercise tolerance

Captur G, Moon JC, Topriceanu C-C, et al. eBioMedicine 2022; 85: 104293.
Fogarty H, Townsend L, Morrin H, et al. J Thromb Haemost 2021; 19: 2546–53.
López Castro J. Acta Médica Port 2020; 33: 859–859.
Prasannan N, Heightman M, Hillman T, et al. Blood Adv 2022; 6: 4041–8.
Ambrosino P, Calcaterra I, Molino A, et al. Biomedicines 2021; 9: 957.
Barrett TJ, Cornwell M, Myndzar K, et al. Sci Adv 2021; 7: eabh2434.
Charfeddine S, Ibn Hadj Amor H, Jdidi J, et al. Front Cardiovasc Med 2021; 8: 745758. Chioh FW, Fong S-W, Young BE, et al. eLife 2021; 10: e64909.
Haffke M, Freitag H, Rudolf G, et al. J Transl Med 2022; 20: 138.
Sollini M, Ciccarelli M, Cecconi M, et al. Eur J Nucl Med Mol Imaging 2021; 48: 1460–6.
Turner S, Naidoo CA, Usher TJ, et al. Infectious Diseases (except HIV/AIDS), 2022.



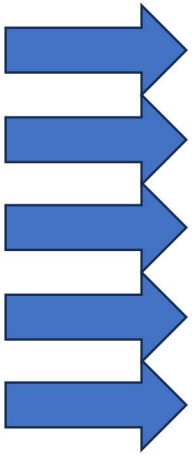
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What does the endothelium do?

Role

- Barrier/membrane
- Vascular tone
- Clotting control
- Host defence
- Inflammation



Potential consequence

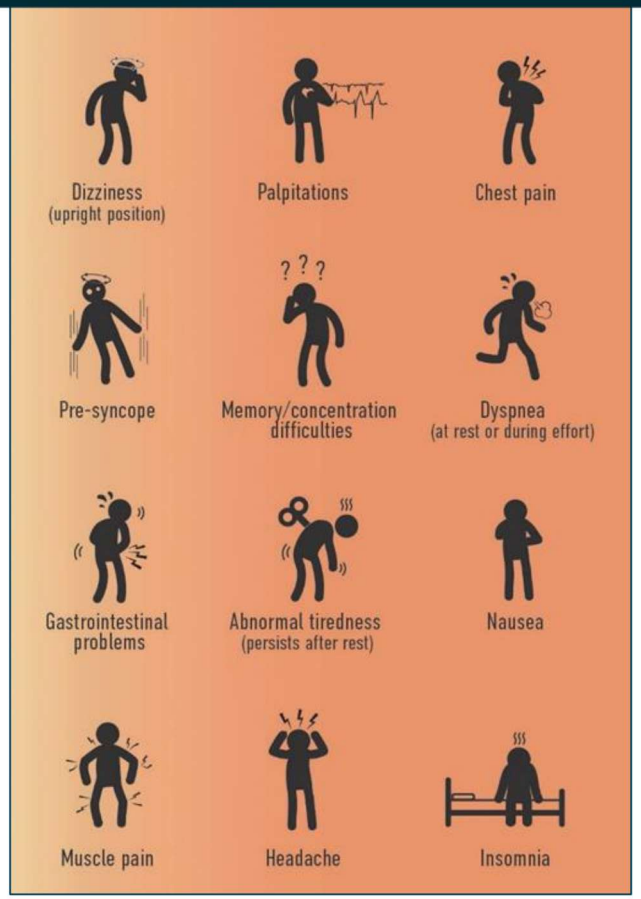
- Reduced exercise capacity
- Autonomic dysfunction
- Coagulopathy, microclots
- Mast cell activation
- Organ damage

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Symptom management: pharmacological



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https://doi.org/10.1111/joim.13566

Autonomic dysfunction

- Look for it
- Test for it with NASA lean test
- NASA-LeanTest-Instructions-April-2018.pdf (batemanhornecenter.org)



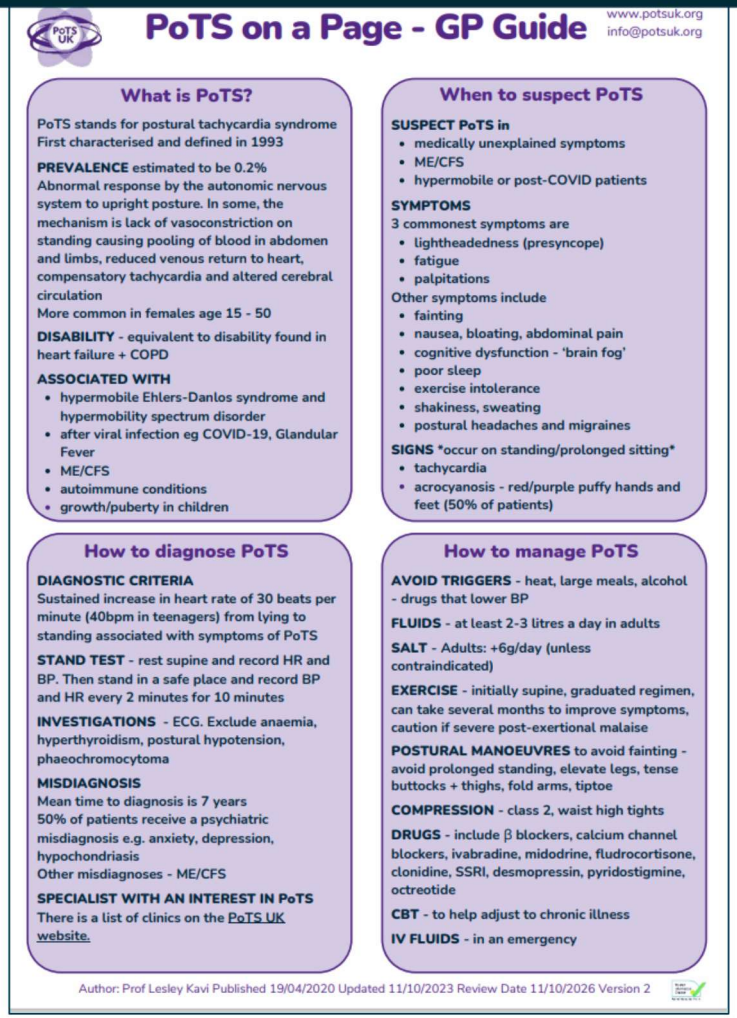


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Autonomic dysfunction

- Fluids
- Salt
- Recumbent exercises
- www.potsuk.org

- Stop trigger meds
- Consider rate limiters
- Compression garments



PoTS on a Page - GP Guide

www.potsuk.org
info@potsuk.org

What is PoTS?

PoTS stands for postural tachycardia syndrome
First characterised and defined in 1993

PREVALENCE estimated to be 0.2%
Abnormal response by the autonomic nervous system to upright posture. In some, the mechanism is lack of vasoconstriction on standing causing pooling of blood in abdomen and limbs, reduced venous return to heart, compensatory tachycardia and altered cerebral circulation
More common in females age 15 - 50

DISABILITY - equivalent to disability found in heart failure + COPD

ASSOCIATED WITH
- hypermobile Ehlers-Danlos syndrome and hypermobility spectrum disorder
- after viral infection eg COVID-19, Glandular Fever
- ME/CFS
- autoimmune conditions
- growth/puberty in children

When to suspect PoTS

SUSPECT PoTS in
- medically unexplained symptoms
- ME/CFS
- hypermobile or post-COVID patients

SYMPTOMS
3 commonest symptoms are
- lightheadedness (presyncope)
- fatigue
- palpitations

Other symptoms include
- fainting
- nausea, bloating, abdominal pain
- cognitive dysfunction - 'brain fog'
- poor sleep
- exercise intolerance
- shakiness, sweating
- postural headaches and migraines

SIGNS *occur on standing/prolonged sitting*
- tachycardia
- acrocyanosis - red/purple puffy hands and feet (50% of patients)

How to diagnose PoTS

DIAGNOSTIC CRITERIA
Sustained increase in heart rate of 30 beats per minute (40bpm in teenagers) from lying to standing associated with symptoms of PoTS

STAND TEST - rest supine and record HR and BP. Then stand in a safe place and record BP and HR every 2 minutes for 10 minutes

INVESTIGATIONS - ECG. Exclude anaemia, hyperthyroidism, postural hypotension, phaeochromocytoma

MISDIAGNOSIS
Mean time to diagnosis is 7 years
50% of patients receive a psychiatric misdiagnosis e.g. anxiety, depression, hypochondriasis
Other misdiagnoses - ME/CFS

SPECIALIST WITH AN INTEREST IN PoTS
There is a list of clinics on the PoTS UK website.

How to manage PoTS

AVOID TRIGGERS - heat, large meals, alcohol - drugs that lower BP

FLUIDS - at least 2-3 litres a day in adults

SALT - Adults: +6g/day (unless contraindicated)

EXERCISE - initially supine, graduated regimen, can take several months to improve symptoms, caution if severe post-exertional malaise

POSTURAL MANOEUVRES to avoid fainting - avoid prolonged standing, elevate legs, tense buttocks + thighs, fold arms, tiptoe

COMPRESSION - class 2, waist high tights

DRUGS - include β blockers, calcium channel blockers, ivabradine, midodrine, fludrocortisone, clonidine, SSRI, desmopressin, pyridostigmine, octreotide

CBT - to help adjust to chronic illness

IV FLUIDS - in an emergency

Author: Prof Lesley Kavi Published 19/04/2020 Updated 11/10/2023 Review Date 11/10/2026 Version 2

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Mast cell activation

Original research

OPEN ACCESS

Long COVID following mild SARS-CoV-2 infection: characteristic T cell alterations and response to antihistamines

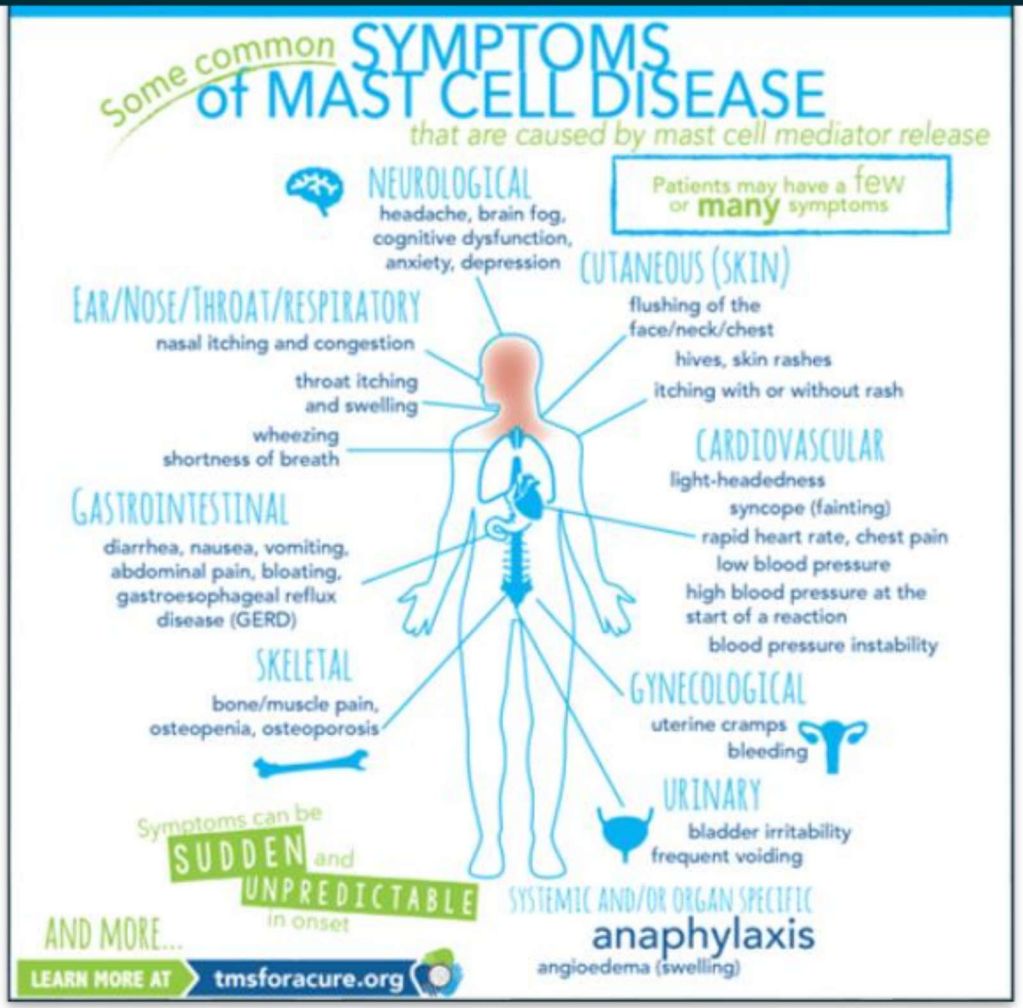
Paul Glynne,[1] Natasha Tahmasebi,[2] Vanya Gant,[3] Rajeev Gupta [4,5]

20% reported complete resolution of all symptoms,
52% reported some improvement

H1 receptor antagonists
loratadine 10 mg two times per day or
fexofenadine 180 mg two times per day

AND

H2 receptor antagonists
famotidine 40 mg once daily or
nizatidine 300 mg once daily



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Physiotherapy management of ME

Working within the energy envelope

Becky Sessions
Specialist ME Physiotherapist, Action for ME

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Recognising PEM in practice

Delayed, out of proportion and slow to recover, after physical, cognitive, emotional or sensory effort.

Ask

- “What happens a day or two after you do more than usual?”
- “How long does it take you to get back to where you were?”
- “What sets you back: moving, thinking, people, noise?”

Notice

- Boom–bust patterns in diaries or wearable data
- Worse after upright time, not just “doing”
- Cancellations or a crash after the first appointment

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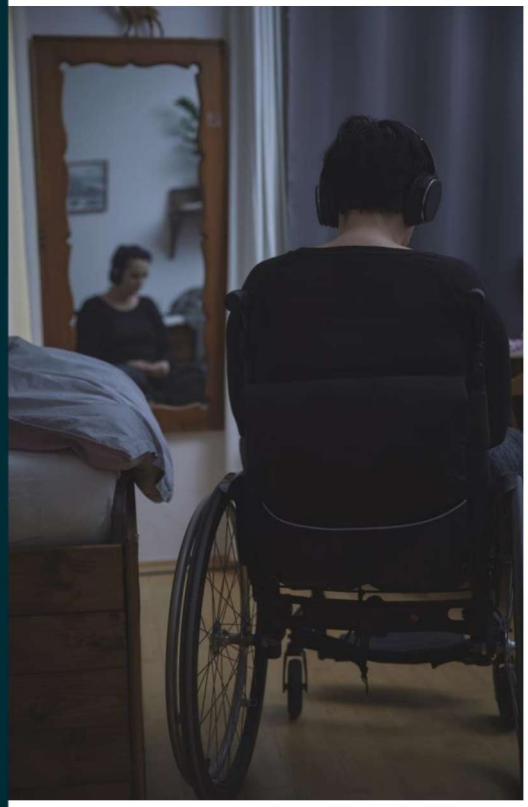
From rehabilitation to energy management

	Conventional rehab	ME-informed physiotherapy
Aim	Build capacity	Stabilise symptoms; protect the baseline
Progression	Fixed, planned increments	Symptom-led, only from a stable baseline
Rest	Recovery after effort	Planned and proactive: part of treatment
Success	More distance, reps, time	Fewer crashes; more of what matters
Setbacks	Something to push through	Useful information: reduce, rest, review

NICE NG206: do not offer exercise programmes based on fixed incremental increases, such as graded exercise therapy.

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Aids and adaptations









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The ME physiotherapy toolkit

Find the baseline

Diaries or heart-rate data to find what is sustainable on harder days, not good ones.

Pacing

Break tasks up, mix activity types, and stop before symptoms rise.

Planned rest

Short, regular, low-stimulation rest, taken before it is needed.

Upright time

Plan tasks seated or lying, and budget time spent standing.

Symptom care

Pain, sleep, breathing pattern and positioning, matched to energy available.

Severe ME

Gentle positioning, joint and skin care, minimal handling, carer support.

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When everyone expects people to push

What people carry

- Guilt and fear of being seen as lazy
- “But you look well”
- Past experiences of not being believed
- Pressure from work, study and family
- Loss of roles and sense of self

What we can offer

- Belief: name PEM as real and physical
- Language: rest as treatment, not failure
- Letters supporting reasonable adjustments
- Bring family and carers into the plan
- Psychological support for adjustment, not as a cure

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Rest isn't giving up.
It's protecting the baseline.

The most useful thing we can give people may be permission.

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ME rarely travels alone

Alongside the autonomic and mast cell issues Robin described, look out for:

- Hypermobility (hEDS / HSD)
- Breathing pattern disorder
- Fibromyalgia and chronic pain
- Migraine
- Sleep disturbance
- IBS and gut symptoms
- Low mood or anxiety, often secondary

Each one costs energy

Treating a co-occurring condition can free up capacity. Leaving it can quietly drain it.

Avoid overshadowing

New or changing symptoms still need investigating. Not everything is “just the ME”.

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One plan, many hands

GP

Diagnosis, co-occurring conditions, medication, fit notes

Physio

Energy management, orthostatic and symptom support, daily function, equipment, work and education

Psychology

Adjustment and coping, alongside other care

Wider team

Dietetics, SLT, social care, especially in severe ME

Shared language

Everyone talks about PEM and pacing the same way.

Fewer, joined-up contacts

Every appointment costs energy. Combine where you can.

One key contact

So people don't have to retell their story.

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Designing services around energy

For the new ME and Long Covid services

1. Offer phone, video or home visits, and shorter sessions
2. Expect PEM after assessment, and build in a gentle check-in
3. Avoid exertional testing; use low-burden measures such as the PSFS
4. Quiet, low-light spaces with somewhere to lie down
5. Flexible cancellation and rebooking policies
6. Plan for severe and housebound patients from day one

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Three things to take away

1

Ask about PEM, every time

Ask about the day or two after, not just today.

2

Stability before progression

No fixed increments. Protect the baseline first.

3

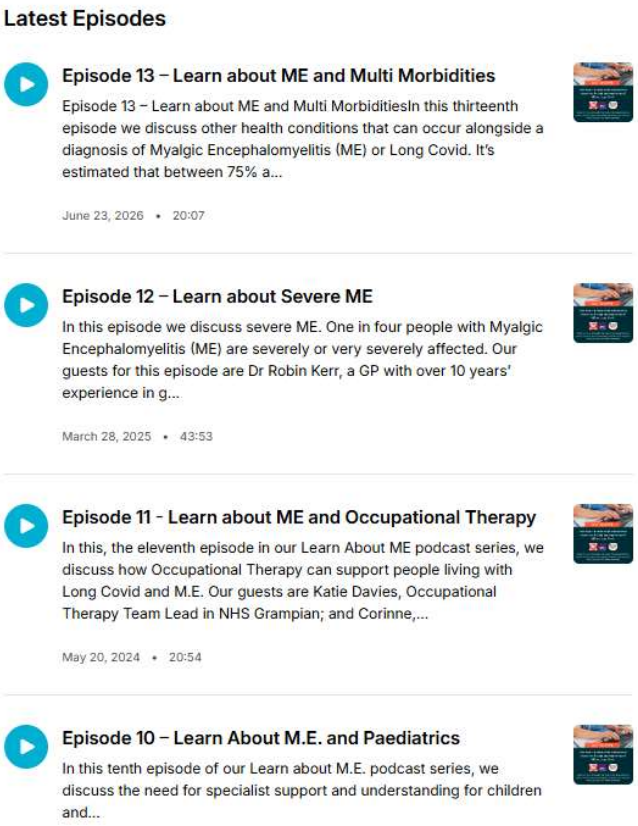
Every contact costs energy

Design care and services around that.

Thank you

Becky Sessions · Specialist ME Physiotherapist, Action for ME

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Learn about ME resources

Funding from the Scottish Government supports Action for ME to promote:

- Nina's online **FREE Learna module updated April 2026** 10 clinical cases assessing your knowledge of ME/CFS and Long Covid (1 hour CPD) www.studyprn.com/p/chronic-fatigue-syndrome
- Learna's **FREE Question of the Day on severe ME** www.tinyurl.com/QOTDSevereME
- Learn about ME **FREE podcast series** www.buzzsprout.com/1717775

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Information and support for patients and professionals

UK charities

- Action for M.E. Tel: 0117 927 9551. www.actionforme.org.uk
- #MEAction Scotland. www.meaction.net/countries/scotland
- ME Association. Tel: 0808 801 0484. www.meassociation.org.uk
- 25% ME Group. www.25megroup.org
- Long Covid Scotland. www.longcovid.scot

Resources

- NICE guideline for ME/CFS, the official guidance used in Scotland www.nice.org.uk/guidance/ng206
- An Introduction to M.E./CFS by Dialogues for ME/CFS, supported by the Wellcome Public Engagement Fund (14 min) www.dialogues-mecfs.co.uk/films/introduction
- Sensory difficulties (3 min) www.voicesfromtheshadowsfilm.co.uk/2018/animation-for-severe-me-day

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Employment, housing, finance and welfare benefits advice

- Turn2us https://www.turn2us.org.uk
- Advice Local https://advicelocal.uk/
- ALISS (A Local Information System for Scotland) https://www.aliss.org/
- AskSARA https://asksara.livingmadeeasy.org.uk/selector
- Child Poverty Action Group https://cpag.org.uk/

- Care Information Scotland https://www.careinfoscotland.scot/
- Carer's centres https://carers.org/help-for-carers/carer-services-near-you

- Equality Advisory and Support Service https://www.equalityadvisoryservice.com/
- ACAS https://www.acas.org.uk/

- Citizens Advice Bureau https://www.citizensadvice.org.uk/
- Shelter https://www.shelter.org.uk/
- Disability Rights UK https://www.disabilityrightsuk.org/
- Disability Information Scotland https://www.disabilityscot.org.uk/
- Disability Law Service https://dls.org.uk/

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