P2P Comment Janelle Wiley

Comment on Lines 33 & 94-95, 198

(389-line version)

It is unclear what is meant by "overlapping syndromes," as mentioned in the draft literature review and repeated in the draft report, but this seems to indicate a unique relationship between the stated diagnoses of ME/CFS, fibromyalgia, and depression (other diagnoses such as IBS are frequently cited in such a designation as well). This does not seem to be the case.

Such diseases can of course be comorbid, and it's true that other illnesses should be watched for, as comorbid diagnoses will frequently have treatment strategies which could reduce morbidity, but we have no sound data to indicate the kind of unique relationship that seems to be implied with the usage of "overlapping syndromes."

For example, fibromyalgia is known to occur as a common comorbid condition in lupus (22-25%), rheumatoid arthritis (25%), and Sjogren's (50%).[Bennet n.d.] Depression occurs in chronic diseases generally, possibly due in part to inflammation and other factors related to being ill [Voinov et al. 2013], and the rates of depression occurring in ME or CFS are similar to the rate of occurrence in other chronic illnesses, about 30-40% [Stein 2005], though this rate will vary based on how assessment is done, as some ways of assement will classify symptoms of other illnesses as if due to depression (or anxiety, etc.) [Jerant 2014, Stein 2005, Blitshteyn 2009]. (As a side note, it seems that depression studies should also take care to stratify for or exclude ME/CFS, as some ME/CFS patients are diagnosed with depression without necessarily meeting any criteria for depression [e.g. Henderson 2014].)

Besides these, some other examples of diagnoses noted to be comorbid with ME include Raynaud's, Ehlers-Danlos syndrome, dysautonomia, and asthma. [Underhill 2014, Raj and Rowe 2014]. Sometimes diseases can be comorbid simply because of the prevalence rates [Ellen 2012].

Of course, many of these diagnoses, such as POTS, IBS, and asthma, have various diverse possible causes, with more causes remaining unknown [Raj and Rowe 2014, Lee & Park 2014, Ray et al. 2014]. While it's possible that a single pathology such as mast cell activation disease [Molderings et al 2011] or autoimmune disease [IiME 2014; Edwards J 2013] might underlie several comorbid conditions in a given patient, it is unlikely that any single explanation would explain the entire set of ME/CFS + fibromyalgia + IBS (or whatever lumped conditions were being considered together), given the diversity of pathophysiologies being studied to subgroup the various diagnoses.

This sort of diversity of causes would be a logical working hypothesis to explain ME/CFS as well, and many leading researchers have taken an interest in subgrouping the illness [McGrath 2013, IiME 2014].

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