

In 2017 Lesley Scott, Tymes Trust Scottish Officer and Trustee, made FOI requests to all five medical schools in Scotland asking for copies of all references within the course literature to any or all of the following terms:

ME; Myalgic Encephalomyelitis; CFS; Chronic Fatigue Syndrome; ME/CFS; CFS/ME; ME-CFS; CFS-ME

The following is a summary of the response received.

- Medically Unexplained Symptoms (MUS)
- Somatoform Disorders – Umbrella term for MUS includes Somatisation Disorder which is the DSMIV term for severe MUS.
- Strong evidence that adverse life events predispose to MUS, especially if experienced early
- Patients presenting with MUS are challenging for doctors – just because symptoms are driven by psychological mechanisms does not undermine their validity
- MUS are considered to be on a continuum of disorders as follows:
 - Somatisation Disorder
 - Hypochondrias
 - Body Dysmorphic Disorder
 - Pain Disorder
 - Undifferentiated Somatoform Disorder
 - Factitious Disorder
- Central to the management of MUS is a convincing explanation to the patient of how psychological and social factors interact to produce physiological changes both peripherally and in the brain, which generate physical symptoms.
- Section F45 and F48 of ICD-10 are the most relevant part of ICD-10
- During psychiatric placement try and see as many people with chronic fatigue syndrome as possible. If possible, a family assessment will help you understand how the disorder alters interpersonal relationships. Also the concept of “illness behaviour” can cause the family to help perpetuate the disorder.
- Patients may benefit from anti-depressant medication
- Behavioural disorders/Child Psychiatry – Chronic Fatigue Syndrome: Psychosomatic, key diagnosis: abdominal pain
- Functional somatic syndromes: Chronic fatigue syndrome. Studies have shown that most of these patients can be given a psychiatric diagnosis; most have depression and anxiety disorders, the rest may be diagnosed as having somatoform disorders.
- It is useful to regard functional syndrome as psychiatric disorders as they are strongly associated with depression and anxiety and they tend to respond to psychiatric treatments. However, most patients do not regard themselves as psychiatrically ill.