

Chronic Fatigue Syndrome / Myalgic Encephalomyelitis (CFS/ME) Service

**‘To equip people affected by CFS / ME with the skills
for self-management towards a better quality of life’.**



Pride in our older people's and adult community services

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Acronyms:

CFS – Chronic Fatigue Syndrome

ME – Myalgic Encephalomyelitis

What is Chronic Fatigue Syndrome / Myalgic Encephalomyelitis?

CFS/ME is classified by the World Health Organisation (WHO) as a neurological condition. As it is a complex, debilitating disorder no single cause as yet has been identified. It is also a diagnosis that does not fit under one specific medical speciality and a variety of different medical specialists provide services in different areas of the country. It has been called by a variety of names including Chronic Fatigue Syndrome (CFS), Myalgic Encephalomyelitis (ME) and Post-Viral Fatigue Syndrome (PVFS). The term CFS/ME is used in this service as it is the most widely recognised term used in the Chief Medical Officer's report and by the National Institute for Health and Care Excellence (NICE).

CFS/ME is different from short-lived fatigue that may occur after many common illnesses, especially viral infections. Many people can also experience chronic (long term) fatigue; however this is not necessarily CFS/ME. Therefore it is important that your GP excludes other medical conditions that can cause significant fatigue before confirmation of the diagnosis of CFS/ME is made.

The main symptom of CFS/ME is a feeling of unusual and excessive tiredness that is characteristically made much worse after any activity. The fatigue would be of new onset rather than life long and impacts on an individual's life to the extent that they have to significantly cut down on what they are able to do on a day-to-day basis. Fatigue can be split into different components - physical, mental and emotional.

- **Physical fatigue** - The physical fatigue lasts longer and is more severe than normal. It often has a fluctuating pattern, which is made worse by activity and is not substantially made better by rest.
- **Mental fatigue** - Mental fatigue can lead to difficulties in memory and concentration and muddled thinking. Slips of the tongue and word finding difficulties, sometimes referred to as "brain fog" may cause considerable embarrassment. Some people report difficulties remembering simple things or completing more than one task.

- **Emotional fatigue** - Emotional fatigue can be due to anxiety, depression and stress and can cause extreme exhaustion that affects people's lives in many ways.

All types of fatigue are at a level where they can stop us engaging in and carrying out normal everyday activities. Although symptoms may fluctuate, generally any undue exertion may result in a significant period of fatigue/increase in symptoms (payback). Alongside prolonged mental, physical and emotional fatigue, there are a range of other symptoms which can include:

- Headaches
- Widespread muscular and / or joint aches which become tender to touch. Muscle twitching and discomfort at night are not unusual.
- Sleep disturbance
- Un-refreshing sleep
- Difficulties with concentration and memory ("brain fog")
- "Post exertional malaise" – feeling fatigued and ill after activities
- Recurrent sore throats and tender lymph nodes and painful neck glands are common.
- Dizziness and balance problems
- Odd sensations like pins and needles and numbness
- Sensitivity to light and noise
- Digestive disturbance such as abdominal bloating, abdominal pains and intermittent diarrhoea and constipation.

Different people experience some symptoms more than others. For example, pain can be a big problem for some and not for others. Feeling irritable, depressed and demoralised can sometimes be the consequence of the condition. People with CFS/ME can often feel frustrated because although they feel debilitated by the symptoms they experience, people may not understand the impact it has on their lives, due to it being a 'hidden condition'.

Who does CFS/ME affect?

The exact number of people in this country who have CFS/ME is not known but estimates have suggested that 40 people in every 10,000 may be affected.

What causes CFS / ME?

Scientists have not yet identified what causes CFS/ME. This is not unusual in medicine, for example no one knows the exact cause of migraine or multiple sclerosis. It is possible that CFS/ME has more than one cause or that two or more triggers might work together to cause the illness.

Many of the symptoms of CFS/ME suggest some upset in the function of the autonomic nervous system and the hypothalamus, (the part of the brain which controls sleep and the automatic functions of the body such pulse rate, bowel function, skin blood flow) and the endocrine system (the pituitary, thyroid and adrenal glands). For up to date research information please refer to ME Association and Action for ME websites.

It can be very confusing and is a complex research area but you may be interested that some of the areas being studied as possible causes of CFS/ME are:

Infections

People with CFS/ME often say their illness began in a way that reminds them of getting the flu. When a person has a viral infection such as influenza, many of the symptoms are due to the reaction caused by the virus- this is how the body recovers from the infection. However, during the immune reaction there is a release of a number of powerful substances from the immune cells (called cytokines) which cause fever, fatigue and myalgia (pain). The cytokines can affect parts of the brain, especially the hypothalamus that could account for the number of the symptoms commonly reported such as sleep disturbance and autonomic imbalance. The

hypothesis is that in some people the immune response continues beyond when the original virus has gone and this produces CFS/ME.

A number of researchers suspect an infection may trigger CFS/ME. It has been reported about one in ten people who become infected with Epstein-Barr (Glandular fever) virus develop a set of symptoms that meet the criteria for CFS/ME. But not all people with CFS/ME have had these infections.

Other small studies show that in some CFS/ME patients there are some abnormalities that reflect an overactive immune response but these are not specific.

Immune System Changes

Further research suggests that the immune system might be contributing to CFS/ME in other ways, including:

Chronic production of cytokines- whereby the production of higher levels of cytokines for a prolonged period can lead to changes in the body's ability to respond to stress and might lead to the development of health conditions, including CFS/ME.

Low-functioning natural killer (NK) cells- NK cells are cells of the immune system that help the body fight infections. Some patients with CFS/ME have NK cells with lower functional ability to fight infections. Studies have found that the poorer the function of NK cells in CFS/ME patients, the worse the severity of the illness. NK cell function tests are hard to do and their results are not reliable outside of research studies. Because of this problem, NK cell function testing is not yet useful for healthcare providers. Also, low NK cell function can occur in other illnesses and thus cannot be used to diagnose CFS/ME.

Differences in markers of T-cell activation- T-cells are cells of the immune system that help activate and suppress immune responses to infections. If they become too active or not active enough, the immune response does not work as it should. However, not all patients with CFS/ME appear to have these differences in markers of T-cell activation.

Abnormalities in mitochondrial function in skeletal muscle

Recently there have been a number of studies which are exploring whether there are faults in mitochondrial muscle function that can be linked exclusively to CFS/ME.

Mitochondria are the powerhouses of the cell, and mitochondrial DNA provides the codes for proteins that are essential for energy production. Researchers want to see if patients with CFS/ME have different patterns of mitochondrial DNA variation that could affect a person's chances of developing CFS/ME, or act as a barrier to recovery.

Employing new technology, this research aims to demonstrate that skeletal muscle mitochondria are dysfunctional and cause the muscle fatigue experienced in CFS/ME. The knock on effect of this leading to a chronic, low grade inflammation, commonly reported in patients with CFS/ME, which in turn results in further mitochondrial abnormalities and the establishment of a vicious circle of events. From this research, scientists hope that understanding the processes by which muscle fatigue occurs will lead to optimal interventions that break this vicious circle and improve muscle function and wellbeing of individuals with CFS/ME.

Stress Affecting Body Chemistry

It is well known that physical, mental or emotional stress affects the hypothalamic-pituitary-adrenal axis (HPA axis). The HPA axis is a complex network that controls our body's reaction to stress and regulates a lot of body processes such as the immune response, digestion, energy usage, and mood. This occurs through connections between two glands of the nervous system (hypothalamus and pituitary) and adrenal glands (small organs that reside on top of the kidneys). The glands release various hormones, like corticotrophin-releasing hormone (CRH), cortisol, and others. When these hormones get out of balance, many body systems and functions, like the immune response, can be negatively affected. Cortisol, also called "the stress hormone," helps to lower inflammation and calm down the immune system. Low levels of cortisol thus may lead to an increase in inflammation and chronic activation of the immune system.

Patients with CFS/ME commonly report physical or emotional stress before they become ill. Some patients with CFS/ME have lower levels of cortisol than healthy people, but their cortisol levels are still within the normal range. Therefore, doctors cannot use cortisol levels to diagnose or treat CFS/ME.

Changes in Energy Production

Scientists have found differences between people with CFS/ME and healthy people in the way cells in their bodies get their energy. However, more studies are needed to figure out how these findings may be contributing to the illness.

Possible Genetic Link

Members of the same family sometimes have CFS/ME. Studies done in twins and families suggest that both genes and environment might play a role in CFS/ME. Scientists have not yet found the exact genes or other factors from the environment that may be responsible, therefore more research is needed.

Causes without clear supporting evidence

There are many other hypotheses which have been suggested but so far there is limited supporting evidence for them. These include persistent infection causing candida and various allergies, and there is speculation that this may in some way predispose them to develop CFS/ME. However, patients with CFS/ME often do develop intolerances and sensitivities to various food stuffs and chemicals which appear not to be true allergic reactions yet may contribute to the overall illness burden.

Further interesting research is investigating the role that gut bacteria has in the development of the illness. There is generally growing evidence that the gut and brain are more connected than has been thought so far and that our gut sends hormone or neuronal signals to the brain. More specific in this area, the suggestion is that individuals with CFS/ME have a distinct mix of gut bacteria and this produces a consequent metabolic disturbance which could influence the onset and/or severity of their illness.

Depression/Anxiety

Due to some of the symptoms of CFS/ME being similar to those of depression, some doctors have suggested that CFS/ME is depression in another form. Although some symptoms overlap, there are also clear differences in the pattern of symptoms of depression and CFS/ME. However, CFS/ME, like many chronic illnesses, may lead to depression. It is also true that fatigue is a significant symptom in depression so it is important that a diagnosis of depression is not missed in patients with fatigue in order that they receive the correct pathway of care.

Many people also report high anxiety when they have CFS/ME, there are a number of reasons why this would be apparent. When people have limited energy and/or concentration it may become more difficult to do the tasks they felt they could manage easily before. They may worry about making errors or being judged by colleagues at work, or feel criticised by family members as they struggle to fulfil their usual roles in life and maintain expectations. Anxiety symptoms can affect your sleep and appetite and make it harder to get the rest and fuel you need to recover from the illness. If these symptoms escalate to the point of an anxiety disorder they will exacerbate the symptoms of CFS/ME and may require additional treatment.

A holistic view

It is increasingly recognised that CFS/ME is a condition which may have a number of different triggers or causation that leads to a common condition. The triggers can be physical (e.g. an infection) other people can identify a period of stress leading up to the start of the illness. A combination of infection and stress is also common. Occasionally, symptoms seem to come “out of the blue”. Therefore categorising the condition as physical or psychological can be unhelpful as it is not possible to split ourselves down the middle and separate them out. It is more important to view the person ‘holistically’ recognising that more than one factor may play a role in either precipitating the condition or equally important holding people back from recovery. For instance, if a person who is already under stress develops a viral infection, which triggers physical changes, seen in CFS/ME, this can lead to further stress or a depressive reaction that may worsen many of the symptoms and can develop into a vicious circle.

Biopsychosocial is a term often used to understand the various factors that affect people with CFS/ME. When you have CFS/ME you are:

- Physically unwell and have several **biological** symptoms – fatigue and pain.
- You may feel less like your normal self and this can lead to feelings of unhappiness, frustration, confusion, anger etc. – **psychological**.
- You may not be able to see family and/or friends as much – **social**.

Whatever is happening to your body physically (e.g. fatigue, pain, dizziness) is also having a knock on effect psychologically (changes in the way you feel and behave) and socially (changes in activity, working life and seeing friends). It is helpful to understand how CFS/ME affect these aspects of your life (not just the physical symptoms) in order to help improve the quality of your life.

How is CFS/ME treated?

Unfortunately there is no specific single medical treatment for CFS/ME. As it is a complex condition, early diagnosis and symptom management can help minimise crisis situations, prevent further deterioration and promote independence and social inclusion.

Many treatments including holistic therapies have been suggested although few have been thoroughly tested. However, there is good evidence that a lifestyle self-management approach can be effective for management of symptoms as it enables people to control and improve their fatigue levels by addressing how energy is used, manage other factors which impact or exacerbate fatigue, as well as utilising tools and strategies to help stabilise or control debilitating symptoms. It also appears that strategies can help to restore some of the imbalances in the body that contribute to the condition.

What therapy approach is offered?

The therapy approach offered in this CFS/ME service is a collaborative lifestyle self-management approach delivered by Occupational Therapists who specialise in CFS/ME. They will support you to self-manage the condition in a way that is appropriate to you, by providing you with the necessary skills and strategies to

sustain or gradually extend, if possible, your physical, emotional and cognitive capacity and manage the physical and emotional impact of CFS/ME symptoms.

What is Occupational Therapy?

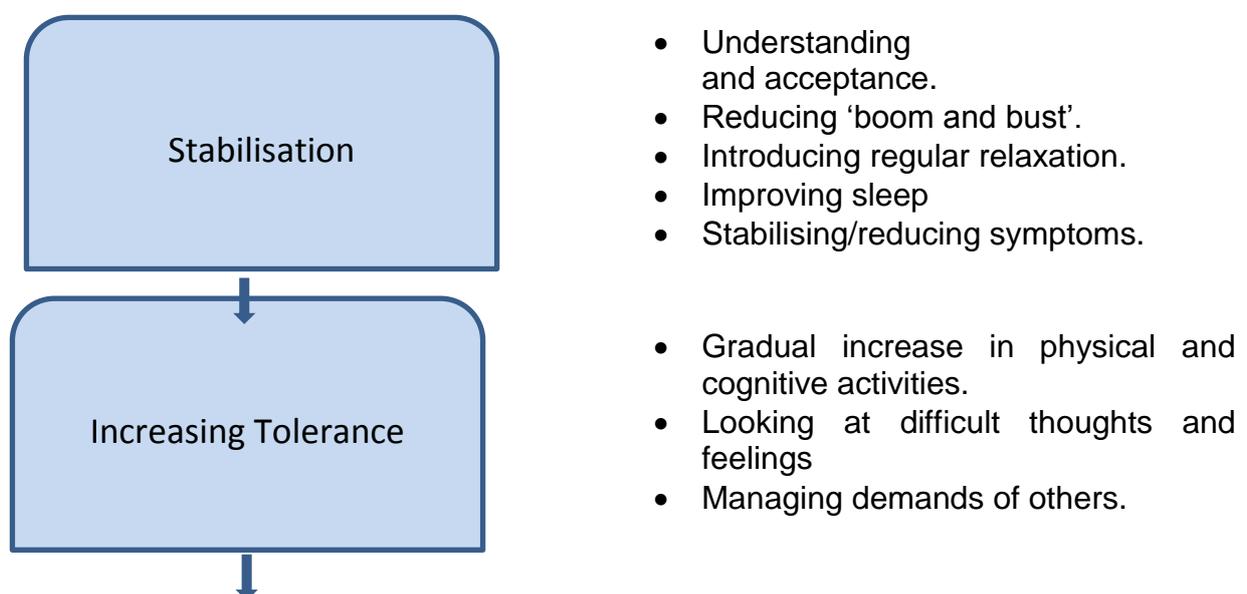
Occupational Therapy is a holistic therapy as it enables people living with a range of health problems and long term chronic conditions to overcome the barriers they are facing so they can participate in everyday life and improve their health and wellbeing. Occupational therapists assess the needs of people to enable them to do what they *need* and *want* to do (occupations). They develop plans with patients, so that they can engage in every-day life, despite their health and social difficulties.

What are the benefits of Occupational Therapy for CFS/ME?

- Improved confidence and ability to self-manage symptoms and daily life.
- Practical advice and solutions.
- Engagement and participation in occupations, activities and tasks which are meaningful and purposeful.
- Increased awareness of services and support available.
- Returning to work or remaining in employment.

Stages of Therapy:

This process will be different for everyone.





Maintenance

- Plans for sustainable increase in activities
- Coping with setbacks
- Future goals

What can I do to start to self-manage symptoms?

You will find information from many people who say that they have found a 'cure' for CFS/ME, but to date none of these treatments have been shown to be effective in reliable clinical trials. However, there is evidence that the following can support improvement:

- Activity management.
- Relaxation
- Improving sleep patterns.
- Diet
- Improving stress management.
- Addressing unhelpful thinking patterns
- Setback management

This booklet will provide an overview of each area. However all self-help booklets covering these areas in more detail are available on our website:

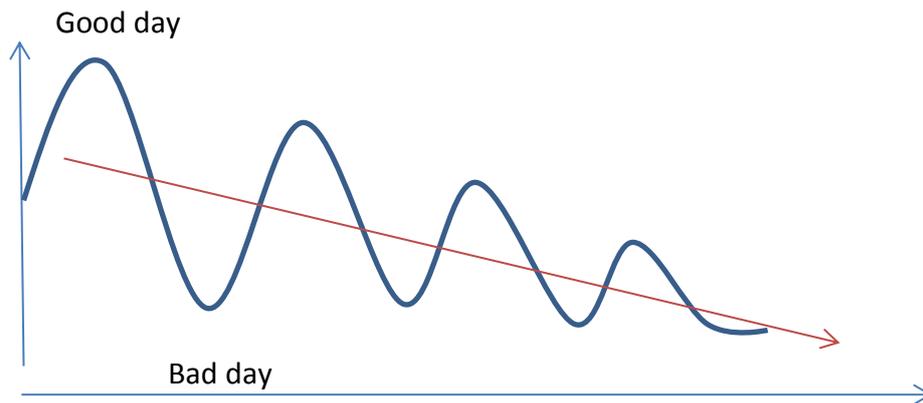
<http://www.cpft.nhs.uk/services/chronic-fatigue-syndrome-and-myalgic-encephalomyelitis.htm>.

These booklets have been devised to help patients with CFS/ME to start to self-manage the condition more effectively. The booklets are listed under the 'bookshelf' section at the bottom of the website page.

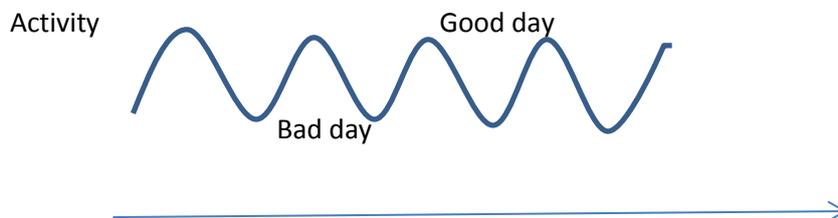
What is Activity Management

Activity management is an approach to help you to manage your day to day activities. Most people experience good days and bad days. Many people who have CFS/ME often try to fit in things they were not able to do on the bad days into the good. This results in them feeling tired again and possibly frustrated as they are not

able to do anything – a vicious cycle of “BOOM AND BUST” also known as “BOOM AND SLUMP” occurs which involves using all your energy up as soon as you experience any reduction in fatigue, and then finding it difficult to build up further energy for anything else.

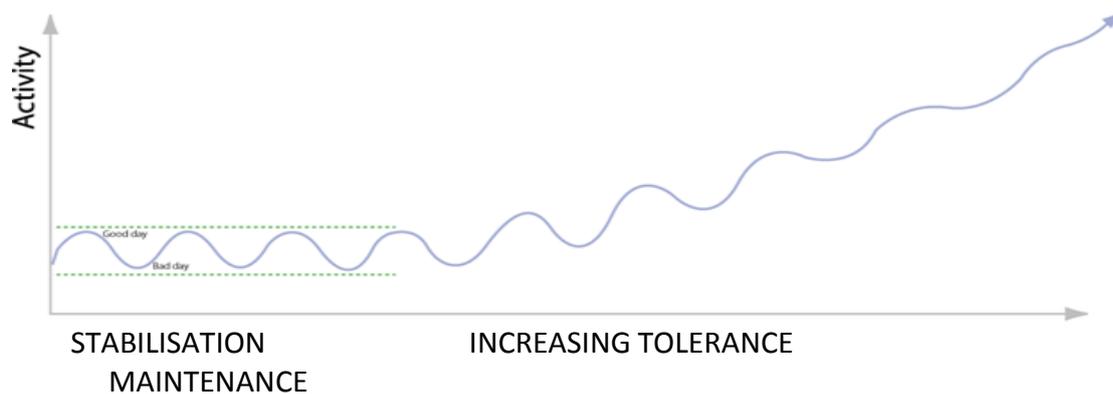


Activity management therefore aims to give you control with managing CFS/ME symptoms rather than the fatigue controlling you.



It combines ‘pacing’ – to stabilise your energy levels for example the speed in which you carry out a task and ‘grading’ - to build your activity level. Activity management involves analysing all the requirements of every-day activities (physical, mental, social, environmental), establishing a baseline of the activity you can currently achieve and building up your levels in realistic steps.





What are the effects of too much rest?

Resting too much can cause changes in your muscles that make it harder to do anything. If you don't use muscles they tire more easily and become more painful after only a small amount of activity. This can lead to avoidance of any strain, which further increases the risk of experiencing muscle fatigue and pain and creates a vicious cycle. Excessive rest may also mean that you are not achieving anything so you feel despondent as you are not able to do the level of activity that you used to do. It may also mean you have more time on your hands to brood on CFS/ME symptoms and so become frustrated and bored.

Isn't activity harmful?

Grading and pacing activities does not mean pushing yourself beyond your limits. It aims to stop the boom-bust or boom-slump cycle and replace it with a gradual change in some of your activities.

How do I start?

The Occupational Therapist will help you to understand your current activity patterns. You may be asked to complete an activity diary, record the type of activity you do, and grade your energy levels and any fluctuations in your energy levels during the day. The purpose of completing the diaries is to provide a record of the severity and fluctuations in your fatigue, which you can then look back on and identify any factors that tend to, make the fatigue better or worse. Please refer to the Activity Management Booklet for further information.

Relaxation

Good quality rest and relaxation is an essential part of managing the condition and calming down the autonomic nervous system. Relaxation is different from watching TV or reading a book which still requires energy even though you may still find them relaxing.

When practising relaxation you need to find somewhere quiet and warm, where you can find a comfortable position and you will not be interrupted.

At the beginning relaxation may be frustrating if you find it difficult to concentrate or feel it is not working. It is a skill, and is likely to take a bit of practice to master.

Remember that there are different forms of relaxation, to meet individual preferences. Examples include breathing exercises, guided visualisations, mindfulness and listening to relaxing music. Daily practice will give the best results.



Relaxation can also help with management of stress and anxiety. Becoming aware of the signs of anxiety/ stress and spotting them at an early stage is a useful start. Learning to relax can help reduce physical and/or mental tension and break out of the vicious cycle of fatigue, stress and tension which can be heightened when living with this condition. Please refer to the relaxation booklet for further information.



Sleep management

Many people with CFS / ME find they have difficulties with sleep.

The most important point to remember when trying to get to sleep is not to try too hard. Worrying about sleep is much more tiring than just being awake.

Poor sleep habits (often referred to as 'hygiene') can make these difficulties worse. Below are some essentials of good sleep hygiene.

Before bed:

- Establish a regular routine each night. This helps to 'cue' your body to sleep.

- Eating and drinking during the last few hours before bed is likely to stimulate your body so try to do these things earlier in the evening.
- Read or watch television outside the bedroom, the bedroom should be associated with sleep.
- Switch off electronic devices (laptop iPhone) at least an hour before bed. The blue light emitted can reduce the production of melatonin the natural sleep inducing hormone.
- Engage in a wind down routine before bed. For example taking a warm bath, having a massage or carrying out a relaxation technique may help to induce sleep.
- Avoid vigorous exercise prior to bed. Yoga and stretching are good non-aerobic forms of exercise.

Once in bed:

- Try to turn your mind away from the days' activities, any worries you may have or what you will do in the future. This is not the best time to think of these things. Think about pleasant places or events or use your imagination to conjure up relaxing images.
- If you find that you are unable to sleep whilst in bed, perform your relaxation routine as good relaxation can be as restful as good sleep.
- If you cannot get to sleep, you may find getting up after 20 minutes to do a low level activity or boring activity helpful. Staying in bed and using relaxation techniques can help your body to relax and feel sleepy again.
- The environment in which you sleep is important. Try and ensure your bedroom is quiet, well-ventilated, dark and at a comfortable temperature.

- Set your alarm each night and aim to get up at the same time each morning. Even if you did not sleep well, try and get up at the usual time. If your sleep hours vary too much it will become harder to get to sleep the next night. This is very similar to the effects of jet-lag.



Avoid day time naps or keep them to no more than 30 minutes before 3pm. If you are sleeping excessively in the day you may need to reduce your sleeping hours **gradually. It will be too difficult to cut down by several hours immediately. Your Occupational Therapist will be able to support you with this. Please refer to the sleep booklet for further information.

Diet and Supplements

There is a lot of conflicting information around regarding the role of diet and supplementation in CFS / ME.

We are what we eat. As we get energy from food the key thing is to be eating a healthy balanced diet and to be eating regularly. This can be difficult because of the amount of energy required to buy, prepare and eat food. Having healthy food that can be stored and that requires minimal preparation available is helpful at least as a backup. (For example a quick to prepare porridge, egg on toast or soup - but obviously something that appeals to you!).

There is some evidence that Low GI (Glycaemic Index) foods which release **energy slowly** can improve energy levels a little. High sugar and high caffeine foods and drinks are best avoided as far as possible as they can give a short term boost in energy followed by a drop. Caffeine can also impact on night time sleep.

Special diets that exclude particular types of foods are not generally recommended for people with CFS/ME although some people with irritable bowel symptoms can find reducing dairy or wheat intake helpful but it would be advisable to discuss this with your GP or a dietician if possible.

If you have nausea snacking on starchy foods, eating little and often, and sipping drinks slowly can help. If this doesn't work, and your symptoms are particularly severe, you may be offered drugs to control the nausea.



There is not enough evidence on taking supplements i.e. vitamins and minerals for these to be formally recommended as a treatment for CFS/ME and is therefore an individual choice. There is more information on the FSA website (www.eatwell.gov.uk) and the Association of UK Dietitians website (www.bda.uk.com/foodfacts/home). Please refer to the diet booklet for further information.

Understanding and managing Stress

We are not suggesting here that stress directly causes CFS / ME. However it seems that for many people it is one of a number of factors that makes them vulnerable to physical illnesses and makes recovery more difficult.

There is evidence that long-term stress, which causes over-production of cortisol, can compromise immune functioning. This may explain a link between CFS/ME and stress for some people.

Stress is a normal reaction to the challenges we face in life. A certain amount of stress is necessary to keep us all going; without it, we would feel bored and listless. However, continued stress over a long period of time can be exhausting, and if your energy levels are low due to CFS/ME, the additional drain on energy because of stress is a particular problem.

There are positive management strategies for stress and the symptoms of stress such as relaxation, taking a problem solving approach to difficulties by identifying things you can do something about and things you can't and improving activity management, diet and sleep. Please refer to the stress management booklet for further information.

Managing Thoughts and Feelings

Humans are very complex beings. How we think will affect how we feel and what we do, equally what we do influences how we feel and what we think.

Our thoughts, feelings and actions are always interlinked. Looking at the way thoughts, feelings, behaviour and physical sensations are interlinked can help when managing symptoms. This **DOES NOT** imply that CFS/ME is not real, just that, as for many health conditions, there is evidence that the way we think about an illness and how we manage it can make a difference.

Addressing and managing thoughts and feelings involves identifying and working on anything that may be perpetuating or maintaining CFS/ME symptoms.

This will usually include lifestyle factors such as “no time to rest”, “boom and bust activity pattern” and poor sleep, but for some people may include thoughts such as “my house has to be perfect”, “I always have to put other people first”, “I can’t say no to others”. Please refer to the Managing Thoughts and Feelings Booklet for further information.



Coping with setbacks

Most people with CFS/ME will experience setbacks or flare-ups; times when symptoms worsen for a period of time. It can be difficult to maintain your levels of activity during these times. Different things will provoke setbacks, and they may last for varying lengths of time. Each person will have different ways of dealing with a setback.

Becoming aware of those things that provoke a setback for you and developing a plan for coping with a setback when it happens can be helpful. Do not blame yourself. Setbacks do happen: think of it as a problem to be solved.

What provokes a setback?

Setbacks don’t always have clear cut causes, but there are a number of things which can contribute to one:

Overdoing it – This may be the result of taking on too much, or simply as a result of doing one activity for too long. Setbacks can be triggered if you forget to pace yourself properly, or if you do not plan, prepare and prioritise.

Stress – A period of stress in your life may provoke a setback. Be aware of those things that upset you and spot the signs that you are becoming unduly stressed. Stress management may be especially helpful at these times.

Periods of Illness – Following a bout of illness, you may become prone to a setback. Remember to restart activities and exercise gradually by pacing yourself.

Low mood / seasonal factors – many people find that there is an interaction between their frame of mind and their energy levels. Many people are naturally lower in mood during the winter and often this is when they experience more symptoms.

Not all these factors apply to everyone. It is worth recognising as many signs and characteristics from your own experience of setbacks can help you next time.

Setback Management

An important part of learning to manage your CFS / ME is learning to manage setbacks as best you can. This means that you will be able to recover more quickly and feel more confident in the way you handle a setback. Here are some reminders of useful strategies that may help:

Relaxation: Remember the benefits of relaxation. Try to use your favourite relaxation technique or a variety of techniques that you enjoy.

Activity: It's tempting to stop completely when you are fatigued – don't – If your expectations are higher than your current ability, adjust your baseline accordingly.

Prioritise: Put your energy into the most important areas of your life first. Try and keep some energy each day to do activities you enjoy.

Compromise: Are you asking too much of yourself at present? Don't be afraid to step back and reconsider your expectations during a setback. Remember to recognise what you are achieving.

Socialise: If you're very tired it is easy to feel like isolating yourself. Remember that being in touch with someone can be helpful, so what about giving someone a ring, or inviting a friend round?

Pamper: If the going is tough, pace yourself and give yourself a break. If a massage or relaxing shower or bath helps, why not? Decide how you will indulge yourself as a kind of compensation next time a setback occurs.

Thinking: Remember the way we think influences how we feel. In the midst of a setback it is easy to slip into bad habits and dwell on the negatives. Try to be aware of this and try out different ways of thinking.

Not all these strategies will apply to you and you may have developed some additional ideas for successfully managing or reducing the length of a setback. Please refer to the Health and Wellbeing Plan Booklet for further information.

CFS/ME Service Details

- **Open Monday to Friday: 0330 726 0077 Opt 2**
- **Service email address : cpm-tr.cfsme@nhs.net**
- **Website address: www.cpft.nhs.uk/services/chronic-fatigue-syndrome-and-myalgic-encephalomyelitis.htm**

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Patient Advice and Liaison Service

For information about CPFT services or to raise an issue, contact the Patient Advice and Liaison Service (PALS) on Freephone 0800 376 0775, or e-mail pals@cpft.nhs.uk

Out-of-hours service for CPFT mental health service users

Please call **NHS 111** for health advice and support.

If you require this information in another format such as braille, large print or another language, please let us know.

CPFT supports the **HeadtoToe Charity** – visit www.HeadToToeCharity.org for details on how you can help



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