

**Quotes from an Article by Anthony Komaroff, M.D., 1997**

There was an important development last fall in the area of general physician education in the U.S. about CFS/CFIDS/ME. *The Journal of the American Medical Association (JAMA)* read by a large number of American physicians published an important article by Dr. Anthony Komaroff in its October 8, 1997 issue. The article is titled: "*A 56-Year Old Woman With Chronic Fatigue Syndrome*."

The importance of the article is not in describing any breakthroughs or new information about the Chronic Fatigue Syndrome/Chronic Fatigue and Immune Dysfunction Syndrome/Myalgic Encephalopathy (CFS/CFIDS/ME), but in its effect in *providing a good deal of positive educational information to the many, many physicians who remain largely uneducated about the illness* or who are still influenced by the false viewpoint that CFS/CFIDS/ME is a depressive or psychiatric illness. The following are quotes from the article.

**Differences Between CFS and Major Depression**

"Although fatigue and some of the other symptoms of CFS could reflect a primary psychiatric disorder, several other symptoms of CFS are not characteristic of psychiatric illnesses—for example, sore throat, adenopathy, and post-exertion malaise...."

"...a careful controlled trial failed to demonstrate an improvement in fatigue from treatment with fluoxetine in patients with CFS, even in those with a concomitant major depression. Indeed, even the concomitant depression did not improve, indicating, that the phenotype called "depression" in CFS patients may stem from an unusual underlying pathology."

"...studies using structured psychiatric interviews found no evidence of major depression in many (>60%) of patients with CFS, either before or after the onset of CFS. In our studies, the majority of patients also have had no evidence of anxiety disorders or somatization disorders at any time in their lives, including after the onset of CFS."

**Evidence For CNS Involvement In CFS**

"...substantial objective evidence of abnormalities in the Central Nervous System (CNS) is now available. Magnetic resonance imaging has revealed punctuate areas of high signal in the white matter more often in patients with CFS than in healthy control subjects."

"[SPECT scan] abnormalities are formed more of-ten in patients with CFS than in...patients with de-pression."

"Hypothalamic functional testing is abnormal in many patients with CFS. In addition to the hypofunction of corticotropin-releasing hormone neurons in the hypothalamus mentioned earlier, disruption of both serotonergic and noradrenergic pathways has been demonstrated in patients with CFS. Typically, these abnormalities are in patterns opposite to those seen in depression..."

### **Evidence of Chronic Immune Activation**

"Many studies of the immune system have been conducted in patients with CFS. The most robust findings are increased numbers of CD8+ cytotoxic T cells that bear antigenic markers of activation on their cell surface and depressed function of natural killer cells. Other markers of immune activation also have been found: elevated levels of circulating immune complexes, immunoglobulin G, and various autoantibodies..."

### **The Possible Role of Infectious Agents**

"...several studies have found that human herpes virus 6 (HHV-6) is activated more often than in controls in patients with CFS. However, a causal role for HHV-6 has not yet been established."

"More circumstantial evidence for a chronic viral infection in many patients comes from reports of an abnormality in an anti-viral lymphocyte enzyme system called the 2-5A pathway. One laboratory has found this antiviral pathway to be chronically activated in patients with CFS. Another case-control study, involving more than 700 patients from 2 different geographical areas, found a much higher frequency of atypical lymphocytes in patients with CFS than in healthy controls."

Citation: "*A 56- Year-Old Woman With Chronic Fatigue Syndrome*," *JAMA* October 18; 278 (14) (1997) :1179--1185.

