

Myth



Fact

ME/CFS is rare

ME/CFS affects predominantly older women

ME/CFS is a mild condition

ME/CFS is just chronic fatigue

Exercise helps recovery



1

ME/CFS affects an estimated 500,000 people in Australia – one in every 52 people.

2

It can happen to anyone. The peak ages of onset are students aged 10-19 and young adults in their prime, aged 30-39.

3

ME/CFS is disabling. Even 'mild' ME/CFS results in 50% loss of function. A quarter of people with ME/CFS are bedbound or housebound.

4

ME/CFS is a complex, multisystemic, neuroimmune disease that has multiple symptoms.

5

Exercise increases disability. The unique identifying feature of ME/CFS is post-exertional malaise (PEM): a pathological loss of energy and worsening of all symptoms following minimal effort, which can last days, weeks or months.



Barriers faced by the ME/CFS community

- There are no officially approved medical treatments for ME/CFS.
- There are few medical practitioners with knowledge of ME/CFS.
- There is a lack of knowledge, understanding and awareness of this condition within the general community – from symptoms to ongoing support needs.

CONTACT



Email: contact@mecfssa.org.au

Phone: 0493 468 288

LEARN MORE
mecfssa.org.au



What is Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS)?



ME/CFS is a serious, complex and disabling neuroimmune condition that affects every system in the body, significantly reducing functional capacity.

For people with ME/CFS, even basic activities of daily living such as toileting, bathing, dressing, talking, and reading lead to a worsening

of all symptoms and a loss of functional capacity that can take days, weeks or even months to recover from.

While commonly known as 'chronic fatigue syndrome' the preferred language is Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS), as it is so much more than simply fatigue.

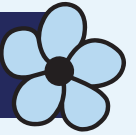
Causes

Despite much ongoing research, the cause of ME/CFS is unclear. The most commonly reported precipitating factor is an infection. ME/CFS is a complex disorder and may have a variety of triggers,

including exposure to toxins, severe physical or emotional trauma, or a combination of these or other factors. There are some indications that there may be a genetic predisposition.



Post-Exertional Malaise (PEM)



PEM is the unique, identifying feature of ME/CFS.

Post-exertional malaise (PEM) or post-exertional neuroimmune exhaustion is a pathological loss of energy and worsening of all symptoms following minimal physical, mental or emotional effort, or other triggers.

The onset of PEM may be immediate or delayed by several hours or days. Recovery is prolonged and may take days, weeks or months.

People often struggle to describe this loss of energy, weakness and exacerbation of symptoms. They may use words like 'crash', 'payback' or 'exhausted!'



... patients with this illness experience a level of disability that's equal to that of patients with late-stage AIDS, patients undergoing chemotherapy, or patients with multiple sclerosis."

Prof Nancy Klimas MD, AIDS and ME/CFS specialist and researcher, University of Miami, Press Conference, 2006

Distinguishing characteristics of PEM

PEM can be distinguished from the post-exertional fatigue experienced in other fatiguing illnesses or in deconditioning by the following:

- Delayed onset
- All symptoms worsen
- Reactions seem extreme in relation to the trigger
- Prolonged recovery



Other key symptoms of ME/CFS

- Fatigue: unlike normal tiredness, this is a profound and incapacitating lack of energy
- Inability to stand or sit up, air hunger, or dizziness
- Problems with concentration, information processing, memory, and physical tasks
- Swollen and/or tender lymph nodes, sore throat
- Non-restorative sleep and altered sleep patterns
- Nausea, irritable bowel, and food intolerances
- Muscle and joint pain, and headache
- Sensitivity to light, noise, movement, medications, and chemicals

