Please Note, for Clarity -This is my Medical information and I Paul Carpenter have given permission for it to be published on my website (Obviously!), this statement and the removal of logos were made at the request of the **Medical Director of Peterborough NHS**

Our ref:

09/01/2007

Dr P Wright
The Surgery

patient copy

CFS/ME Service
Newt Room
Hampton Health
Unit 6B The Serpentine
Hampton
Peterborough
PE7 8DR
Tel: 01733
Fax: 01733
Email: @nhs.net

Key

✓	= yes/present
	= not elected
×	= no/negative

Dear Dr Wright,

PATIENT DETAILS **Paul Carpenter DOB.**
Seven Acres Gull drove Guyhirn Wisbech PE13 4BH
NHS Number:

Diagnosis: Chronic Fatigue Syndrome / Myalgic Encephalomyelitis

Seen: **07/12/2006**

Brief history:

Thank you for asking us to see Mr Carpenter. The story has been going now for over 19 years. In November 1987 after an acute viral illness that may have been glandular fever he exhibited all the classical symptoms of CFS / ME and was unwell for 8 months. After a period of part time work he was able to return to full time work only to have a recurrence in June 1989. The second recurrence did not seem to be viral but since that time he has suffered on and off with fatigue syndrome. In fact it has been a real problem up until 8 weeks ago. He has achieved full remission taking supplements which he had explored through the Internet and feels 100%; equally he has recently been blessed with the birth of a beautiful daughter with his partner and is very happy in his life.

CDC criteria symptoms (Annals of Internal Medicine 1994; 121:953-9) (4 of 8 symptoms required)

Cognitive problems	✓	Multi-joint pain	✓
Recurrent sore throats	✓	Muscle pain	✓
Cervical/axillary lymphadenopathy	×	New headache	×
Unrefreshing sleep	✓	Post exertional malaise	✓
Score	6		

Other symptoms

GI symptoms		Autonomic dysfunction	
Nausea	✓	thermo-regulation	✓
Vomiting		circulatory problems	✓
IBS like problems	✓	bladder problems	×

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Giddiness/Dizziness	×	Visual symptoms	✓
Clumsiness/Co-ordination		Auditory symptoms	✓

Comments:

Looking at his symptoms generally he scores 6 of the 8 symptoms needed to meet the CDC criteria for the diagnosis of CFS / ME as well as having quite a lot of the associated symptoms as well. He meets both the CDC criteria and the Canadian criteria.

Activity levels

Occupation			
At work		Number of hours work per week	
Children	1	Age(s)	
Number of better days per week		Number of bad days per week	
Obvious boom/bust	✓		

Estimated activity range on — Good day: 80 % — Bad day: %

Walking distance (max)	>1000 Metres	Recovery time	
Can patient plan and cook a meal	✓		

Current medication

He is on no medication at the present except this supplementation with glutamine 3g a day and L Ornithine Alpha Ketogluterate 1.5g per day.

Psychiatric history

Previous depression		×				
Previous anxiety		×				
Current mood	Normal	✓	low		Suicidal	
	swings in mood		irritable when tired	✓	Frustrated	✓
	Emotional lability					

Hospital anxiety/depression scale	Depression score	10
(normal range 0-7, action range 13-21)	Anxiety score	5

Conclusion	Anxiety present	×	Panic disorder present	
	Patient probably depressed	×	Mood requires monitoring	

Comments:

At the time of filling out the form he was somewhat cheesed of with his illness and scored 10 on the depression score and 5 on the anxiety but this seems to be mainly reactive and he certainly is in a much better mood today.

Past medical history

Previous post viral fatigue/CFS [ ]

Physical examination

Done [ ] — Omitted (previously negative) [×]

Investigations

Done [ ] — Not done at this visit [×]

Diagnosis

Patient has classic chronic fatigue syndrome/ME	✓
Patient probably has chronic fatigue syndrome/ME	
Patient history/symptoms not typical of chronic fatigue syndrome/ME	

Opinion

We were very pleased to hear about his remission and certainly the suggestion is that CFS / ME might be due to some over activation at a cellular level of the mitochondria and depletion of ATP as a consequence and this may explain why he is having some benefit from the supplements.

Management

The conventional approaches to this illness are limited to:-

- General support
- Activity management
- Treating sleep disturbance
- Dealing with anxiety and depression
- Learning good relaxation skills and benefiting from appropriate CBT input.

◊ General support

CFS/ME is now recognised as a clinical entity. Currently there are more questions than answers and much conflicting information/research. A physical basis for the illness is emerging but the psychological impact; particularly in the more severely effected patients is the same as any other chronic illness. Many patients are aware that there are no 'cures'. They do benefit from medical support even if it is just listening and being sympathetic. This approach seems to have a powerful effect in enabling patients to manage their illness more effectively.

◊ Activity Management

Discussed with patient	✓
Video given	✓
OT management notes given	✓
Audio tape of consultation given	
Needs OT home assessment	

◊ Sleep

Suggest action		No action	

Comments:

At the time of his illness his main problems were of poor sleep which was often dream filled, exhaustion and post exertional malaise, muscle pains and joint pains, as well as cognitive problems. It is possible with his long history that he may relapse in the future. It is because of this that we felt it might be useful to provide some information about the condition and how to manage it which was done at his consultation.

As far as the rest is concerned when patients are suffering from this kind of sleep disturbance we recommend zopiclone 3.75mgs because we feel the suppression of the REM sleep is recuperative for these patients. We often potentiate this by recommending amitriptyline 10mgs taken about 2 hours before taking the Zopiclone. This improves the power of the sleep effect as well as reducing the pain which occurs in the muscles Equally if we still find patients are having disturbed sleep because of the muscle pains and joint pains a long acting painkiller such as Tramadol might be useful.

◊ Anxiety and depression

Evidence of depression [x] If taking anti-depressant suggest continue [ ]

Evidence of anxiety [x]

◊ Relaxation and CBT

Basic principles of CBT [✓]
(Contained in OT information pack)

Other management required

The main benefit in the future though will be to observe his activity programme, we hope that he does not relapse but if he does he has been given the contact details so he can come and discuss this with us.

Prognosis
Information in attached notes given to patient [ ]
Other information given (specify)

Follow up
Patient returned to general practitioner care [✓]
Priority patient – OT input will follow ** [ ]
** OT priority status [ ]
It will be decided between patient and therapist if further review in our joint clinic is required [ ]

Yours sincerely

Dr A O Reilly
Specialist GP
Cambridgeshire Adult CFS/ME Service

Cc. Paul Carpenter