



Clinical Strategy and Programmes  
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24<sup>th</sup> July 2019

Deputy Eamon Scanlon  
Dáil Éireann  
Leinster House  
Kildare Street  
Dublin 2

**Re: PQ 30212/19**

**To ask the Minister for Health if ME will be acknowledged as a neurological disorder as stated in the WHO and SNOMED classifications; if he will request the HSE to commence the work of identifying a consultant and expert in the condition; and if he will make a statement on the matter.**

Dear Deputy Scanlon,

The Health Service Executive has been requested to reply directly to you in relation to the above parliamentary question, which you submitted to the Minister for Health for response. I have consulted with the National Clinical Programme for Neurology and the Office of the National Clinical Advisor and Group Lead (NCAGL) for Acute Hospitals on your question and have been informed that the following outlines the position.

To date there is no known specific medical diagnostic test to determine or confirm a correct diagnosis of Myalgic Encephalomyelitis (M.E.) nor is there any specific treatment which works for all sufferers. Assessment and interventions need to be tailored to the individual and can involve multiple speciality areas depending on the individual's specific needs.

The Canadian Consensus Guideline outlines that for consideration of a diagnosis of ME, a person should have a number of symptoms in the following areas;

- Fatigue
- Post-exertional malaise and/or fatigue
- Sleep dysfunction
- Pain
- Neurological/cognitive manifestations (e.g. confusion, impaired concentration, memory difficulties etc.)
- At least one symptom from the following two categories;

- Autonomic manifestations (e.g. lightheaded-ness, nausea)
  - Neuroendocrine manifestations (sweating etc.)
  - Immune manifestations (tender lymph nodes, sore throats etc.)
- The illness persists for at least six months

These are assessments/tests which can be carried out in primary care setting by the General Practitioner. Specialised tests may be required when considering differential diagnoses. Treatment for M.E. is initiated based on the individual's symptoms. In general, these treatments are delivered within the context of primary care, with referrals into secondary care for specialist interventions, specific to the individual in the areas of;

- Neurology
- Rheumatology
- Pain Specialists
- Endocrinology
- Immunology
- Cardiology etc.

These services are generally accessed through Out-patient clinics at secondary care level by the relevant specialty. As with all assessments and treatments, whether they are provided in a primary care or secondary care setting, we aim to provide comprehensive, evidenced-based care for all our patients.

I trust this information is of assistance to you but should you have any further queries please do not hesitate to contact me.

Yours sincerely



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**Ms Patricia Gilsenan O'Neill**  
General Manager