

Clinical Strategy and Programmes Dr Steevens Hospital Dublin 8 Eircode D08 W2A8 Tel – 01 635 2000

2nd July 2019

Deputy Roisin Shortall, TD Dáil Éireann Leinster House Kildare Street Dublin 2

Re: PQ 25290/19

To ask the Minister for Health the criteria used here to diagnose ME as described under G.93.3 WHO, International Classification of Diseases, Tenth Revision (ICD-10); if the HSE will be requested to develop guidelines for the condition relevant to Ireland and reference contemporary research to complement work being carried out in the United Kingdom; and if he will make a statement on the matter

Dear Deputy Shortall,

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 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 (ME). Assessment and treatment needs to be tailored to the individual.

As with all assessments and treatments, whether they are provided in a primary care or secondary care setting, we aim to provide comprehensive, evidence-based, safe, up-to-date care for all our patients. We are very mindful of the impact on adults, children and their families of the diagnosis of many of the serious conditions encountered. We aim to support our patients and their families through the range of available treatments.

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.

The HSE does not rely entirely on research from the UK for this or any other condition. Every effort is made to access relevant evidence based research as it becomes available.

The HSE prioritises the development of guidelines based clinical need and in the context of available resources.

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,

Rehard Wail

Ms Patricia Gilsenan O'Neill General Manager