WAKING TO A NEW DAWN

AONM CONFERENCE19th November 2017

OFF THE PACE CMIs, BPS, PACE, GUIDELINES and CONSEQUENCES

> Malcolm Hooper, Emeritus Professor of Medicinal Chemistry, University of Sunderland, UK

THE BIG DIVIDE

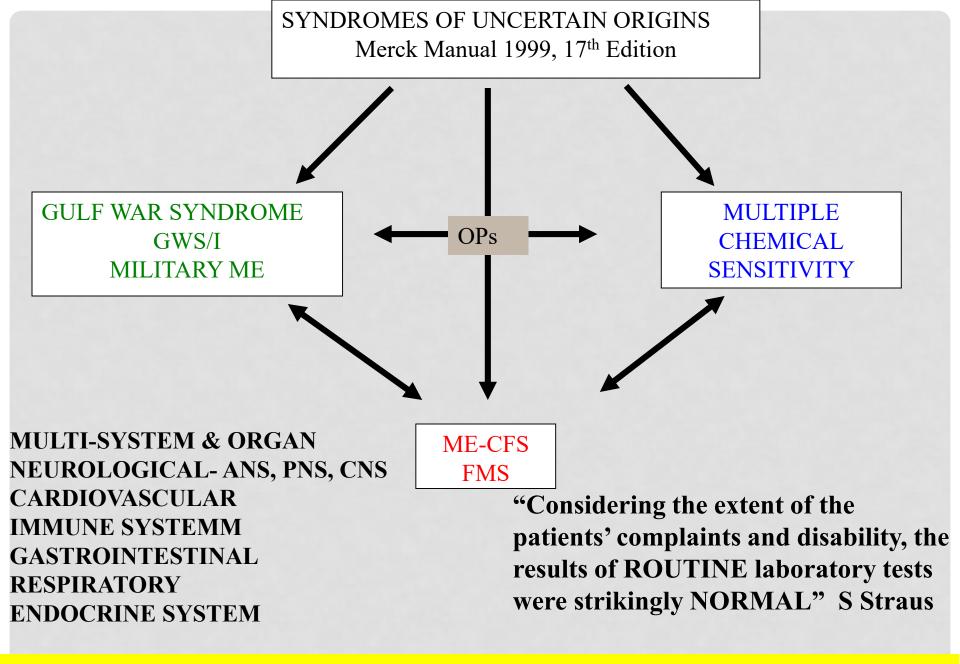
FUNCTIONAL SOMATIC SYNDROMES ALL IN THE MIND, BSP PSYCHIATRY COMPLEX CHRONIC MULTI-SYSTEM ILLNESS BIOMEDICAL BASIS SCIENCE HISTORY EXAMINATION RESEARCH THE BIOPSYCHOSOCIAL, BSP, MODEL

DEVELOPED BY ENGELS IN 1970S FOR MENTAL ILLNESS ONLY

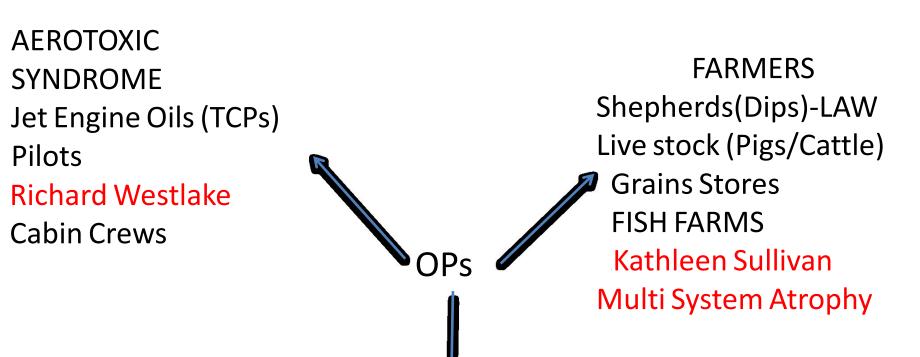
- PATIENTS LOST ANY AUTONOMY- NO CHOICE
 FORCED DETENTION IN MENTAL HOSPITALS
 ENFORCED TREATMENT
- -SOMETIMES ANTIDEPRESSAN/ANTIPSYCHOTIC DRUGS GIVEN

VERY LITTLE 'BIO' – IT HAPPENED TO LIVING BIOLOGICAL ORGANISMS/PEOPLE. LARGELY PSYCHO –COMMONLY TALKING THERAPIES SOCIALLY/CULTURALLY BASED.

IN UK – 'MORPHED INTO' CBT/GET UNDER CHALLENGE OF ME and DIRECTION of "WESSELY SCHOOL" CHANGE UNDERSTANDING OF ILLNESS: GET SOME EXERCISE



FUNCTIONAL SOMATIC SYNDROMES – ALL IN MIND CBT/GET

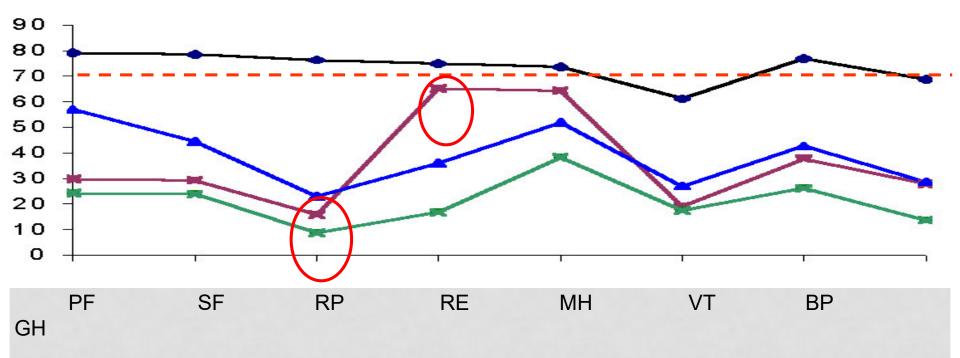


DEPLOYED GULF WAR VETERANS, 25-30% Chronically Sick!

- 1. OP PESTICIDES (Diazinon +, Malathion. Chlorpyrifos etc.) Govt Lies
- 2. Pyridostigmine Bromide, NAPS,
- 3. Nerve agents, SARIN

Cholinergic Triple Whammy –Ian Hill Global Illness Syndrome [VACCINES – Non - Deployed], SF-36 SCORES MEAN OF GENERAL POPULATIONS

ME/CFS, OP & GULF WAR



PF= Physical Functioning (10); SF = Social Functioning (2); RP= Role Limitations Physical Problems (4); RE= Role Limitations Emotional Problems (3); MH=Mental Health (5); VT= Vitality/Energy (4); BP = Pain (2); GH = General Health (5)

OTHER CHRONIC ILLNESSES - SCORE < 72 HEART FAILURE, DIABETES, RECENT MI, COPD, DEPRESSION. Haley 2004 Lloyd Inquiry

WESSELY et al UNABLE TO DISTINGUISH BETWEEN SICK AND 'WELL' GWVs - JOEM 2003;45:668-675.

FUNCTIONAL SOMATIC SYNDROMES: ONE OR MANY? Wessely et al Lancet 1999;354:936-9 BPS MODEL

Gastroenterology – IBS, Non-ulcer dyspepsia

Gynaecology – PMS, chronic pelvic pain

Rheumatology – Fibromyalgia

Cardiology – Atypical or non-cardiac pain

Respiratory medicine – hyperventilation

Infectious Disease – PVFS- ME-CFS

Neurology – Tension headache

Dentistry – TMJ dysfunction, Atypical facial pain

ENT – Globus syndrome

ALLERGY - MCS

CANNOT EXPLAIN BY CONVENTIONAL PARADIGMS

CONVENTIONAL THERAPY INEFFECTIVE

MORE COMON IN WOMEN THAN MEN

SHARE NON-SPECIFIC SYMPTOMS

SYNDROMES WILL RESPOND TO SAME THERAPIES, CBT/GET

COMPARE AND CONTRAST IN THE MIND/BPS **UNEXPLAINED ILLNESS/** SOCIALLY DEFINED **INACTIVITY(DECONDITION)** FALSE ILLNESS BELIEFS FEAR ABOUT SYMPTOMS **DEPRESSION – CBT/GET EMOTIONAL STATES** MUS, PUPS, MUPS, PUS

REAL ILLNESS VIRUSES IMPORTANT

DIFFICULT PROBLEM

USUAL TESTS NEGATIVE

BIOMEDICAL

RESEARCH NEEDED

TREATMENT DEPENDS ON INSIGHTS OF PHYSICIAN

CO-MORBIDITIES

MYALGIC ENCEPHALOMYELITIS –WORKED EXAMPLE

- -COMPLEX
- CHRONIC
- MULTI-SYSTEM ILLNESS

[MUS, PUPS, MUPS – 'UNEXPLAINED' - VANISH]

"Everything that cannot be understood does nevertheless not cease to exist." Blaise Pascal (1623-1682)

"I might be criticised for presenting alarming material [about ME] but I have tried to present the truth and this in perspective" Dr John Richardson (1915-2002

WHO - ICD 10 - G93.3 (FROM 1969) IS CLEAR MYALGIC ENCEPHALOMYELITIS IS A NEUROLOGICAL

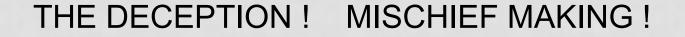
 Image: Structure
 Nand

 Image: Structure
 Nand

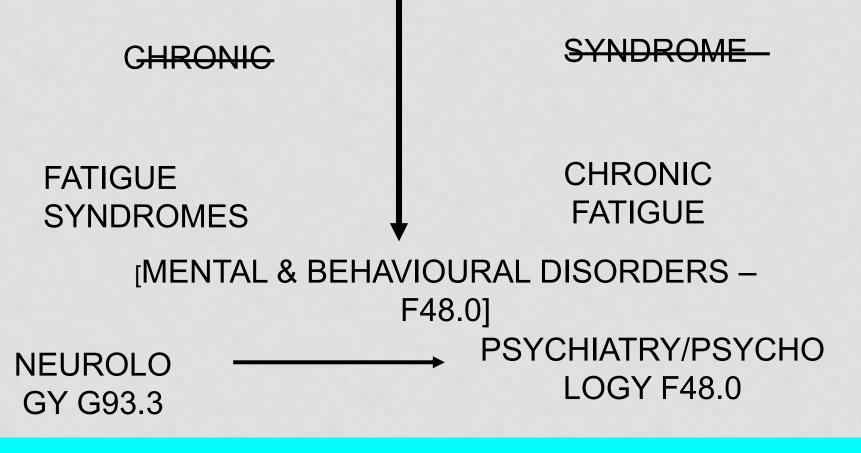
 Image: Structure
 Structure

 Image: Structure
 Structure
DISORDER CHRONIC FATIGUE DESCRIBES A SYMPTOM – SUBJECTIVE – PROVIDES NO OBJECTIVE CLINICAL SIGNS - MAKES

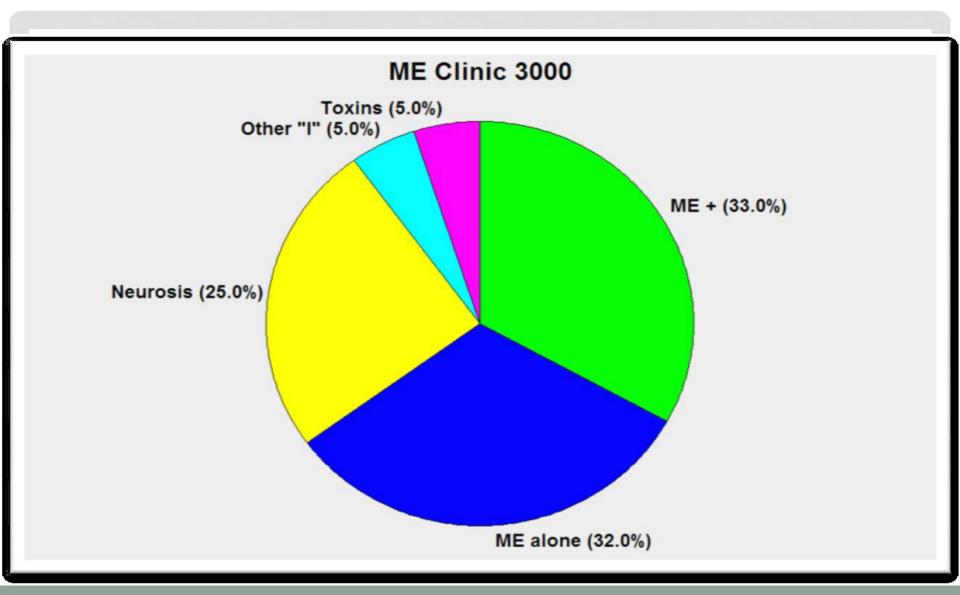
MISCHIEF POSSIBLE



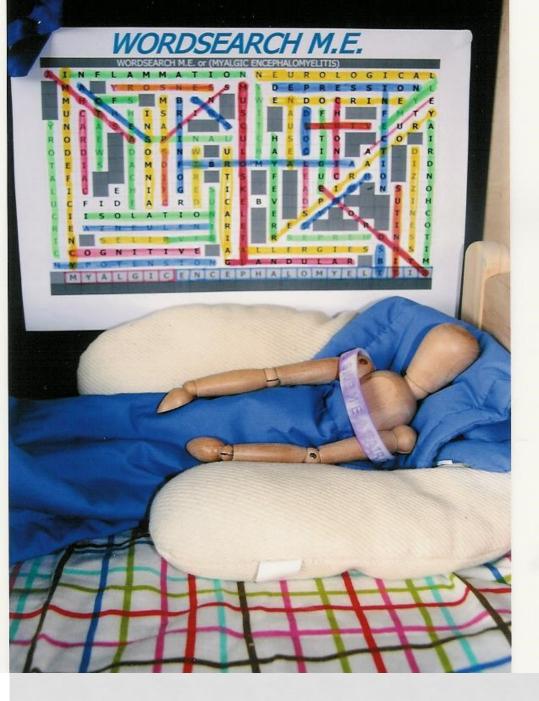
MYALGIC ENCEPHALOMYELITIS – CHRONIC FATIGUE SYNDROME AT G93.3 [NEUROLOGICAL DISORDERS]



DUAL CLASSIFICATION IS NOT ALLOWED UNDER RUBRICS



CO-MORBIDITIES – MISSED DIAGNOSES; Diabetes, Thyroid (Cancers), Cardiovascular, GF, Autoimmune disorders



www.jivalobo.com/invisi bleME Making the invisible – visible LISTEN TO PATIENT VOICES

> History Listen to Patient and to Patient's Parents – especially the Mother.

John Richardson -1999

John Chia 2010





LINDA – VERY SEVERE ME - >20 YEARS.

TOUCH, LIGHT, SOUND - ARE AGONY

PHOTO/ PAINTING BY HUSBAND

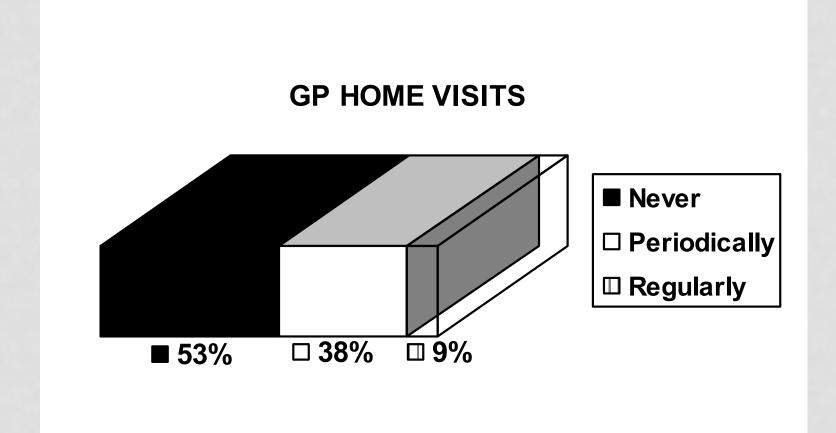
GREG CROWHURST

PAIN PARALYSIS



Agony - Never Ending - Pain

Paralysis



25% Group Survey

VISIT THE SICK – DO NO HARM –MEDICAL NEGLIGENCE/DERELICITON OF DUTY

Voices from the Shadows – Natalie Boulton

Tears GRIEF[®] FRUSTRATION- UNBELIEF- ABANDONMENT CRUELTY- IDEOLOGICAL- APROACH–EAN[®], [™]SOPHIA[®]M.

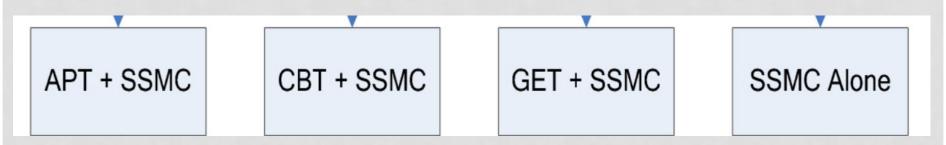




PACE TRIAL – CFS/ME- VALIDATE CBT & GET A RANDOMISED CONTROLLED TRIAL

NO OBJECTIVE MEASUREMENTS

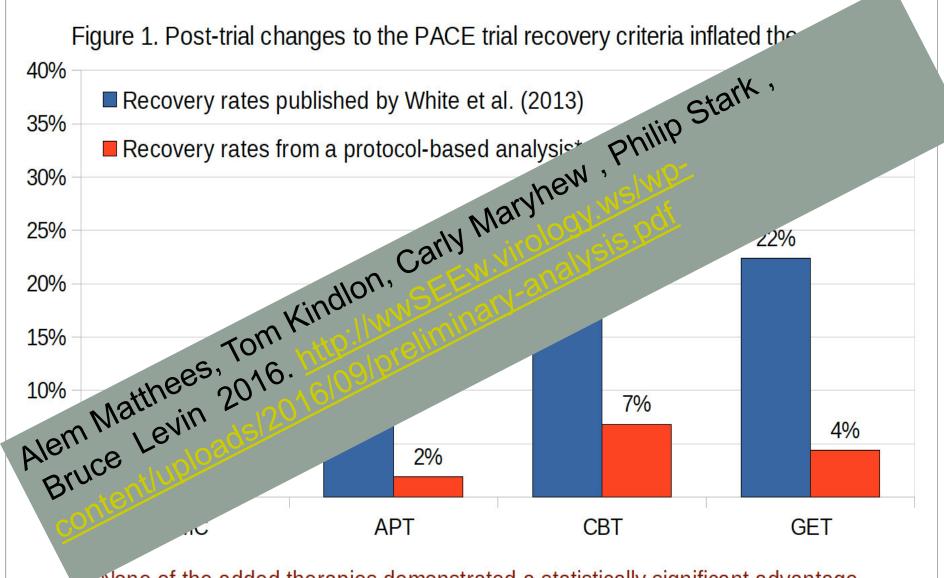
NO BLINDING - a sine qua non for Subjective data



NO CONTROL GROUP Inter Group Comparisons

ORIGINAL Entry Requirements & Primary Outcomes CHANGED AND MANIPULATED THROUGHOUT STUDY Publicly funded research, £6 Million – data NOT released – opposed by Authors, Editor, Lancet, Publishers, QWUL who owned the data. Needed a FOIA 5 years later - OMBUDSMAN

WHY ?



None of the added therapies demonstrated a statistically significant advantage over specialist medical care alone when using the protocol-specified thresholds

MENE, MENE, TEKEL PARSIN

YOU HAVE BEEN WEIGHED IN THE BALANCE AND FOUND WANTING

Everything is lost – chasing a 'will of the Wisp', a mirage, investigating a NULL field

JUDGEMENT

ALREY JORSES MOUTH". Why then Spend 56 MILLION control c million on FATIGUE Clinics 3 "Modestly effect." GUE Clinics 3 MODEST AND CONTROL CONTROL

"Not remotely curative

"These interventions are not the answer to CFS".

Professor Simon Wessely, Journal American Medical Association 286, 19, 2001. Read your own papers please! Twisk & Maes 2009 make same point



CRUELTY OBSTRUCTION/ DATADENIAL

MAIMES Public Inquiry

S. Myhill et al



SOMATIC MEDICINE ABUSES PSYCHIATRY – AND NEGLECTS CAUSES

An almost TOTAL lack of SCIENTIFIC support

Reclassifying BODILY symptoms as MENTAL problems...where CONVENTIONAL medicine is at a loss for an explanation.

LACK OF firm KNOWLEDGE is converted into SPECULATIVE ASSERTIONS without any CRITICAL voices being heard. PD, MS, Diabetes

Causal explanation for illnesses .. go with predominantly somatic symptoms [that] lack any basic similarity to known mental disorders.

An evasive argument...with its lamentably poor record of research into causes, particularly where environmental factors are concerned.

Industrial/ Financial interests are actively influencing the course of what is ostensibly a scientific discussion.

What makes an individual human being ill cannot be determined by statistics

Lack of knowledge is a considerable handicap in the treatment of chronic diseases

Per Dalen (Psychiatrist) http:art-bin.com/art/dalen_en.html (2003)

Mercury, Lyme's disease, Al Camelford, placebo effect, toxicology, epidemiology

N McLaren THE (BIO)PSYCHOSOCIAL MODEL and FRAUD

This model is based on fraud and ignorance and a complete misunderstanding of the origins of the idea. It is a myth.

"I see psychiatry under attack from all quarters. Some people see a great future for us. I don't share that view. I believe there is a serious risk that psychiatry as we know it will no longer exist in as little as fifteen years. The reason is simply a <u>lack of anything</u> <u>approximating an adequate intellectual framework for our efforts."</u>

The myth of the biopsychosocial model. Australian and New Zealand Journal of Psychiatry 2006; 40 (3), 277-278

http://www.futurepsychiatry.com/ Chapters 7 and 9

This model was the basis for the rejection of the Class Action brought by GWVs and persists still- see Phil Trans Royal Soc 2006;631:689-695.

ME CLASSIFICATION AND NOMENCLATURE

WHAT ME IS NOT!

NOT a Fatigue Syndrome/Neurasthenia. ICD-10 G.93.3 NOT F.48.0

NOT Chronic Fatigue - many causes, Amer Med Assoc 1990

NOT Burnout – cortisol responses differ Mommersteeg et al

NOT DECONDITIONING - Burnett, Newton.

NOT CFS - Spence et al, Olano et al

NOT Clinical Depression fails clinical tests –Richardson et al and many others

POLTICAL CONTROL OF HEALTH COSTS CONCERNS OF INSURANCE INDUSTRY FOR CHRONIC CONDITIONS DISMISSED BY FALSE EVIDENCE AND PATIENTS TO BE IGNORED. POLICY-BASED EVIDENCE [PACING, CBT, GET] NO

CREDIBLE INTELLECTUAL OR CLINICAL FOUNDATION

VS

EVIDENCE-BASED POLICY BIOMEDICAL WITH SOUND SCIENTIFIC FOUNDATION

TARGETED HEALTH CARE & TREATMENT

MYALGICENCEPHALOMYELITIS

"NEVER IN THE FIELD OF MODERN MEDICINE HAS SO MUCH HARM BEEN DONE TO SO MANY BY SO FEW".

Dr Irving Spurr Liverpool ME Seminar 2011

What does all this mean ?

The WHOLE of Government Policy based on BSP model now Falls DoH, NHS, NICE, MRC (Research Funding), DWP/Benefits

Payments must now be made to OP poisoned Farmers, Gulf War Veterans and Cabin Crews (AS) – Justice must be given

Insurance Companies can no longer refuse payments to the sick, ME/CFS, OPs, Al etc.

Nigel Speight, Sarah Myhill, Jean Monro and others have been VINDICATED. DRIVE HOME

THANK YOU

Eradicating ME Wessely S. 1992 Report of meeting Pfizer Pharmaceuticals

QUOTABLE QUOTES ABOUT ME/CFS

Margaret Williams, 2007