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 ANTIDEPRESSANT/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
“Considering the extent of the patients’ complaints and disability, the results of ROUTINE laboratory tests were strikingly NORMAL” – S Straus
AEROTOXIC SYNDROME
Jet Engine Oils (TCPs)
Pilots
Richard Westlake
Cabin Crews

FARMERS
Shepherds (Dips) - LAW
Live stock (Pigs/Cattle)
Grains Stores
FISH FARMS
Kathleen Sullivan
Multi System Atrophy

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],
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)

SF-36 SCORES MEAN OF GENERAL POPULATIONS

ME/CFS, OP & GULF WAR

PF             SF            RP            RE        MH              VT        BP

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?


**BPS MODEL**

<table>
<thead>
<tr>
<th>Field</th>
<th>Conditions</th>
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<tbody>
<tr>
<td>Gastroenterology</td>
<td>IBS, Non-ulcer dyspepsia</td>
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<tr>
<td>Gynaecology</td>
<td>PMS, chronic pelvic pain</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>Fibromyalgia</td>
</tr>
<tr>
<td>Cardiology</td>
<td>Atypical or non-cardiac pain</td>
</tr>
<tr>
<td>Respiratory medicine</td>
<td>Hyperventilation</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>PVFS- ME-CFS</td>
</tr>
<tr>
<td>Neurology</td>
<td>Tension headache</td>
</tr>
<tr>
<td>Dentistry</td>
<td>TMJ dysfunction, Atypical facial pain</td>
</tr>
<tr>
<td>ENT</td>
<td>Globus syndrome</td>
</tr>
<tr>
<td>Allergy - MCS</td>
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</tbody>
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- **CANNOT EXPLAIN BY CONVENTIONAL PARADIGMS**
- **CONVENTIONAL THERAPY INEFFECTIVE**
- **MORE COMMON IN WOMEN THAN MEN**
- **SHARE NON-SPECIFIC SYMPTOMS**

**SYNDROMES WILL RESPOND TO SAME THERAPIES, CBT/GET**
<table>
<thead>
<tr>
<th>IN THE MIND/BPS</th>
<th>BIOMEDICAL</th>
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<tbody>
<tr>
<td>UNEXPLAINED ILLNESS/</td>
<td>REAL ILLNESS</td>
</tr>
<tr>
<td>SOCIALLY DEFINED</td>
<td>VIRUSES IMPORTANT</td>
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<tr>
<td>INACTIVITY(DECONDITION)</td>
<td>DIFFICULT PROBLEM</td>
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<td>FALSE ILLNESS BELIEFS</td>
<td>USUAL TESTS NEGATIVE</td>
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<tr>
<td>FEAR ABOUT SYMPTOMS</td>
<td>RESEARCH NEEDED</td>
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<tr>
<td>DEPRESSION – CBT/GET</td>
<td>TREATMENT DEPENDS ON INSIGHTS OF PHYSICIAN</td>
</tr>
<tr>
<td>EMOTIONAL STATES</td>
<td>CO-MORBIDITIES</td>
</tr>
<tr>
<td>MUS, PUPS, MUPS, PUS</td>
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</tr>
</tbody>
</table>
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
DISORDER
MUSCLE PAIN WITH INFLAMMATION OF THE BRAIN AND
SPINAL CORD

[THE ONLY ALLOWED ALTERNATIVE NAMES ARE
POST-VIRAL FATIGUE SYNDROME, PVFS, CHRONIC FATIGUE
SYNDROME, CFS]

ME – PATHOPHYSIOLOGY – CLEAR MEANING
FOR CLINICIANS AND ALLIED SCIENTISTS
PVFS AETIOLOGY (VIRUS INDUCED) + SYMPTOM –
FATIGUE
CHRONIC FATIGUE DESCRIBES A SYMPTOM – SUBJECTIVE
– PROVIDES NO OBJECTIVE CLINICAL SIGNS - MAKES
MISCHIEF POSSIBLE

Deciding objective information clinical, diagnostic, scientific, aetiological
THE DECEPTION!  MISCHIEF MAKING!

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

CHRONIC SYNDROME

FATIGUE SYNDROMES

[MENTAL & BEHAVIOURAL DISORDERS – F48.0]

NEUROLOGY G93.3

PSYCHIATRY/PSYCHOLOGY F48.0

DUAL CLASSIFICATION IS NOT ALLOWED UNDER RUBRICS OF WHO FATIGUE SYNDROMES CHRONIC FATIGUE
CO-MORBIDITIES – MISSED DIAGNOSES; Diabetes, Thyroid (Cancers), Cardiovascular, GF, Autoimmune disorders

ME Clinic 3000

- ME alone (32.0%)
- ME + (33.0%)
- Neurosis (25.0%)
- Other "I" (5.0%)
- Toxins (5.0%)
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
25% Group Survey

VISIT THE SICK – DO NO HARM – MEDICAL NEGLIGENCE/DERELICITON OF DUTY
Tears
GRIEF - FRUSTRATION - UNBELIEF - ABANDONMENT - CRUELTY - IDEOLOGICAL - APPROACH – EANPESOPHIAEM.

Voices from the Shadows – Natalie Boulton
PACE TRIAL – CFS/ME- VALIDATE CBT & GET A RANDOMISED CONTROLLED-TRIAL

NO OBJECTIVE MEASUREMENTS
NO BLINDING – a *sine qua non* for Subjective data

**APT + SSMC**  **CBT + SSMC**  **GET + SSMC**  **SSMC Alone**

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 ?
Figure 1. Post-trial changes to the PACE trial recovery criteria inflated the recovery rates.

- Recovery rates published by White et al. (2013)
- Recovery rates from a protocol-based analysis

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
They reduce disability, & enhance control over symptoms. Modestly effective. Not remotely curative. These interventions are not the answer to CFS.


Read your own papers please! Twisk & Maes 2009 make same point.
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


Mercury, Lyme’s disease, Al Camelford, placebo effect, toxicology, epidemiology
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 lack of anything approximating an adequate intellectual framework for our efforts.”

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

[http://www.futurepsychiatry.com/](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.
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
POLITICAL 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
"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