Correspondence

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Editorial note

Unusually for Psychological Medicine, we publish below six letters concerning the paper by White et al. (2013) on the PACE Trial. The UK Office of the Journal received 15 letters criticizing aspects of this paper, but it seemed unlikely that all of these letters originated entirely independently since a number arrived on successive days and reiterated the same points. Nevertheless, in the spirit of scientific openness we have published six of the letters which cover the main criticisms, and invited Professor White to reply to them.

References


ROBIN MURRAY
Joint Editor – Psychological Medicine

Letter to the Editor

Comments on ‘Recovery from chronic fatigue syndrome after treatments given in the PACE trial’

In their paper on recovery rates in the PACE trial, White et al. (2013) acknowledge that ‘objective measures of physical activity have been found previously to correlate poorly with self-reported outcomes’. Yet, there is no attempt to utilize the Six Minute Walking Test results. The best results were a mean of 379 metres walked in the graded exercise therapy condition, a gain of 67 metres in 52 weeks, 35 metres more than the specialist medical care (SMC)-only group (White et al. 2011). The cognitive behaviour therapy group showed no improvement compared with the SMC group. The distance of 379 metres is exceeded by patients listed for lung transplantation (Kadikar et al. 1997) and by older patients with chronic heart failure (Lipkin et al. 1986). Given the recognized problem with self-reported outcomes, reliance solely on such measures leaves open the question of the validity of the recovery criteria of PACE.

Declaration of Interest

None.

References


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Letter to the Editor

‘Recovery from chronic fatigue syndrome after treatments given in the PACE trial’: recovery or remission?

White and colleagues conclude from the results of the PACE trial that ‘recovery from CFS (chronic fatigue syndrome) is possible, and that CBT (cognitive behaviour therapy) and GET (graded exercise therapy) are the therapies most likely to lead to recovery’ (White et al. 2013).