Patients with a self diagnosis of myalgic encephalomyelitis

EDITOR,—S J Hurel and colleagues should have checked their facts more thoroughly before making such a generalised attack on the content of literature produced by the two support groups for patients with myalgic encephalomyelitis (ME).¹

The ME Association does not believe that *Candida albicans* is involved in the pathogenesis of the condition. Our booklet *Guidelines for the Care of Patients* states that "no reliable scientific evidence has ever been published to support such a link" and that "consequently, anti-candida regimes involving highly restricted diets, probiotics and antifungal drugs cannot be recommended."² Equally, we repeatedly warn our members about the serious dangers of colonic cleansing (particularly in relation to the risk of unhygienic operators transferring gastrointestinal pathogens) and advise extreme caution when consulting herbalists or buying over the counter herbal remedies. If we really were producing literature that contained pseudoscientific nonsense and advocated dubious forms of alternative therapy I doubt whether the Department of Health would be providing funding to expand the work of our information department.

Had the authors checked with our booklet they would have found that we are not in favour of self diagnosis and strongly recommend consideration of nearly 50 physical and psychological conditions that can present with chronic fatigue as the principal clinical feature. In this context pituitary tumours are specifically mentioned as we are aware of at least two other cases similar to that reported by Hurel and colleagues in which misdiagnosis occurred. Furthermore, our literature emphasises that "significant or progressive weight loss is not a normal feature of ME, and where it occurs alternative explanations (eg hormonal) should always be excluded."

Finally, I am surprised that a group of endocrinologists, while correctly pointing out that hypopituitarism can produce some clinical features similar to those of myalgic encephalomyelitis, find no significance in the fact that a growing number of published research studies report disturbances in the function of the hypothalamic-pituitary axis—particularly involving hypocortisolaemia³ and resistance of type 2 steroid receptors⁴—in this particular chronic fatigue syndrome.

CHARLES SHEPHERD
Honorary medical adviser

ME Association,
Stanford le Hope,
Essex SS17 0HA

Advice to authors

We prefer short letters that relate to a recently published article and we are unlikely to publish letters longer than 400 words and containing over five references. Letters may be shortened. Your letters should be typed with double spacing and include a word count. All authors need to sign the letter and provide one current appointment and address. We encourage you to declare any conflict of interest. Please enclose a stamped addressed envelope if you require an acknowledgment.

- 1 Hurel SJ, Abuiasha B, Baylis PH, Harris PE. Patients with a self diagnosis of myalgic encephalomyelitis. *BMJ* 1995;311:329. (29 July.)
- 2 Shepherd C. *Myalgic encephalomyelitis: post-viral fatigue syndrome. Guidelines for the care of patients*. 2nd ed. Stanford le Hope: ME Association, 1995.
- 3 Demitrack MA, Dale JK, Strauss SE, Laue L, Listwak SJ, Kruesi MJ, et al. Evidence for impaired activation of the hypothalamic-pituitary-adrenal axis in patients with chronic fatigue syndrome. *Clin Endocrinol Metab* 1991;73:1224-34.
- 4 Majeed T, Dinan TG, Thakore J, Gray C, Behan PO. Defective dexamethasone induced growth hormone release in chronic fatigue syndrome: evidence for glucocorticoid receptor resistance and lack of plasticity? *Journal of the Irish Colleges of Physicians and Surgeons* 1995;24:20-4.

Authors' reply

EDITOR,—The purpose of our letter was to report that symptoms thought to be myalgic encephalomyelitis may be wholly attributable to an underlying endocrine disorder and eminently treatable. Highlighting the heterogeneous nature of the condition may increase awareness of possible differential diagnoses so that appropriate management may be started earlier.

Charles Shepherd has written guidelines on the care of patients with myalgic encephalomyelitis and the postviral fatigue syndrome in his capacity as medical adviser to the ME Association. The second edition of these guidelines was published last April, when we were finalising our letter; it does not support the theory of candidal overgrowth or the use of colonic cleansing and provides a critical appraisal of treatments. We are sure, however, that Shepherd agrees that there is an extensive literature on this emotive subject, not all of which has a firm scientific basis. The literature that we quoted had been obtained by two patients, but not from the ME Association.

We are aware of the literature concerning the endocrinological aspects of myalgic encephalomyelitis, but the purpose of our letter was to highlight a simple clinical message, not to provide a comprehensive review of the endocrinological aspects of the condition.

S J HUREL

Honorary senior registrar

B ABUIASHA

Registrar

P H BAYLIS

Professor of experimental medicine

Royal Victoria Infirmary,
Newcastle upon Tyne NE1 4LP

P E HARRIS

Senior lecturer in endocrinology

Kings College Medical and Dental School,
London SE5 9PJ

Cycling and physical exercise

Cycling has "street cred" among young people

EDITOR,—A born again cyclist, I live 10.5 km across London from where I work. Cycling is already the fastest, least stressful, cheapest, and for me the most pleasant way to get to there. The proposals for a national network and cycling strategy must be welcomed.¹ Raj Bhopal and Nigel Unwin's editorial fails, however, to emphasise two reasons why the strategy is particularly attractive as a health promotion campaign.

Firstly, doctors spend a great deal of time giving negative messages to people. We tell people not to smoke, not to drink too much, not to eat the wrong

foods, and to be careful about sex. Here at last is a positive health promotion message that needs no convoluted packaging to make it palatable.

Secondly, young people are a major target group for the prevention of coronary heart disease and for establishing healthy behaviour. Cycling has "street cred." Any health promoting activity that already has youth appeal must be worth pushing, and for once we can push alongside, not against, the manufacturers. My 14 year old son spends hours looking at cycling magazines. It is only the lack of a decent network of cycle routes and facilities and my consequent fears for his safety that prevent him spending more of that time on his bike.

DAVID SLOAN
Registrar in public health

Kensington and Chelsea and
Westminster Health Commissioning Agency,
London W2 6LX

- 1 Bhopal R, Unwin N. Cycling, physical exercise, and the millennium fund. *BMJ* 1995;311:344. (5 August.)

Government's endorsement of cycling is welcome U turn

EDITOR,—Raj Bhopal and Nigel Unwin's comments on cycling and physical exercise¹ reinforce the widespread findings of improved psychological and physical wellbeing² and the prospect of a considerable reduction in heart disease through relatively modest regular cycling.³ It has been estimated that if the use of cycles in Britain matched that currently in Denmark, savings in health and pollution costs would amount to approximately £1.8 billion a year.⁴ The government's recent endorsement of cycling is a welcome U turn to established transport policy and is a tribute to the organisational and political skills of several cycling bodies and the recommendations of a royal commission last year.

In recent years health authorities have seemed reluctant to endorse the positive benefits of cycling, although the provision of facilities to permit increased use of bicycles is being considered and implemented. I am aware of several hospital redevelopment projects that incorporate accessible, secure, and illuminated areas for parking bicycles, although in each case the motivation for this is to alleviate the shortage of car parking space. I am confident that once a comprehensive infrastructure of cycling is in place the objective of getting more people to make journeys by bicycle, with the attendant health benefits, will become realistic.

D R UNCLES
Senior registrar in anaesthesia and intensive care

Nuffield Department of Anaesthesia,
John Radcliffe Hospital,
Oxford OX3 9DU

- 1 Bhopal R, Unwin N. Cycling, physical exercise, and the millennium fund. *BMJ* 1995;311:344. (5 August.)

- 2 BMA. *Cycling towards health and safety*. Oxford: Oxford University Press, 1992.

- 3 Morris J. Cycling and health. In: *Cycling and the healthy city*. London: Friends of the Earth, 1990:14-9.

- 4 Cyclists Touring Club. *Costing the benefits: the value of cycling*. Godalming: Cyclists Touring Club, 1993.

Cycling is one of most common forms of sport and recreation

EDITOR,—As Raj Bhopal and Nigel Unwin state, cycling provides an ideal opportunity to increase physical activity, especially with the current