**Bristol M.E. Service**

*Supporting people with M.E./CFS and PVFS across*

*Gloucestershire, Bristol and North Somerset*

The Lodge, Cossham Memorial Hospital, Lodge Road, Kingswood, Bristol BS15 1LF

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**Referral criteria**

These are the referral criteria for the Bristol M.E. Service, which is a multidisciplinary service covering Bristol, North Somerset and Gloucestershire. The team consists of specialists including Occupational Therapists, Physiotherapists and Psychological therapists, all of whom are experienced in supporting people with persistent health problems.

Patients should meet the NICE 2021 Guideline criteria for the diagnosis of M.E./CFS.

All of these symptoms should be present:

1. Debilitating fatigue that is worsened by activity, is not caused by excessive cognitive, physical, emotional or social exertion, and is not significantly relieved by rest.
2. Post-exertional malaise after activity in which the worsening of symptoms:
* is often delayed in onset by hours or days
* is disproportionate to the activity
* has a prolonged recovery time that may last hours, days, weeks or longer
1. Unrefreshing sleep or sleep disturbance (or both), which may include:
* feeling exhausted, feeling flu-like and stiff on waking
* broken or shallow sleep, altered sleep pattern or hypersomnia
1. Cognitive difficulties (sometimes described as 'brain fog'), which may include problems finding words or numbers, difficulty in speaking, slowed responsiveness, short-term memory problems, and difficulty concentrating or multitasking.

If ME/CFS is suspected, carry out:

* a medical assessment (including symptoms and history, comorbidities, overall physical and mental health)
* a physical examination
* an assessment of the impact of symptoms on psychological and social wellbeing

To exclude other possible causes of chronic fatigue, the following conditions should have been considered:

* PrimarySleep Disorder
* Thyroid Disease
* Adrenal insufficiency
* Anaemia
* Vitamin D deficiency
* Chronic infection
* Coeliac disease
* Immunodeficiency
* Fibromyalgia (pain dominates fatigue in clinical presentation)
* Malignancy
* Anxiety/Depression
* MS
* Myasthenia Gravis
* Rheumatic Diseases

# *Refer to the appropriate specialist if an alternative diagnosis is in doubt.*

The following blood tests should have been completed within the past 12 months in order to exclude other causes of fatigue. If you are referring from outside of BNSSG area we require a print out of the actual results for our records.

Severn Pathology have introduced a streamlined screening request system, and it is available on ICE as a profile called CFS/ME. Using this profile will ensure all of these blood tests are done.

Gloucester Royal Hospital Pathology Service now offer a fatigue screen but you will need to add the CRP and CK to complete the set of blood tests recommended by the NICE Guideline: <https://g-care.glos.nhs.uk/pathway/659/resource/11>

Test results for patients with M.E./CFS should be normal: please comment on any abnormalities that can be explained.

* FBC
* CRP, ESR or PV
* Urea and electrolytes including potassium
* Liver function
* Calcium
* Thyroid function
* Creatine kinase
* Random blood glucose
* Local coeliac screen (e.g. IgA endomysial or tissue transglutaminase autoantibodies)
* HbA1c or alternative measure of blood glucose

### **Exclusion criteria for the Bristol M.E. Service**

* Major psychiatric illness with psychotic or manic features.
* Fibromyalgia (refer to local referral guidance)
* History of failed rehabilitation specific to M.E./CFS unless there are specific reasons to reconsider the role of rehabilitation (please outline these in the referral).
* Concurrent rehabilitation from another service.
* Ongoing medical investigation

### **What the service offers**

* Multi-disciplinary outpatient assessment.
* Consultation and advice in liaison with Primary Health Care Team.
* Direct clinical work (group or individual).
* Multi-component rehabilitation package for symptom management.
* Complex case management.

Due to our large catchment area and limited staff resources, we will prioritise referrals and can only accept those that meet our criteria and have a completed negative blood test screen. In some cases, we will be expecting to advise other professionals regarding case management rather than accepting the referral ourselves.