

<b>Reference:</b>	FOI.13871.24
<b>Subject:</b>	Chronic Fatigue Syndrome (CFS)
<b>Date of Request:</b>	22 February 2024

**Requested:**

1. Please can you let me know what is the process of receiving a diagnosis of ME/CFS if a patient is presenting with symptoms, and what further treatment and/or medication is available post-diagnosis?
2. Also what is the process of receiving a diagnosis of Long Covid if a patient is presenting with symptoms, and what further treatment and/or medication is available post-diagnosis?

**Response:**

1. Hywel Dda University Health Board (UHB) confirms that it does not have a specific service for the diagnosis and management of Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS). However, as guidelines suggest, the diagnosis is a process over time, rather than a simple diagnosis, and it often involves multiple levels of 'ruling out' other conditions. Clinicians will proceed with a 'working diagnosis' and a 'watch and wait' approach, which would facilitate some of the 'interventional and support' work to be requested.

The UHB's Psychology Service sees many people with a ME/CFS diagnosis that are referred for their persistent pain; however, it is not a fatigue service. Additionally, the Psychology Service offers an Occupational Therapy (OT) led multi-morbidity fatigue service, with a post-viral service currently in the process of being established.

2. The UHB's Long Covid Service provides a Multidisciplinary Team (MDT) service for any patients suffering with new or one (1) or more symptoms following a suspected or confirmed Covid diagnosis twelve (12) weeks prior to the referral. Patients experiencing a number of persistent symptoms following a Covid/suspected Covid diagnosis 12 weeks prior to the referral will need to be referred by a Health Care Professional (HCP), with all other possible pathologies having already been ruled out.

Symptoms can vary and fluctuate; however, a summary of the most common symptoms are:

- Fatigue
- Breathlessness
- Cough
- Palpitations
- Inability to be active
- Pain
- Muscle/Joint problems
- Nutrition
- Weight management
- Memory problems/brain fog/concentration difficulties
- Word finding difficulties
- Loss of taste/smell
- Voice or swallow problems
- Dry mouth

- Anxiety/depression/mood changes

The referral is clinically triaged by the service lead and is reviewed to deem appropriateness of referral to the service, dependant on clinical history. If the clinician believes the referral is appropriate, then it is discussed in a MDT meeting with a number of clinicians from within the service.

The MDT will provide an initial holistic assessment and after this, the patient will be signposted to the most effective service and information, based on the patient's needs and symptoms. The clinicians will support patients with education and self-management tools and will also provide rehabilitation for patients suffering with Long Covid syndrome. This rehabilitation is defined as a set of interventions to optimise functioning in everyday activities, to support individuals to recover or adjust and achieve their full potential. With a focus on enabling participation in education, work, recreation and meaningful life roles, the interventions will be individually tailored to the patient's needs, goals and symptoms.