Diagnostic Criteria Position Statement



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Statement

Diagnostic criteria for ME/CFS should include post-exertional malaise (PEM) as a mandatory symptom as this is a core feature of the condition.

Emerge Australia recommends the following diagnostic criteria:

- Research settings: Canadian Consensus Criteria (CCC, 2003), International Consensus Criteria (ICC, 2011) or Paediatric Primer criteria (2017)
- Clinical settings: National Academy of Medicine (NAM (formerly Institute of Medicine), 2015)

Emerge Australia supports further research into the underlying pathophysiology of ME/CFS and refinement of diagnostic criteria, as new research becomes evident.

Background

There are approximately 20 different sets of diagnostic criteria for ME/CFS which have been developed over the history of the disease [1]. This has created inconsistency in research, as different diagnostic criteria result in participant samples which are not easily compared between studies. Several reviews have identified the need for consistent use of diagnostic criteria in research [2].

In addition, several sets of diagnostic criteria for ME/CFS do not include post-exertional malaise (PEM) as a mandatory criterion, despite it being a core feature of the condition.

Evidence

There are five sets of ME/CFS diagnostic criteria which have been most commonly used: Oxford (1991) [3], Fukuda (1994) [4], Canadian Consensus Criteria (CCC, 2003) [5], International Consensus Criteria (ICC, 2011) [6], and National Academy of Medicine (NAM (formerly Institute of Medicine), 2015) [7]. In addition, the Paediatric Primer criteria (2017), based on the CCC, has been developed for use with young people [8].

It has been recommended that the Oxford criteria be retired because they are too broad [2]. The Fukuda criteria have also been criticised because they are overly broad and do not have PEM as a mandatory symptom [9].

The National Health & Medical Research Council's ME/CFS Advisory Committee report recommended the CCC, ICC or Paediatric Primer criteria for research [10].

While research requires stringent diagnostic criteria to ensure homogenous participant samples, the CCC and ICC are complicated to use and haven't been widely adopted in clinical settings.

For clinical settings, the NAM criteria are recommended by the US Centers for Disease Control and Prevention (CDC), as they were developed for clinical use and are straightforward for busy clinicians who are not experts in ME/CFS [11]

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^{2.} Haney, E. *et al.* Diagnostic methods for myalgic encephalomyelitis/chronic fatigue syndrome: A systematic review for a national institutes of health pathways to prevention workshop. *Annals of Internal Medicine* vol. 162 (2015).