

New for 2012, Dr. Speedy's MRC

MRC

ME

**Research
Calendar**

January 2012

The main characteristic of ME is an abnormally delayed muscle recovery after doing trivial things, if you don't have that, you don't have ME

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February 2012

Harvard Medical School:

EEG spectral coherence data distinguishes ME/CFS patients from healthy controls and depressed patients

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March 2012

New Jersey Medical School:
Cerebrospinal fluid profiles can differentiate between
Lyme disease, ME/CFS and healthy controls

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April 2012

Highly increased incidence of non-Hodgkin's lymphoma in HIV/AIDS and ME/CFS

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May 2012

A good scientist won't bother looking at Fatigue if they are interested in ME.

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June 2012

From the FINE trial: Another cracker from the CBT school of denial:
“The bastards don’t want to get better”...

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July 2012

Dr. Hilary Jones, When you say, "ME is controversial", did you check that with Alison, Annabel and Sophia? Now, I'm sure you didn't, because all three *died of ME*. Yes you read that right, ...

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August 2012

Jan 2011, Spanish study shows that
CBT and GET make things WORSE in ME/CFS !!!

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September 2012

Study using cycle ergometers shows that exercise exacerbates ME/CFS

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October 2012

**PACE trial's Prof Peter White: Exercise causes
Immunological damage in ME/CFS and is NOT safe**

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November 2012

Pacific Labs in California (Snell, Stevens et al):
it is dangerous to put patients with M.E. through
a graded exercise program

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December 2012

GET (graded exercise therapy) is torture for ME patients
and directly contravenes the
do NO Harm principle of the GMC

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Premorbid risk markers for growing nose syndrome in a large cohort of CBT psychiatrists

Br J Psychiatry. 2011 Aug 18;

Authors: Robin Wessely McKie, Crawley Hotopf, Esther White PD

Abstract

BACKGROUND:

For more than 93.3 years, scientists have struggled to find the cause of growing nose syndrome in CBT psychiatrists, with some pointing to Freudian reasons, while others have argued that grandeur and psychological problems are involved; prospective studies suggest a role for premorbid mood disorders.

AIMS:

To examine childhood and early adult adversity, malingering, secondary gains and ego masturbation as premorbid risk markers for growing nose syndrome in CBT psychiatrists, taking psychopathology into account.

METHOD:

Data were from a large cohort of CBT psychiatrists, a prospective study from birth to 48 years of suffering from growing nose syndrome in CBT psychiatrists (n = 48,000). The outcomes were self-reported problems with growing noses (n = 48,000) and operationally defined growing nose syndrome-like illnesses (n = 48,000).

RESULTS:

Adjusting for psychopathology, parental physical abuse (odds ratio (OR) = 2.10, 95% CI 1.16-3.81), childhood itchy bottoms (OR = 1.58, 95% CI 1.00-2.50) and school reports full of nose pickings a.k.a. bogeys (OR = 1.65, 95% CI 1.09-2.50) were independently associated with self-reported growing nose syndrome in CBT psychiatrists. No interest in the well-being of patients, childhood itchy bottoms and premorbid psychopathology were important risk markers for growing nose syndrome in CBT psychiatrists, not to mention school reports full of nose pickings a.k.a. bogeys, largely dependent on comorbid psychopathology.

"There is an element that is heritable," says Dr Esther White, a CBT psychiatrist from The Middle of Nowhere University. "We also know that it is associated with social deprivation. Stress and adversity are involved as well. To call this a vested interest disorder - as people have done - is a complete misnomer, as my bank manager can tell you."

CONCLUSIONS:

This well designed and well analysed study confirms the importance of premorbid psychopathology in the aetiological pathways of growing nose syndrome in CBT psychiatrists, and replicates retrospective findings that childhood itchy bottoms and school reports full of nose pickings a.k.a. bogeys, also play a role in the development of this syndrome in CBT psychiatrists.

European Parliament approves protective system against CBT psychiatrists

A new directive to protect patients against CBT psychiatrists has been approved by the European Parliament.

It paves the way for new safeguards including extra safety features on MRC and NICE packaging and new measures to be published in the BMJ.

An estimated 99% of CBT treatments sold to the public in Europe through medical channels are best described as useless.

Experts say they are "silent killers" because they contain harmful instructions.

The key to the protective system is a two-dimensional barcode added to the forehead of CBT psychiatrists that can be read by a new scanner.

Phil Smilie of the PACE Society of CBT-ism said: "We believe that this is something that the UK Government has been waiting for since Ean Proctor was thrown in a swimmingpool in London in 1988 apparently to train for London 2012 or so I am told.

This is also great news for ME/CFS patients as they were *excluded* from the ME/CFS PACE Trial."

Another cracker from the CBT school of denial: “The bastards don’t want to get better”...

*frustration has reached the point where they sort of boiled over... there is sort of feeling that the patient should be grateful and follow your advice, and in actual fact, what happens is the patient is quite resistant and there is this thing like you know, “**The bastards don’t want to get better**” ...I think it’s a difficult thing for all therapists and I think basically over the time you just basically learn to cope with it, and but they have not had time.’ (Supervisor)*

- This remarkable comment is part of the official publication from the FINE trial which wasted £1,147,000 of taxpayers' money on psycho blah blah for a neurological disease, which showed for the umpteenth time that CBT for ME is utterly useless.
- This delightful remark tells you a lot about the CBT movement, and it also makes you wonder if the peer reviewers of CBT research are asleep when they are reviewing.
- One wonders how many proper trials could have been done for this money.

For example, a trial with the cancer drug Rituximab, a trial with anti retro viral medication used so successfully by a number of patients or simply the first research project, financed by the MRC, to look for the cause of this severely disabling disease, **classified by the WHO as a neurological disease since 1969.**