

# Other Supportive Strategies for Living with ME/CFS

In addition to managing specific symptoms, good doctor-patient communication helps to increase patient satisfaction and leads to better health outcomes. Other important aspects of care include:



**Educating**



**Encouraging**



**Helping**

- Educating patients and their caregivers about ME/CFS, which promotes support and understanding.
- Educating caregivers and patients about caregiver stress, signs of caregiver stress to look out for and strategies to manage it.
- Encouraging patients to find and plan enjoyable, low-effort activities to engage in with family or loved ones.
- Helping patients obtain accommodations for their disability at school or work.
- Helping patients and caregivers obtain home health aides or access social workers if needed.
- Helping patients and caregivers develop effective coping skills to help ease worry, anger, hopelessness, or other feelings that may accompany their diagnosis and living with ME/CFS. If available and possible, refer to counseling or support groups (including online or in-person groups).



## COUNSELING

Professional counseling with a trained, supportive counselor will help most patients with any kind of illness or disease to build effective coping skills to lessen the grief, anger, and guilt that may accompany chronic illness. Counseling is not intended as a cure. Instead, it's meant to help patients navigate their feelings around changes in their daily lives, abilities, and plans for the future caused by their illness. Chronic diseases like ME/CFS affect entire families, not just patients. Consulting a behavioral health professional may be helpful to address changes in family dynamics that often occur when someone in the household is living with ME/CFS. In addition, regular (every 1-2 months) visits with a healthcare provider can help keep track of ongoing and new symptoms, particularly at the beginning of the disease.





## MENTAL HEALTH SCREENING

For patients who may be experiencing depression and/or anxiety, healthcare providers can give and score brief psychiatric screening tools (such as the Beck Depression Inventory or Patient Health Questionnaire-9, PHQ-9) in the primary care setting. These problems are not uncommon in patients with chronic illnesses. Healthcare providers should manage depression or other psychiatric problems that these tools identify, as treatment may improve patients' quality of life. Patients may need to be referred to mental health professionals.



## MEDICATIONS

Some patients with ME/CFS who are clinically depressed may benefit from antidepressants, but use caution if prescribing these medications. Some drugs used to treat depression have effects that might worsen other ME/CFS symptoms and cause side effects, such as sedation and orthostatic hypotension. If prescribed, medication for depression should be started at the lowest possible dose with careful monitoring for side effects. As for all patients starting antidepressants, counsel your patient that improvement might not occur for several weeks.



## OTHER TECHNIQUES

To reduce stress and anxiety without medication and promote a sense of well-being, less severely affected patients with ME/CFS might benefit from techniques like deep breathing and muscle relaxation, massage, and movement therapies (such as stretching, yoga, and tai chi). While methods that involve physical activity might be beneficial for some patients with ME/CFS, initiating or resuming movement therapies requires careful consideration to avoid PEM.

CS321382-F



Centers for Disease  
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For more information on ME/CFS,  
please visit [www.cdc.gov/me-cfs](http://www.cdc.gov/me-cfs).