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CONTENT

MEDICAL NEWS

Significant Link Discovered Between Enterovirus and ME/CFS

Whittemore Peterson Institute (WPI) located at the University of Nevada, Reno, together with their collaborators, have discovered a retroviral link to ME/CFS. Their findings were recently published in the journal, *Science* under the title "Detection of Infectious Retrovirus, XMRV, in the Blood Cells of CFS Patients".

It was found that 95% of ME/CFS samples tested positive for XMRV antibodies in the plasma and points to the retrovirus as "a significant contributing factor in the illness" said Judy Mikovits, Ph.D., director of research for WPI and leader of the team who discovered the association. A retrovirus inserts a DNA copy of their genome into the host cell in order to replicate. With anticipated funding, WPI will begin the work of determining if any currently approved drugs can suppress XMRV which will follow closely by human clinical trials to advance the most effective patient treatments. Ms Annette Whittemore, founder and president of WPI says that "Patients and their doctors will soon have a blood test to verify their diagnosis and provide the answers that they've been seeking.

http://www.wpinstitute.org

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***Editor's note**: **A word of caution**. Although it is great that WPI has identified a retrovirus, it is way too early to start considering it to be the origin of the disease. These findings must be replicated by independent researchers,* as is done with other discoveries.

Study Indicates Unique Fatigue in ME/CFS Individuals

By: Leonard A. Jason, Ph.D.

Severe, persisting fatigue is a prominent symptom of Myalgic Encephalomyelitis/chronic fatigue syndrome (ME/CFS), but individuals with this illness frequently report the occurrence of unique fatigue states that might be different from conventional symptoms of fatigue. The present study attempted to assess a comprehensive set of fatigue symptoms that have been commonly reported among patients with ME/CFS. A 22-item fatigue questionnaire was developed and administered to 130 persons diagnosed with ME/CFS and 251 controls. Adequate scale reliability was found. Factor analyses revealed a five-factor structure for participants with ME/CFS but only a one factor solution for the control group. The new scale was also contrasted with other more traditional scales developed to measure fatigue. Findings suggest that individuals with ME/CFS experience different types of fatigue than what are reported in the general populations.

As suggested by this study, the disabling fatigue experienced by individuals with ME/CFS differs from that associated with other illnesses or everyday activity, and thus steps must be taken to clarify the diverse nature of fatigue among patients with ME/CFS. Such clarification would not only provide improvement in diagnosis and illness management, but also serve to mitigate the stigma associated with ME/CFS as evidence would exist of a fatigue experience different from those related to over-exertion or depression. Although our study focused on practical diagnostic and descriptive issues related to this illness, we feel that these issues play a role in determining the perceptions of doctors, patients, and outside observers.

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Research Professor Discovers Gene Responsible for ME/CFS

Professor Alan Light, a research professor in the anesthesiology department at the **University of Utah School of Medicine**, explains that there is a gene that produces a protein which tells the muscles when they are too tired to keep working. In persons with CFS, this gene signals the muscles too early and leads to fatigue and exhaustion at much lower levels of activity than most people experience. In people with CFS these proteins increase rapidly and induce a feeling of exhaustion. Exercise acts to increase proteins in normal people but these proteins are limited in people with CFS. Professor Light’s research may lead to potential treatments for CFS.

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Multiple Chemical Sensitivites America –
http://www.mcs-america.org
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Experts Launch Think Tank for ME/CFS

Ten leading scientists in Europe have formed a Think Tank for ME and held their first meeting on the 13th of June. They want to initiate an effective research effort to find the secret behind the mystery disease that cripples an increasing number of lives.

Myalgic Encephalomyelitis, often referred to as Chronic Fatigue Syndrome (CFS), is a disease which affects at least one million individuals in the US, and an even greater number in Europe. Despite the large number of people affected, there is a lack of serious large-scale research initiatives focused on the disease. The number of patients is rapidly increasing but healthcare personnel lack knowledge about existing research and possible treatments.

Last year's winner of the Nobel Prize in Medicine, Professor Luc Montagnier of France, says, "Scientists have already uncovered a lot about ME, but this information does not reach professional healthcare personnel, and the disease is still not taken seriously. It is about time this changes. Montagnier, one of the discoverers of the HIV-virus, is a supporter of the Think Tank, but was unable to join the first meeting due to his demanding schedule.

Treatable Disease

Ten internationally recognized scientists, many of them prominent leaders in their respective fields of research, have decided to do something about it. They have come together in a Think Tank to promote cooperation among scientists from various disciplines and to stimulate intense focus on innovative and creative research.

There are more than 5000 research papers which show that ME has an organic basis with abnormalities in the immune, nervous and gastrointestinal systems and that it is influenced by genetic and environmental factors, states Professor Kenny De Meirleir of Belgium. Despite these findings, it has been close to impossible to initiate large-scale research to verify these facts and observations. We will never be able to treat ME properly if we do not initiate this type of research.

Using new biotechnological techniques, much of the underlying pathophysiology of the disease has been unmasked. Several treatable clinical entities have been discovered, but this information does not reach healthcare personnel. The result is that patients remain undiagnosed and untreated for years with something that might be fully treatable. This is a huge drain on the economy, as the estimated socio-economic costs for Europe are estimated to be 20 billion annually.

Educate Professionals

An important part of the Think Tank's mission is to spread knowledge about the disease. The incidence of ME and the impact on public health are actually higher than that of other better researched conditions like Multiple Sclerosis and HIV. Research shows that ME can be a very disabling chronic disorder which often diminishes patients quality of life to levels lower than that of cancer, MS, HIV and lupus.

Professor Ola Didrik Saugstad of Norway states "there is a total lack of knowledge and understanding about this disease in the healthcare system. We wish to use our knowledge to educate and train doctors, therapists and other healthcare personnel so they can better understand how to manage an ME-patient".

New in ME

The Think Tank meetings are the brainchild of a new organization, European Society for ME (ESME). This society will focus on organizing research and educating professionals in the field of ME.

Until now ME organizations have been patient-based and only focused on the needs of the patients, so this is something completely new and unique. We are a group of professionals who want to stimulate new research in the field of ME and to help doctors and healthcare personnel to stay informed about the latest developments in diagnosing and treating ME-patients, says ESME board member Mrs. Catherine Miller-Duhen.

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Flu Vaccination and Myalgic Encephalomyelitis / Chronic Fatigue Syndrome

By: Dr. Alison Bested

Greetings! As we enter the flu season, I am writing to you about the flu vaccine as my patients with ME/CFS often ask me whether or not they should have it. This depends on a number of factors:

- If you are allergic to eggs, you should not get a flu shot as the vaccine contains egg protein.
- If you have never had it before, then the first question is whether you need it. If you are totally isolated in your own home and your caregivers and family are very aware that they should not come to visit you or care for you if they are ill, then your risk of exposure is minimal.
- If you go outside your home, keep your hands off your face so that you do not transfer viruses from your fingers into your eyes and nose; because this is how viruses get into your body. Wash your

hands before you touch your face. In addition to protect yourself you could take the following precautions: wear a disposable paper mask in public places, e.g. doctors' offices in order to avoid inhaling viral particles when other people cough.

If you decide to be vaccinated, then I recommend starting with one third of the usual adult dose. If there are no side effects, then the same dose can be repeated in a month's time, and the same again after another month.

The reason for this is that physicians specializing in ME/CFS, plus cases reported in the literature of flu symptoms developing in some patients with ME/CFS for many weeks after the full dose of flu vaccine has been given. If you have symptoms for this length of time, it is not normal and is called an adverse reaction that must be reported to the Department of Public Health on an Adverse Vaccine Event Form that is completed by your doctor.

This year in my concern for ME/CFS patients I contacted clinicians from around the world who have specialty practices that treat ME/CFS. patients. The doctors I contacted are in agreement that we are generally not recommending vaccinations for this patient population based on our previous years experience with patients having adverse reactions after having vaccines.

I review each person's particular medical history when asked to make recommendations regarding vaccinations.

If you have questions or concerns, contact your treating doctor.

All the best to you and yours,

Alison C. Bested MD FRCPC, Haematological Pathologist

Soy Kefir – A Novel Functional Food Product with Implications for Chronic Fatigue Syndrome and Fibromyalgia– Part II. Effects on Pain

By: Stan Kubow, Ph.D. and Dominique Garrel, M.D.

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As described in the first newsletter describing soy kefir-mediated improvements in fatigue associated with the chronic fatigue syndrome and fibromyalgia, kefir is a probiotic drink consumed worldwide that has a long history of health claims. Health benefits with kefir consumption have been traditionally claimed for a variety of disease conditions including atherosclerosis, cancer, gastrointestinal ailments and infectious diseases (Koroleva, 1988). More recently, animal disease models and cell culture studies have shown immunomodulatory, anti-microbial, anti-proliferative and anti-tumorigenic effects associated with kefir and kefir components (Farnworth, 2005, Chen et al., 2007).

The American Chronic Pain Association defines chronic pain as that which "continues beyond the usual recovery period for an injury or an illness. It may be continuous or come and go". Severe pain from acute injuries, including fractures, rarely persists longer than 2 weeks. When patients present with complaints of severe pain beyond this time period, then the possibility of a developing chronic pain syndrome is considered. According to one study of a hospital emergency ward, approximately 11% of the patients presented for treatment of chronic pain (Cordell and Keene, 2002). A Gallup survey found that 89% of Americans ages 18 and older have pain at least once a month and 15% of them have severe pain monthly (Gallup, 1999). Among people aged 65 and older, 55% have pain daily suggesting that chronic pain likely affects many millions of people, with profound consequences on activities of daily living.

The first step in pain relief is usually common oral pain relievers such as aspirin and acetaminophen, and non-steroidal anti-inflammatory drugs (NSAIDs). Chronic users of non-steroidal anti-inflammatory drugs (NSAIDs) have an increased risk of bleeding and damage to their small intestines. The COX-2 inhibitors, which include Vioxx, Celebrex and Bextra, have been popular medications used to stop pain and inflammation, particularly in association with arthritis and menstrual pain. Merck withdrew Vioxx because of an increased risk of serious cardiovascular events, including heart attacks and strokes among study patients taking Vioxx. Bextra, which relieves symptoms of arthritis, and menstrual discomfort, was withdrawn in Canada and USA due to similar safety concerns. Celebrex is used to relieve the symptoms of osteoarthritis and rheumatoid arthritis in adults; however, an increased risk of cardiovascular events has been noted in patients taking Celebrex versus those taking a placebo (Soloman et al., 2005)

If NSAID medications do not control pain, opioids are used. Opioid medications can be effective to improve pain control for some but not all patients with non-malignant chronic pain, and side effects such as nausea, drowsiness and constipation are not uncommon (Furlan et al., 2006). Patients that can benefit from treatment with opioids include those with neuropathic pain (nerve damage associated with conditions such as carpal tunnel syndrome or diabetes mellitus) or nociceptive pain (pain associated with inflammation or peripheral mechanical damage such as rheumatoid arthritis, post-surgery conditions or cancer) (Furlan et al., 2006). Conversely, treatment of non-inflammatory low back pain conditions using opioids is controversial as their efficacy may be both limited and short-term (i.e., < 4 months) (Martell et al., 2007).

Soy kefir product is a concentrated dried form of soy kefir drink produced by KCLM Research in Nutrition, Montreal, Canada (SKP; sold under the brand names of Soya Kefir via www.kclmresearch.com (info@kclmresearch.com) or toll-free line 1-877-693-1121 or via Centre Stomo-Phlebo de Montréal Inc. (www.stomophlebo.com) or toll-free line 1-800-823-7573 or as Liberation via the websites of www.wykanta.ca and www.wykanta.com). SKP has shown remarkable improvements in clinical studies of individuals suffering from pain and fatigue in a couple of clinical trials involving chronic fatigue syndrome and fibromyalgia subjects. Additionally, a double-blinded, placebo-controlled clinical trial assessing the safety of SKP, showed no serious adverse side-effects or any adverse changes in blood chemistry, urinalysis or body weight.

Two separate open label clinical trials have tested the clinical efficacy of SKP on a number of clinical symptoms associated with the chronic fatigue syndrome including pain (Kubow and Garrel, 2008). A study conducted by Dr. Dominique Garrel at the Institut de recherches cliniques de Montréal (IRCM) examined the health benefits of SKP for chronic fatigue syndrome subjects for 30 days, most of whom also experienced chronic pain. Eleven patients with chronic fatigue syndrome received pouches of 37.5 grams of product, taken as 1 pouch once a day for 4 weeks. A subsequent USA-centered clinical trial involved patients with either chronic fatigue syndrome or fibromyalgia who were evaluated after 30 days and 60 days taking SKP at either 20 or 30 g per day. The latter trial was carried out by Oceanova, Quebec City, Canada and Douglas Laboratories, Pittsburgh, PA; a division of Atrium Biotechnologies, Quebec City. Both clinical trials reported a number of clinical benefits of SKP included increased energy and vitality levels, significant pain relief and improved physical and emotional well-being (Kubow and Garrel, 2008). The clinical trials utilized the SF-36v2 Health Survey, which is a FDA approved tool used in a wide variety of clinical areas including the assessment of the impact of medications on pain relief.

The results of the SF-36v2 Health Survey in Dr. Dominique's trial showed an improvement of mean scores for bodily pain of 18.8 points with SKP intake, which compares favorably with other pain medications such as gabapentin used in the treatment of neuralgia (9.2 points) (Stacey et al., 2004) or transdermal fentanyl administration for the treatment of pain caused by osteoarthritis of the knee or hip (17.1 points) (Loët et al., 2003). A 5-point increase in the SF-36v2 Health Survey is considered to be clinically meaningful (Rowbotham, 2001).

In the clinical trial carried out in a US medical clinic, patients suffering with moderate intensity from chronic fatigue syndrome and fibromyalgia were recruited with symptoms of prominent fatigue and widespread muscle and joint pain. Patients were followed for 60 days and SF-36v2 questionnaires were completed at baseline, and after 30 and 60 days of treatment. A total of 27 patients completed the study with 10 patients at 20g and 8 patients at 30 g.

No statistically significant change occurred at 30 days with the 20 g dose with scales of bodily pain only showing a tendency to improve with a score of 9.1. The 30 g dose after the 30-day intake, however, had all scores show improvements of greater than 5 points over baseline including statistically significant effects for bodily pain by 17.2 points. At 60 days of treatment, the 20 g dose showed statistical improvements over baseline in a number of parameters including bodily pain, which had an increase of 15.9 points over baseline. The larger 30 g dose at 60 days showed similar findings that were observed at 30 days, with all scores above 5 points and statistically significant increases in several parameters including bodily pain scores.

The pain relief seen with SKP intake in the two clinical trials is in concert with previous animal studies showing that soy-based diets reduce neuropathic pain in animal models of partial nerve injury produced by tightly ligating 1/3–1/2 of the sciatic nerve 57 (PSL model) (Shir et al., 2001). Rat studies have also shown pain relief from thermal hyperalgesia following consumption of a combination of soy lipids that was enhanced by intake of soy protein (Perez et al., 2004). Soy lipids have also been implicated in pain relief as rats fed soybean oil had an elevated pain threshold (Yehuda et al., 1986).

The beneficial effects of SKP on pain may be related to the reduction in inflammation. Inflammation may contribute to chronic pain states such as neuropathic pain, as proinflammatory cytokines and oxidants produced at the site of nerve injury may be involved with sensitization of nociceptors and hyperalgesia (Wagner et al., 1998). Neuropathic pain behaviors are reduced with anti-cytokine treatment (Wagner et al., 1998). Dietary consumption of soy protein isolate significantly reduces the carrageenan-induced production of the pro-inflammatory cytokine, TNF-α, in macrophages (Yagasaki et al., 2001) and decreases the degree of edema and thermal hyperalgesia following injection of complete Freund's adjuvant (Tall and Raja, 2002). Other bioactive components in SKP could include isoflavones such as genistein that possess anti-inflammatory properties (Sadowska-Krowicka et al., 1998). Genistein has also been shown to inhibit lipopolysaccharide-induced production of the proinflammatory cytokines TNF-α, IL-1 alpha, and IL-6 in mixed glia, microglia- or astrocyte-enriched cultures (Kong et al., 1997).

Ongoing and uncontrolled pain exerts a detrimental effect on virtually every aspect of a person’s life. Many studies have shown a dose-response relationship whereby an increase in pain exerts a proportional decrease in quality of life, regardless of the type of chronic pain, i.e., neuropathic, malignant and other chronic pains such as joint, muscular or arthritic pain (Katz, 2002; Wang et al., 1999). Daily pain undermines daily functional activities of living as well as inducing states of anxiety and emotional distress, which is demonstrated by strong associations between chronic pain and poor quality of life. In a comparison of 150 patients experiencing chronic pain versus a population of individuals without pain, all eight SF-36 scores, including general health, mental health, social functioning and vitality were significantly reduced (Becker et al., 1999). Additionally, 40% of patients with pain had scores indicating the presence of a depressive disorder, and 50% had scores indicating an anxiety disorder.

SKP has beneficial effects on chronic pain that can provide clinically significant improvements for patients suffering from pain that are not adequately treated by conventional medicine, such as fibromylagia and chronic fatigue. Alternatively, or in addition, patients who suffer from chronic pain for whom treatment may be harmful, such as arthritis might also benefit.

For more information on SKP: visit www.wykanta.ca or www.wykanta.com or send your questions to admin@kclmresearch.com or call toll-free 1-800-953-0081

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FDA Approves fibromyalgia Drug

NEW YORK, Jan 14 (Reuters) - Forest Laboratories Inc (FRX.N) and Cypress Bioscience Inc (CYPB.O) said on Wednesday that the U.S. Food and Drug Administration approved their drug Savella for the management of fibromyalgia. Fibromyalgia is a chronic condition characterized by widespread pain and decreased physical function, afflicting as many as six million people in the United States.

The safety and efficacy of Savella was established in two U.S. pivotal Phase III clinical trials involving over 2,000 patients with fibromyalgia, the companies said.

They expect Savella (milnacipran HCl), a selective serotonin and norepinephrine dual reuptake inhibitor, to be available in pharmacies by March 2009.

Stock in both companies soared in after-hours trading. Forest was trading at $27.52, after closing the day at $24.23 on the New York Stock Exchange, and Cypress was up to $11.95 from its close of $7.21 on the Nasdaq.

ANNOUNCEMENT

The **NATIONAL ME/FM ACTION NETWORK** is pleased to announce two exciting new websites created by Daniel Moricoli of Florida They are world-wide social networks for those affected by ME/CFS and FMS.

- **www.ME-CFSKnowledgeCenter.com** and
- **www.ME-CFSCommunity.com**

These websites which can also be accessed via **www.cfsknowledgecenter.ning.com** are designed to facilitate direct communication between members via Video Chat. This allows members to see and speak to one another in real time. It consists of Instant Messaging, Forums, Blogs as well as a private messaging system. Members are also provided with a free personal page where they can post their favourite photos, videos and stories as well as exchange messages with other members.

www.ME-CFSKnowledgeCenter.com is a world-wide resource for Support Groups, Local References, Links to organizations and websites as well as Events around the world.

Please also note that when you access its Main Page you will see that a new World-wide Fibromyalgia Group has been started by our own Camilla Lawson as well as an All Canada Group created by Aileen. If you register and become my friend, you can also reach me on My Page as well as on the National ME/FM Action Network website page in the ME-CFSKnowledgeCenter.com.

The National ME/FM Action Network (http://www.mefmaction.net) is now an Alliance Member with not only a Canadian and American following but also world-wide. We have a webpage on that site as well as my own personal page.

We are extremely pleased that there is now an international communication which can only help our cause and make us stronger.

Please visit these sites as we are sure you will make new friends from around the world.

Lydia E. Neilson, M.S.M.
Chief Executive Officer

NEWSLETTER/REPORTS/BOOKS/ LINKS ETC.

Public Library of Science, San Francisco, CA, U.S.A.
On-line usage data of scientific and medical journal articles (14,000+)
www.plos.org

Multiple Chemical Sensitivities of America MCS America
Deals with MCS, FM, CFS, GWS, etc. Also has newsletter
http:www.mcs-america.org

<u>Wing to Wing</u> By: Arch Haslett $24.95
Published by: General Store Publishing House,
Alison Roesler, Publicist
E-mail: **alisonroesler@gsph.com**
To Order: In Canada and U.S.A. or information:
Tel. **1-800-465-6072; Web: www.gsph.com**
International: (**613) 432-7697**

You can also order the book through Arch at (416) 626-9306 and have it personally inscribed by him.

<u>Wing to Wing</u> is the biography of Canadian Arch Haslett who becomes very ill with ME/CFS and the woman who cared enough to stand by him and believe in him. Arch was an extreme athlete, a runner and marathoner, a swimmer and diver who was suddenly struck down by this debilitating illness. Instead of giving up, he finds ways to cope with his illness and even to promote healing.

RESOURCES

Complete Original Consensus Documents

FMS Consensus Document - US$24.95

<u>"The Fibromyalgia Syndrome: A Clinical Case Definition for Practitioners"</u>.
Haworth Press, 2004. (soft cover book)
ISBN: 0-7890-2574-4
Phone: **800-429-6784** Fax: **607-771-0012**
Email: **<u>orders@haworthpressinc.com</u>**
Online: **<u>http://www.haworthpress.com/</u>**
store/product.asp?sku=5342

ME/CFS Consensus Document US$14.95

<u>“Myalgic Encephalomyelitis/Chronic Fatigue Syndrome: Clinical Working Case Definition, Diagnostic and Treatment Protocols</u>”.
Journal of Chronic Fatigue Syndrome, Vol. 11, No. 1, 2003.Haworth Press 2003/2004
ISBN: 0-7890-2207 9
Phone: **800-429-6784** Fax: **607-771-0012**
Email:**<u>orders@haworthpressinc.com</u>**
Online:**<u>http://www.haworthpress.com/ store/product.asp?sku=4958</u> CFS46**

Overviews of the Consensus Documents:

Fibromyalgia Syndrome, 24 pp, 2006
Chronic Fatigue Syndrome, 20 pp, 2006
can be ordered from **Marjorie Van de Sande** at **mvandesande@shaw.ca** or at
151 Arbour Ridge Circle NW, Calgary AB T3G 3V9**.**

Version française : Abrégé du Consensus sur le SFC: $5.00, – (NEW/NOUVEAU),
payable par chèque seulement, à AQEM
Commander à AQEM, 7400 Boul. Les Galeries, bureau 410, Anjou, (Québec), H1M 3M2, Tél. Montréal : 514-369-0386; (à l'extérieur) : 1-877-369-1689 sans frais; site web : www.aqem.org

ME/CFS DVD Resources

Prices include shipping & handling

- **Dr. Kenny De Meirleir - Physicians' full day workshop $80.00. This includes 4 DVDs and a CD**

  Canadian Consensus Guidelines for Diagnosis, Assessment and Treatment of ME/CFS -What they are and how to use them.

    - Research Update
    - Diagnostic Work Up and Treatment Algorithm
    - Case Examples and Discussion
    - CD of Slides

- **Dr. Kenny De Meirleir : Patients' lecture $25.00**

Payment: must be by **cheque** or **money order** payable to **Marjorie van de Sande**

Mail it to her at **151 Arbour Ridge Circle NW, Calgary AB T3G 3V9.**

Network Resources

The following resources can be ordered from the National ME/FM Action Network. Prices include shipping and handling. Cheques should be made payable to the National ME/FM Action Network or you may pay by VISA or MasterCard.

Quest Collections

By popular request, the **National ME/FM Action Network** has published three collections of important articles which have appeared in **'QUEST'** newsletters. The articles in each five-year collection have been grouped into sections according to their focus.

Quest Collection I: presently out of print

Quest Collection II (1999 – 2003): $38.00

Quest Collection III (2004-2008) now published: $38.00 **NEW**

TEACH-ME: A Sourcebook for Teachers (Second Edition): $22.00 *Discount on bulk orders*
With Dr. D. S. Bell, Dr. B. M. Carruthers and the TEACH-ME Task Force (teachers with ME/CFS and/or FMS)
This educational resource book will enhance teachers' and parents' understanding of ME/CFS and FMS in young people, and assist educators in developing educational modifications and programs.

TEACH ME: (traduction française): Guide de référence pour l'enseignement aux élèves souffrant d'EM/SFC et/ou de la FM. $22.00, 120 pp. **NEW/NOUVEAU**

The Canada Pension Plan Disability Benefits Guidelines: $7.00.

Guidelines have been designed to assist those disabled by ME/CFS and/or FMS applying for Canada Pension Plan Disability Benefits. It will help you understand the criteria, important items to include and walks you through the various steps of the process.

Legal Precedents $60.00 NEW

NETWORK NOTES

IME/FAE Registry Submission

The **National ME/FM Action Network** continues to urge those who have attended an **Independent Medical Examination (IME)**, **Functional Abilities Evaluation (FAE)** or any other form of assessment at the request of an insurance company, Canada Pension Plan (CPP) or Workplace Safety & Insurance Board (WSIB) to fill out our 7-question, confidential, **Independent Medical Examination Registry Submission Form** so that the names of the doctors and healthcare professionals who evaluated you can be put on record. Patients, doctors, lawyers, advocates, support groups wishing to receive a copy or copies of the Form, or to inquire about specific IME doctors, please contact: **National ME/FM Action Network** – Or download the Form from our website at **www.mefmaction.net**

MEMBERSHIP: $25.00 per year, which includes quarterly newsletters
Payment can be made by CHEQUE, VISA or MASTERCARD.
Do not email credit card information.
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DISCLAIMER: The NATIONAL ME/FM ACTION NETWORK serves as a clearing house for information on Myalgic Encephalomyelitis / Chronic Fatigue Syndrome and Fibromyalgia. Some of the information contained herein is intended to help patients and their physicians make informed decisions about their health. However, the NATIONAL ME/FM ACTION NETWORK does not dispense medical advice or endorse any specific medical hypothesis or product and assumes no responsibility for any treatment or action undertaken by its readers. Discuss medical treatments with your personal physician.