On November 6, a proposal for significant changes to the ICD-11 concept term, Postviral fatigue syndrome, was submitted to the Beta Proposal Mechanism by Dr Tarun Dua.

Dr Dua is a medical officer working on the Program for Neurological Diseases and Neuroscience, Management of Mental and Brain Disorders, Department of Mental Health and Substance Abuse, World Health Organization.

Dr Dua is not a member of the ICD-11 Joint Task Force but served as lead WHO Secretariat for ICD-11’s Topic Advisory Group for Neurology which ceased operations in October 2016.

Note: this proposal uploaded by Dr Dua is still at the “Submitted” stage - ie, it has not been marked as “Approved” or “Implemented” or “Rejected” nor have any changes to the existing listing for the terms, Postviral fatigue syndrome, Chronic fatigue syndrome, and Benign myalgic encephalomyelitis been inserted directly into the Beta draft, which stands as it did at March 26, when the terms were restored to the draft.

The proposal submitted by Chapman and Dimmock on March 27 remains unprocessed by ICD Revision.

Leaving aside the proposal, per se, the content of the rationale that accompanies it, the misconceptions contained within it and the narrow range of studies it relies on, there is a great deal that is odd about this submission.

The language is a mash up of report style and peevish colloquial. The author is evidently unfamiliar with the nomenclature used in ICD-11 for the terms currently coded under the concept title, Postviral fatigue syndrome: the proposal refers to “Myalgic encephalitis/Chronic Fatigue Syndrome” and “ME/CFS” throughout the submission, whereas the terms classified in ICD-10 and ICD-11 are “Benign myalgic encephalomyelitis” and “Chronic fatigue syndrome”. The author provides no rationale for combining the terms. The author appears unfamiliar with ICD-11 conventions: ICD-11 does not use acronyms for either concept title terms or inclusion terms; and ICD does not conjoin ICD terms, as in “ME/CFS”.

The author has omitted to follow ICD Revision guidance for submitting proposals that involve “Complex Hierarchical Changes”: no proposed hierarchical structure for Chronic fatigue syndrome and Benign myalgic encephalomyelitis has been set out. Is the author proposing Chronic fatigue syndrome is elevated to concept title term with Benign myalgic encephalomyelitis as the specified inclusion term, or is Benign myalgic encephalomyelitis proposed to be included under synonyms or an index term, only? It’s not clear.

Whilst the proposal is for deletion of Postviral fatigue syndrome from the chapter, Diseases of the nervous system Dr Dua provides no further recommendations for this entity. Does the proposal intend to retire the term? Is Postviral fatigue syndrome intended to be retained under synonyms or as an index term under [a relocated] Chronic fatigue syndrome? Or do the proposers intend to retain Postviral fatigue syndrome but move it to a different chapter location or parent block? No draft Description text has been suggested. There is no discussion of whether consideration had been given to creating a new parent class as an alternative to placing under the “Symptoms, signs or clinical findings of the musculoskeletal system” block.

Given the imminent finalization of the ICD-11 draft, it is a dog’s breakfast of a proposal. Furthermore, it isn’t clear whose position this proposal represents.

I have asked Dr Dua to clarify whether this proposal represents the position of her WHO department, the Program for Neurological Diseases and Neuroscience, Management of Mental and Brain Disorders; or whether it represents the position of ICD Revision or the Joint Task Force. Has Dr Dua or her department been tasked by ICD Revision to make recommendations or is this proposal unsolicited?

Until clarifications have been provided and until it has been established whether this proposal represents the official, consensus position of ICD Revision or the Joint Task Force, stakeholders and stakeholder organizations are not in a position to submit informed responses.

My recommendation would be to wait until we have obtained those clarifications.
This new proposal, posted yesterday by Dr Dua, proposes to Delete **Postviral fatigue syndrome** from the *Diseases of the nervous system chapter* and relocate “ME/CFS” [sic] to the *Symptoms, signs* chapter.

Dr Dua’s proposal:

“...recommends to remove Myalgic encephalitis [sic]/Chronic Fatigue Syndrome (ME/CFS) [sic] from the nervous system diseases chapter. The rationale for the proposal is lack of evidence regarding any neurological etiopathogenesis of chronic fatigue syndrome. We suggest that ME/CFS [sic] be classified in the Signs and Symptoms Block of the ICD-11 as a child of Symptoms, signs or clinical findings of the musculoskeletal system. The classification in this position according to symptom patterns and severity would be consistent with existing evidence: the syndrome consists of a multitude of symptoms, has an ill-defined pathophysiological etiology, and is a diagnosis of exclusion requiring medical evaluation [1]. When there is sufficient evidence and understanding of the pathophysiological mechanisms, diagnostic biomarkers, and specific treatments, the syndrome can be appropriately classified within the proper block.”

Unless you are registered with the ICD-11 Beta draft for increased interaction with the platform, you won’t be able to view Dr Dua’s proposal and rationale in the Proposal Mechanism.

For ease of access, I am appending a copy of Dr Dua’s full proposal and references. I have submitted some comments in which I have requested a number of important clarifications.

**ICD-11 Beta Proposal Mechanism**

[https://icd.who.int/dev11/proposals/f/en#/http://id.who.int/icd/entity/569175314?readOnly=true&action=DeleteEntityProposal&stableProposalGroupId=303c7493-554a-44c8-8e00-bd0c6c4cc6ef](https://icd.who.int/dev11/proposals/f/en#/http://id.who.int/icd/entity/569175314?readOnly=true&action=DeleteEntityProposal&stableProposalGroupId=303c7493-554a-44c8-8e00-bd0c6c4cc6ef)

*Submitted by Dr Tarun Dua, November 6, 2017*

**Proposal Status:** Submitted

**Proposal for Deletion of the Entity**

**Postviral fatigue syndrome**

**Definition**

*Definition does not exist for this content*

**Rationale**

**Chronic Fatigue Syndrome Proposal**

This proposal recommends to remove Myalgic encephalitis [sic]/Chronic Fatigue Syndrome (ME/CFS) from the nervous system diseases chapter. The rationale for the proposal is lack of evidence regarding any neurological etiopathogenesis of chronic fatigue syndrome. We suggest that ME/CFS be classified in the Signs and Symptoms Block of the ICD-11 as a child of Symptoms, signs or clinical findings of the musculoskeletal system. The classification in this position according to symptom patterns and severity would be consistent with existing evidence: the syndrome consists of a multitude of symptoms, has an ill-defined pathophysiological etiology, and is a diagnosis of exclusion requiring medical evaluation [1]. When there is sufficient evidence and understanding of the pathophysiological mechanisms, diagnostic biomarkers, and specific treatments, the syndrome can be appropriately classified within the proper block.

ME/CFS is a Syndrome of a Constellation of Symptoms and Signs

The predominant symptom of those with ME/CFS present is severe fatigue, a manifestation of skeletal muscle dysfunction. In addition, these patients may report pain, cognitive symptoms, myalgia, impaired
Epidemiological and Pathophysiological evidence is limited, conflicting, and does not support ME/CFS as a disease of the nervous system or with a principally neurobiological underpinning.

The underlying pathophysiological basis of ME/CFS remains unclear. This is in part due to methodological limitations in epidemiological studies given variability in case definitions [1, 3-5]. Prevalence and incidence of ME/CFS varies greatly across age, gender, ethnicity, socioeconomic strata and country, without clear explanation of the differences [6-12].

Much of the study to date on biological mechanisms has been focused on the central nervous system and immune systems with conflicting results [2]. Very limited evidence points to the nervous system as the site of pathology [13], with no clear patterns of CNS involvement [14-17].

Though serotonergic and cortisol responses have been abnormal, no consistent alterations in the function of the hypothalamo-pituitary-adrenal axis, stress hormone pathways, or immune system have been identified among those with ME/CFS [18-20]. Further, research examining metabolic, sleep or psychological models of the disease is also inconclusive. The etiology and pathogenesis of CFS are hypothesized to be multi-systemic, multifactorial and require predisposing (genetic, lifestyle), precipitating (infection, psychological stress) and perpetuating factors (psychosocial processes)[2]. For example, it has been demonstrated that a stereotyped syndrome of disabling fatigue, musculoskeletal pain, neurocognitive symptoms, and mood disturbance occurred after viral infection by infection with Epstein-Barr virus (glandular fever), Coxiella burnetii (Q fever) and Ross River virus (epidemic polyarthritis) [21].

Given the persistent lack of an understanding of etiology of ME/CFS, a European database has been established to examine biomarker research for clinical use; the ME/CFS EUROMENE database has confirmed the presence of heterogeneous evidence regarding neurological, immune and metabolic markers that vary by gender, and hypothesize a multifactorial syndrome with environmental and immunological factors as the biological basis of ME/CFS [22].

The definitions and classification of ME/CFS emphasize the need for a systems-based approach. There are at least 20 case definitions of ME/CFS, and no systematic evidence was present that any definition “specifically identified patients with a neuroimmunological condition” [1]. Definitions including CDC 1994-Fukuda [23], ME-International Consensus Criteria (ME-ICC)[24], and the 2015 Institute of Medicine report on ME/CFS proposing the new name of systemic exertion intolerance disease (SEID) [3-5], further highlight that there is a changing understanding of the nature and cause of the illness. These changing definitions and classifications further reflect the need for a systemic characterization of the illness while recognizing the impact on multiple organ systems, and that varying types of exertion (emotional, cognitive, or physical), are characteristics of the syndrome. There are thirteen synonyms in the Foundation layer; only reinforce the opinion that this is a very imprecise disorder. It is interesting to note that Akureyri (mentioned twice) is a city in Iceland and again to mention Iceland disease and Icelandic disease! All this has to be cleaned and taken out in the new position of CFS. The body site is NOT entire brain and a virus does NOT cause it.

The treatment of ME/CFS centers around graduated exercise and psychologically based treatments. It is also important to recognize that diagnosis and appropriate referral for treatment are established and accessible in a variety of settings (such as primary care, emergency departments, mental and behavioral health clinics, medical subspecialties (infectious diseases, cardiology, and rheumatology as well as pediatrics) [25, 26]. The most robust evidence of symptomatic treatment with observed functional benefits is limited to Cognitive behavioral therapy and graded exercise [27-31].

ME/CFS is thus not a disease of the nervous system. It should be categorized in the Signs and Symptoms chapter given the lack of clear evidence pointing to the etiology and pathophysiology of this syndrome until evidence to organ placement is clarified in years to come.

References:


5. in Beyond Myalgic Encephalomyelitis/Chronic Fatigue Syndrome: Redefining an Illness. 2015: Washington (DC).


Comment posted by S Chapman

Dr. Tarun Dua is a medical officer working on the Program for Neurological Diseases and Neuroscience, Management of Mental and Brain Disorders, Department of Mental Health and Substance Abuse, World Health Organization.

The date of Dr Dua’s submission above is 6 November 2017.

The deadline for proposals in order to be considered for the final version of ICD-11 MMS (currently scheduled for release in June 2018) was reached on 30 March 2017.

On 26 March 2017, a proposal for adding exclusions for Chronic fatigue syndrome (8E59) and (Benign) myalgic encephalomyelitis (8E59) was approved by “Team WHO” with the caveat:

"While the optimal place in the classification is still being identified, the entity has been put back to its original place in ICD." Team WHO 2017-Mar-26 - 14:46 UTC

The development of ICD-11 has been in progress since mid 2007 - over ten years.

ICD Revision removed all three of the ICD-10 G93.3 legacy terms from the public version of the Beta draft in early 2013, with no Rationale provided for their removal.

Since that point, it has been very difficult to obtain any information from TAG Neurology, from the ICD Revision Steering Group, from Dr Robert Jakob or the Joint Task Force on the status of proposals for the classification of these terms for ICD-11.
It has been necessary for parliamentarians to raise questions in the English and Australian parliaments in order to try and obtain clarifications on ICD Revision’s intentions for these terms.

With the draft due for finalization towards the end of this year, Dr Dua has now submitted a new proposal that “Chronic fatigue syndrome” should be removed from the “Diseases of the nervous system” chapter and relocated under the “Symptoms, signs” chapter, as a child category under suggested parent:

“Symptoms, signs or clinical findings of the musculoskeletal system”

It is noted that no proposed hierarchical structure for the three terms, Postviral fatigue syndrome, Benign myalgic encephalomyelitis, and Chronic fatigue syndrome has been included within this proposal, in terms of Title concept term, specified Inclusion terms, Synonyms, Exclusions, Index terms etc.

It is therefore unclear whether this proposal is proposing that existing Title concept “Postviral fatigue syndrome” should be retained elsewhere within the classification, and if so, under what chapter and parent class location “Postviral fatigue syndrome” is proposed to be relocated.

It is also unclear what hierarchy is being proposed between the term “Chronic fatigue syndrome” and “(Benign) myalgic encephalomyelitis” (which Dr Dua refers to as ”ME/CFS” – an acronym and conflation of two terms that is not currently included within ICD-10 or in ICD-11 Beta). ICD Revision does not use acronyms for Title concepts.

On 27 March 2017, Chapman and Dimmock submitted a formal proposal for these three terms via the Beta Proposal Mechanism. This proposal of 27 March 2017 has yet to be processed:

https://icd.who.int/dev11/proposals/f/en#/http://id.who.int/icd/entity/988657115?readOnly=true&action=ComplexHierarchicalChangesProposal&stableProposalGroupId=4b26ab6a-393f-4a39-9051-4ac1d4b1a55a

After a four year long absence from the Beta draft, ICD Revision finally releases a proposal AFTER the March 30 deadline has been reached and with only a few weeks left before the draft is due to be finalized.

This leaves very little time for professional and public stakeholders to review this proposal and to submit formal comments. Stakeholder patient organizations will have little time in which to alert their constituencies and consult with them in the preparation of formal responses.

This makes a mockery of the WHO/ICD Revision vision for an “open and transparent development process” that encourages participation of professional and lay stakeholders.

In order that stakeholders can submit informed comments to Dr Dua’s proposal:

1 Will ICD Revision please clarify the proposed hierarchical structure between the terms “Chronic fatigue syndrome”, “(Benign) myalgic encephalomyelitis” and “Postviral fatigue syndrome” under proposed new parent “Symptoms, signs or clinical findings of the musculoskeletal system”.

If ICD Revision does not propose to also relocate “Postviral fatigue syndrome” under the “Symptoms, signs” chapter, what are its intentions for this term?

2 Will ICD Revision please clarify whether Dr Dua’s proposal of 6 November 2017 is under consideration for potential inclusion in the version of ICD-11 MMS that is scheduled for finalization at the end of this year for release in June 2018, or whether Dr Dua’s proposal will be carried forward for consideration for inclusion in the first update and revision of ICD-11 MMS, in 2019?

3 Will ICD Revision please clarify whether the proposal submitted by Chapman and Dimmock will be processed (with Rationales for decisions made), prior to the finalization of ICD-11?

Stakeholders should note that if this proposal from Dr Dua for relocating “Chronic fatigue syndrome” and “(Benign) myalgic encephalomyelitis” to the “Symptoms, signs” chapter were to be approved, ICD-11’s handling of these terms will be out of alignment with ICD-10 and with the clinical modifications, ICD-10-CM (USA), ICD-10-CA (Canada), ICD-10-AM (Australia) and ICD-10-GM (Germany).
Will stakeholders please also note that the term currently specified as an Inclusion term to “Postviral fatigue syndrome” in ICD-10 and ICD-11 MMS Beta is “Benign myalgic encephalomyelitis” not “Myalgic encephalitis”, as Dr Dua has written.

There is no “Myalgic encephalitis” in ICD-10 or in ICD-11 Beta draft. Consistency of terminology by WHO/ICD Revision staff is desirable and would be appreciated.

Dr Dua has written: “It is interesting to note that Akureyri (mentioned twice) is a city in Iceland and again to mention Iceland disease and Icelandic disease!”

Dr Dua might consider that lists of Synonym terms were generated for the initial ICD-11 “Start up” list (prior to the release of the ICD-11 Alpha and Beta drafting platforms) and had include associated terms (and at one point, definitions) that had, in some cases, been harvested from content on various health agency websites and from other medical terminology systems.

The current Synonym list for “Postviral fatigue syndrome” also includes the term “chronic fatigue, unspecified”. This term originates from the ICD-10-CM clinical modification, which was implemented in October 2015, and is specific to the NCHS/CDC’s modification of ICD-10. It does not appear in the ICD-10 Index.

Within the ICD-10-CM classification, “R53.82 Chronic fatigue, unspecified” has reciprocal Excludes specified for “G93.3 Postviral fatigue syndrome”.

But the term has nevertheless remained in the Beta draft, under Synonyms to “Postviral fatigue syndrome”, unedited by ICD Revision staff, despite the apparent anomaly.

A proposal was submitted by Chapman in March 2017 for the Deletion of “chronic fatigue, unspecified” from the “Postviral fatigue syndrome” Synonym list. That proposal remains unprocessed.

In their proposal of 27 March 2017 [1] Chapman and Dimmock have proposed the following terms should be considered for listing under Synonyms to “Myalgic encephalomyelitis”:

4.1.1 Synonyms (See Note 3.1)

ME - [myalgic encephalomyelitis]
myalgic encephalomyelitis (benign)
myalgic encephalomyelitis syndrome
myalgic encephalitis
myalgic encephalopathy
postviral fatigue syndrome
PVFS - [postviral fatigue syndrome]

with the following historical and associated terms under Index terms:

Akureyri disease
Iceland disease
epidemic neuromyasthenia

The proposers have therefore addressed the issue of the duplication of historical index terms.

Note that the terms “myalgic encephalitis” and “myalgic encephalomyelitis syndrome” have been included under Synonyms in the Chapman and Dimmock proposal for consistency with the Synonyms list for Concept term “Chronic fatigue syndrome” within the SNOMED CT International Edition [2].

Note that the term “myalgic encephalopathy” has been included under Synonyms in the Chapman and Dimmock proposal for consistency with the Synonym terms included in the SNOMED CT UK Extension [3].

I should be pleased if you would provide the clarifications requested.

1 ICD-11 Beta Proposal Mechanism:
3.2 ICD-11 Joint Task Force position on precedence: General considerations for potential chapter relocations were discussed at a meeting of the Joint Task Force, in July 2016 [1]. According to the meeting Summary Report (5.2 Key discussion), a general principle was reiterated that:

"...in the absence of compelling evidence mandating a change, legacy should trump with regard to the question of moving certain conditions to new chapters...JTF members confirmed that continuity over time is desirable. Where there is a rationale for change, the changes can be accommodated for, but there was a question about how to justify the effort required to make the changes in data reporting systems in the absence of compelling information indicating that the change makes things better or more accurate."

References:

1 Fourth Meeting of the JLMMS Task Force, Queensland, Australia, 11-14 July 2016

http://www.who.int/entity/classifications/icd/revision/2016.07.11-14_iSummaryMeetingReportQueensland.pdf

Suzy Chapman 2017-Nov-07 - 11:52 UTC

-----------------------------------------------

Comment posted by S Chapman

A December 2014 proposal that Exclusions for "Chronic fatigue syndrome" and "(Benign) myalgic encephalomyelitis" should be inserted under Title concept category "Fatigue" in the "Symptoms, signs" chapter was approved on 26 March 2017:

https://icd.who.int/dev11/f/en#/http://id.who.int/icd/entity/1109546957

Fatigue

Exclusions

Combat fatigue
Exhaustion due to exposure heat
exhaustion
exhaustion and fatigue due to pregnancy
Bodily distress disorder
Depressive disorders
Sleep-wake disorders
Bipolar or related disorders senile fatigue
Chronic fatigue syndrome
(Benign) myalgic encephalomyelitis

An additional proposal submitted in December 2014 for an Exclusion for “Postviral fatigue syndrome” under “Fatigue” remains unprocessed.

On 31 March 2017, “Team WHO” were asked to clarify whether this was an oversight and if not, what was the rationale for inserting exclusions for “Postviral fatigue syndrome’s” two current inclusion terms, but not for “Postviral fatigue syndrome”, per se, which is currently listed in the Beta draft as the ICD concept title.

No clarification has been forthcoming from ICD Revision.

Suzy Chapman 2017-Nov-07 - 12:46 UTC

-------------------------------------

Comment posted by S Chapman

Proposals for insertion of Exclusions for “Chronic fatigue syndrome” and “Myalgic encephalomyelitis” under “Bodily distress disorder” in the chapter, Mental, behavioural or neurodevelopmental disorders, also remain unprocessed.

Suzy Chapman 2017-Nov-07 - 12:53 UTC

-------------------------------------

Comment posted by S Chapman

Will Dr Dua please also clarify:

Has this proposal been submitted:

a) By Dr Dua, in a personal capacity?

b) By Dr Dua, on behalf of the Program for Neurological Diseases and Neuroscience, Management of Mental and Brain Disorders, Department of Mental Health and Substance Abuse, World Health Organization?

c) By Dr Dua, on behalf of ICD Revision or on behalf of the Joint Task Force on behalf of the MSAC?

Suzy Chapman 2017-Nov-07 - 17:29 UTC