

**Important notice:** Please note that the information on Treatment provided here has been compiled **by patients for patients**, and represents a summary of what patients may have experienced in working with their individual health care providers. The information in this website is not a substitute for professional medical advice. Please consult with your physician or other healthcare provider in matters pertaining to your medical care. See our full [Disclaimer](#) .

**Health Care Providers:** Please see the information in the section [For Health Care Providers](#) .

Losing one's health or living with chronic illness brings many losses and hardships. People may find they are no longer able to work and maintain their financial independence, or may find personal relationships, marriages, and friendships have started to become strained or even dissolve. Eventually, people will start to feel different from others and may become more isolated, especially when their problems are not well understood. Most will experience a gamut of emotions when first hit with these changes. They will mourn their losses, and within time, they will look for ways by which to reshape and make the most of their lives. (More information can be found under [Coping](#) )

Often, this can be an extremely difficult time in people's lives and making changes, while feeling poorly or overwhelmed, is a lot easier said than done. It is not uncommon at all to develop a certain type of depression precipitated by these events called, "reactive depression" (also referred to as an adjustment disorder). People may need someone to help them work through the challenges and decide on appropriate changes. Therefore, it is totally reasonable and recommended that people seek professional counseling. Counseling can offer support, help patients improve their viewpoint and expectations, and teach them how to manage their problems or situations.

Anxiety, irritability, depression, mood swings and difficulties with concentration and memory do occur in patients with the Chronic Fatigue Syndrome/Chronic Fatigue and Immune Dysfunction Syndrome/Myalgic Encephalopathy (CFS/CFIDS/ME) and Fibromyalgia (FM). These problems deserve proper attention and treatment, but these did not *cause* the illnesses. It is necessary to point out that the patient community has been negatively impacted by undue and biased publications over prior years, which usually diminished the complexities of these illnesses. It is very likely many patients received inadequate treatment of their many co-existing problems. And the biased publications may have discouraged patients from seeking help for emotional problems.

A long-time clinician/researcher had reported long ago that cognitive disturbance was present in the majority of patients with CFS/CFIDS/ME and a considerable percentage had mood disturbance (i.e. depression, anxiety disorder, and/or mood liability). The reason for this is that both memory and mood centers are located in the sub-cortex region of the brain. Abnormal blood flow in the brain as well as electrical activity has been found in FM patients which is thought to impact cognition, mental clarity and mood stability. More recent research has linked a protein from a common virus to the development of some mood disorders and central nervous system disease. The key point is for people to realize the brain, particularly specific regions within the brain, can become diseased or start to malfunction and as a result, produce a variety of problems.

Patients should ideally try to find counselors, psychologists or psychiatrists (the latter can also prescribe medications and help select and monitor their effects) who are familiar with CFS/CFIDS/ME and FM. If individuals start to experience sudden or severe feelings of anxiety or despair, or become overwhelmed by other types of mental or emotional distress and these affect their ability to get through daily functions, then it is imperative to seek prompt medical care.

### **More resources**

[\*Depression and a Success Story\* by Mary Robinson](#)

[\*On the Morbid Fascination with Psychiatric Morbidity\* by Dr. Alan Gurwitt](#)

[\*The Joy Box\*](#)