Greetings to all potential research participants

Our Chronic Illness Research Team consists of academics who are interested in research relating to chronic illness, and honorary members. The Team is led by Elizabeth Attree who is permanent member of our academic staff and Emeritus Professor Christine P. Dancey (see picture below).

At the present time we have two honorary members of CIRT (Clare Marshall and Tony Hall) and five Honorary Visiting Research Fellows –, Dr. Megan Arroll (Optimum Health Clinic), Dr. Amolak Bansal (Epsom & St. Helier NHS Trust), Professor Yoon-Hee Cha, Department of Neurology, University of California, Dr. Dev Pyne (Consultant Rheumatologist/Lead Clinician, Barts and The Royal London Hospitals NHS Trust) and Dr. Ellen Goudsmit. Honorary Research Fellows work with us in designing our studies, analysing them, and writing them up for publication.

Studies into cognitive function in people with ME/CFS

Elizabeth Attree

At the moment we are continuing our studies into the cognitive function in people with ME/CFS. We have carried out some analyses on the data, and are able to provide a summary of these results now. A more detailed summary will be given later in the year.

The study sought to determine whether the cognitive function of a sample of people with ME/CFS were different to people without the illness. Cognitive function was measured by five tests designed to measure executive function, memory and planning were chosen. There is some research showing that people with ME/CFS perform just as well as people without ME/CFS. Our tests showed some differences between our sample and the “normal population” in “spatial span, which assesses working memory capacity and provides a measure of frontal lobe functioning. People with ME/CFS report mental fatigue as well as physical fatigue. Although our tests are not ‘physical’, they draw on cognitive resources, and after undergoing testing, we expected people to show higher levels of fatigue (both physical and mental) two -three days after testing. Preliminary research on a different illness (Epilepsy) showed that these participants were not more fatigued after the testing period, in contrast to our ME/CFS sample who were significantly more fatigued both physically and mentally 2 - 3 days after testing. Our sample also showed an increase in depression after testing, probably as a result of increased fatigue. Fatigue itself can lead to brain fog and we found that the higher the mental and physical fatigue before the CANTAB tests, the worse the performance on some of these tests. These findings suggest that the use of executive function has a significant effect on both mental and physical fatigue which may last longer than first thought. The neuropsychological results may demonstrate the importance of perception of difficulty for those with ME/CFS in completing mental tasks.

In 2011 Dr. Amolak Bansal and our team applied for a substantial grant from the Medical Research Council. These grants are incredibly competitive and unfortunately we were not awarded one. We hope to continue working with Dr. Bansal, both on collaborative studies and in applying for grants to fund our studies.

Interviews into the lived experiences of people with ME/CFS, MdDS and Ménière's Disease

To date, eight interviews have been carried out with people with MdDS. These recordings have been fully transcribed and initial analysis is underway. Data from ME/CFS participants has been analysed and will be written-up for publication in a peer-reviewed journal in due course.

Collaborative work with the Optimum Health Clinic (OHC)

Our Visiting Research Fellow Dr Arroll is now the Director of Research at the OHC, a clinic that offers psychological and nutritional support in integrated programmes for those with ME/CFS. She is conducting a number of studies there including an evaluation of the interventions on offer. A paper outlining the OHC’s theoretical underpinnings has recently been published in the Journal of Integral Theory and Practice. Clare Marshall (University of East London) is conducting a study at the OHC for her MSc final project on whether the regular use of an online symptom management course for ME/CFS can reduce symptomatology over time as compared to an online relaxation course. This study will be completed in September 2012.

School of Psychology, Stratford Campus, Water Lane, London E15 4LZ
Studies on illness and memory

You will remember that we started research into cognitive problems occurring in Ménière's Disease and Mal de Debarquement Syndrome (MdDS) in December 2010. An article which we wrote on Ménière's Disease (People with symptoms of Ménière's Disease: the relationship between illness intrusiveness, illness uncertainty, dizziness handicap and depression) will be published this year in Otology & Neurotology.

Our team has finished entering the data for MdDS and we are now in the process of analysing the data, in collaboration with Professor Cha. Initial results show that the most severe symptoms of MdDS are swaying and rocking, and that these symptoms intrude mostly into active recreation and work. The more severe the symptoms, the greater the fatigue, stress and anxiety. These feelings, together with the intrusiveness of the illness into previously valued hobbies and interests, leads to a reduction in Quality of Life. People with MdDS face an additional challenge, in that most people have never heard of MdDS, and may not believe the person is ill. People tend to be less sympathetic to someone with a rare, invisible illness. We will be reporting in detail once we have carried out a detailed statistical analysis.

Psychosocial factors and cognitive performance in Type 1 diabetes

A team of three people from CIRT investigated the intrusiveness of Diabetes into various aspects of life, and the way in which psychosocial factors and intrusiveness affects cognitive function. Initial results showed that Type 1 diabetes was more intrusive than many other illnesses with which it was compared, and was highly intrusive into recreational activities, diet, and work. As with other chronic illnesses which we have studied, participants showed higher levels of depression than people without illness - as expected. The intrusiveness of an illness relates to depression, the higher the illness intrusiveness, the greater the level of depression. Anxiety and illness intrusiveness were related to a decline in cognitive performance, as measured by questionnaires. Social support was found to be important, in that people with higher levels of support were less anxious and depressed, and had a better level of cognitive function. We will be reporting in detail once we have carried out a detailed statistical analysis.

Email addresses and our database

If you wish to be removed from our database please email your name and/or participant number together with the main illness that you have.

If you are happy to be listed on our database and have not yet given us your email address, please also let us know (cirt@uel.ac.uk)