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## **International May 12th Awareness Day**

International May 12th Awareness Day was launched in 1992 by Thomas Michael Hennessy, Jr. He designated 12 May as the International Awareness Day for the spectrum of illnesses called Chronic Immunological and Neurological Diseases (CIND).

May 12 was chosen as it coincided with the birth date of Florence Nightingale. She became chronically ill in her mid-thirties after returning from the Crimean War; the M.E.-like illness often left her bedridden during the last 50 years of her life.

Tom Hennessy included Myalgic Encephalomyelitis Fibromyalgia, Gulf War Syndrome and Multiple Chemical Sensitivity under the CIND umbrella.

The universal symbol of the blue ribbon is worn to spread awareness and support sufferers.

May 12 promotional material and merchandise, including awareness ribbons, are available to order from the M.E. Support Online Shop.

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## M.E. Support

M.E. Support is one of the leading websites on Myalgic Encephalomyelitis providing information, advice & support.

**[www.mesupport.co.uk](http://www.mesupport.co.uk)**

**[louise@mesupport.co.uk](mailto:louise@mesupport.co.uk)**

Please follow **MESupportUK**  
on Facebook.

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## **What is M.E.?**

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Myalgic "my-AL-jik" means muscle pain. Encephalomyelitis "en-SEF-uh-lo-MY-uh-LY-tis" means inflammation of the brain and spinal cord.

Myalgic Encephalomyelitis is a severe, complex neurological disease that affects all body systems. Over time and in different countries, many names have been associated with the condition.

The cause is as yet unclear but onset is linked in most cases to an acute infection, although some people experience a slow, insidious onset.

A disabling exercise-induced muscle fatigue, muscle weakness and pain, often severe 'flu-like' malaise, along with an abnormal exhaustion unrelieved by sleep. There are also various symptoms which indicate a disturbance in brain function, including loss of concentration and short-term memory, dyslexia, nausea, clumsiness and disturbed balance, sensitivity to light and other problems with vision, sensitivity to noise, misjudgement of distance, and sometimes problems with bladder control and bowel disturbance. Patients may experience emotional symptoms including depression and mood swings, which can confuse diagnosis in the absence of clinical signs.

Diagnosing M.E. is difficult as there is no diagnostic test and a number of the symptoms are similar to those present in other illnesses. Currently a diagnosis is made through a process of elimination, i.e. your doctor will assess your medical history, recognise the typical symptom pattern of M.E. and conduct basic tests, for example on blood or urine samples, to rule out other conditions.

The outcome in any particular case is difficult to predict. Some sufferers will improve slowly and may make a full recovery, although the process may take several years and be punctuated by periods of relapse. Others make variable progress, with fluctuating levels of disability and never achieve full recovery, although there is usually substantial improvement over the years. A significant minority remain severely disabled, making little or no progress, and a smaller number steadily deteriorate, becoming chair or bed-bound for much of the time.

The disease is a naturally fluctuating one. There may be periods during which a severely affected patient will have intermittent walking ability. S/he may be able to cover a certain limited distance on any one day. On the whole, however, such efforts cannot be sustained without ill effects which are slow to dissipate. Patients are advised to live well within the limitation of the illness.

M.E. is not a new illness, since medical literature from the earliest times appears to describe the same disease process. However, its incidence does appear to have increased over the last fifty years.

Onset most often occurs between the ages of 20 and 40, but it can affect anyone, regardless of age or social status.

Currently it is estimated that some 250,000 people in Britain are affected by this illness. You can get in touch with other sufferers through M.E. organisations and regional support groups.

There is no cure and treatments aimed at various symptoms may help some patients, but not others. The patients who make the most significant improvement appear to be those who were diagnosed at an early stage, and took adequate rest during the acute stage of the illness and during relapse

The cost is incalculable. There is the cost to the country in lost skills and productivity. There is the cost of benefits, of medical consultation, tests and treatment. Most of all there is the human cost of shattered lives, lost careers, lost independence, both financial and personal, and the corrosive effect on relationships of disbelief in an illness which is neither understood nor fully accepted.