

Maes and Twisk have written a ground breaking critique recently published in BMC to substantiate why the Harvey and Wessely model for ME/CFS ('unexplained fatigue') is incoherent and invalid, and why the label (*bio*) *psychosocial model* is inappropriate for ME/CFS. The 2009 Harvey and Wessely article **Chronic fatigue syndrome: identifying zebras amongst the horses** (Harvey SB, Wessely S. BMC Medicine 2009, 7:58. doi:10.1186/1741-7015-7-58) can be read here <http://www.biomedcentral.com/1741-7015/7/58>.

The Maes and Twisk critique: **Chronic fatigue syndrome: Harvey and Wessely's (bio) psychosocial model versus a bio(psychosocial) model based on inflammatory and oxidative and nitrosative stress pathways** (Michael Maes N, Twisk FNM. BMC Medicine 2010, 8:35. doi:10.1186/1741-7015-8-35) can be read here <http://www.biomedcentral.com/1741-7015/8/35>.

In brief, Maes and Twisk in their critique substantiate why a pathophysiological model for ME/CFS should incorporate the precipitating and perpetuating factors and the biological aberrations, which explain specific symptoms. As an alternative to the model by Harvey and Wessely and other (bio)psychosocial models, Maes and Twisk outline a bio(psychosocial) model for ME/CFS, in which (persistent and/or reactivating) infections, immunological abnormalities (inflammation, immune activation, immunosuppression and immune dysfunction), oxidative and nitrosative stress, and their sequels (e.g. mitochondrial dysfunction and channelopathy) are key players.

Maes and Twisk indicate biological aberrations account for many of the symptoms characteristic for ME/CFS, e.g. "fatigue", neuro-cognitive impairment, and pain. Since physiological and psychological stress intensify the immunological abnormalities (inflammation, immunosuppression and immune dysfunction) and oxidative and nitrosative stress. Maes and Twisk explain why 'behaviorally oriented programs', like CBT/GET, as proposed by Harvey and Wessely, amplify many symptoms, as has been observed by various authors.

Maes and Twisk conclude that; it is about time to leave the (bio)psychosocial explanatory model for ME/CFS and behavioral interventions justified by these models, (CBT/GET) behind us once and for all, and to shift the focus to the organical pathophysiology of ME/CFS (and depression accompanying ME/CFS), subgroups of ME/CFS patients, defined by immunological and other objective markers, and therapies to effectively reverse the biological abnormalities.