



Hallmark Symptoms for ME and Long-COVID

For diagnosis, must have all of:

- **Extreme Fatigue** that is not improved by rest and interferes with daily activities
- **Post-exertional malaise (PEM)** - a worsening of symptoms after physical, mental, or emotional effort
- **Unrefreshing or disturbed sleep**

Must also have at least one of:

- **Cognitive impairment (brain fog)**, such as problems with memory, concentration, thinking, or speaking
- **Orthostatic intolerance** - a feeling of lightheadedness, dizziness, or fainting when standing or sitting up

Additional Symptoms that may occur with Long Covid

- Cough, chest pain, trouble breathing
- Persistent loss of taste or smell

Additional symptoms that may occur with both

- Joint and general body pain; headache
- Light, sound, smell, vibration, touch, chemical and food sensitivities
- Fever-like symptoms, sore or swollen glands, sore throat, tinnitus
- Cardiovascular symptoms, like rhythm irregularities
- Feeling of lack of oxygen (air hunger)
- Digestive issues (bloating, abdominal pain, nausea, diarrhea, or constipation)
- Sweating, chills, trouble with heat or cold
- Rashes and swelling

Effective functions (emotions) can be altered, and anxiety and mood changes may range from mild to severe.

Depression may also occur, as a reaction to, rather than as a cause of ME.

Path to Diagnosis

Both ME and Long-COVID have no single test or biomarker to confirm diagnosis. This means that both illnesses are diagnosed:

1. by their long list of symptoms, that may be very different day to day and person to person. See **Symptoms of ME and Long-COVID** at:
<https://www.mefm.bc.ca/symptoms-and-diagnosis>
2. by excluding other illnesses that have common or overlapping symptoms. There are tests that can help. Go to:
https://batemanhornecenter.org/wp-content/uploads/filebase/Testing-Recs-MECFS-Clinician-Coalition-V1-Feb.-2021_2.pdf
3. Note: Diagnosis requires persistence of symptoms for several weeks.
 - 6 months for adults for ME
 - 3 months for children for ME
 - 3 months for everyone with Long-COVID).

There are available tools for your doctor, such as:

1. the symptom list above,
2. a summary on the **healthlinkbc** website
(<https://www.healthlinkbc.ca/illnesses-conditions/fatigue-and-sleep/myalgic-encephalomyelitis-chronic-fatigue-syndrome>) (adapted from a **National Academies** clinician's guide (previously IOM, 2015)
(<https://nap.nationalacademies.org/resource/19012/MECFScliniciansguide.pdf>)),
3. the **Canadian Consensus Criteria for ME**
(<http://www.mereseach.org.uk/wp-content/uploads/2012/11/2003-Carruthers-Canadian-Definition-JCFS.pdf>),
4. the **National Institute for Care and Excellence**, (NICE, 2021)
(<https://www.nice.org.uk/guidance/ng206/resources/myalgic-encephalomyelitis-or-encephalopathy-chronic-fatigue-syndrome-diagnosis-and-management-pdf-66143718094021>), and
5. the **WHO Clinical Case Definition for Long-COVID**
(<https://www.ncbi.nlm.nih.gov/pmc/articles/P>.

If they are comfortable to do so, your GP can give you a diagnosis.