

# Feasibility of physiological testing (Oxygen Consumption (VO<sub>2</sub>), Heart Rate, Blood Pressure, Lactic acid and activity levels) in people with Myalgic Encephalomyelitis during normal daily activities.

Clague-Baker, N<sup>1,2</sup>., Dawes, H<sup>3,4</sup>., Tyson, S<sup>5</sup>., Bull, M<sup>2</sup>., Leslie, K<sup>2</sup> and Hilliard, N<sup>2</sup>.

<sup>1</sup>University of Liverpool <sup>2</sup>PhysiosforME <sup>3</sup>University of Exeter <sup>4</sup>Oxford Health NIHR BRC <sup>5</sup>University of Manchester

Contact details: Email: Nicola.Baker@liverpool.ac.uk Twitter: @ClagueNjc36

## Background and objectives

People with Myalgic Encephalomyelitis (PwME) have abnormally low maximum oxygen consumption (VO<sub>2</sub>)<sup>(1-8)</sup> and reach their anaerobic thresholds (AT) quicker than healthy controls<sup>(3,9)</sup>. Some also produce greater levels of lactic acid when exercising<sup>(3,10,11)</sup>. It is unclear if this also happens during everyday activities.

The aim of this study was to investigate the feasibility of physiological measurements of PwME in their own homes during everyday activities.

## Methods

Adults with ME who met the ICC<sup>12</sup> criteria wore a portable metabolic assessment system (PMS), heart rate variability (HRV) monitor, and their blood pressure (BP), heart rate (HR), oxygen saturation (O<sub>2</sub> sat) and lactic acid (LA) were taken during lying, sitting, standing, bathroom, kitchen, stairs and cognitive activities (according to their abilities). To assess longer-term responses, they continued to wear the HRV monitor for up to six additional days and also recorded their BP, HR, O<sub>2</sub> saturation and LA.

Figure 1. Pulse oximeter



Figure 2 lactic acid monitor



Figure 3 HRV monitor



Figure 4 Portable metabolic system

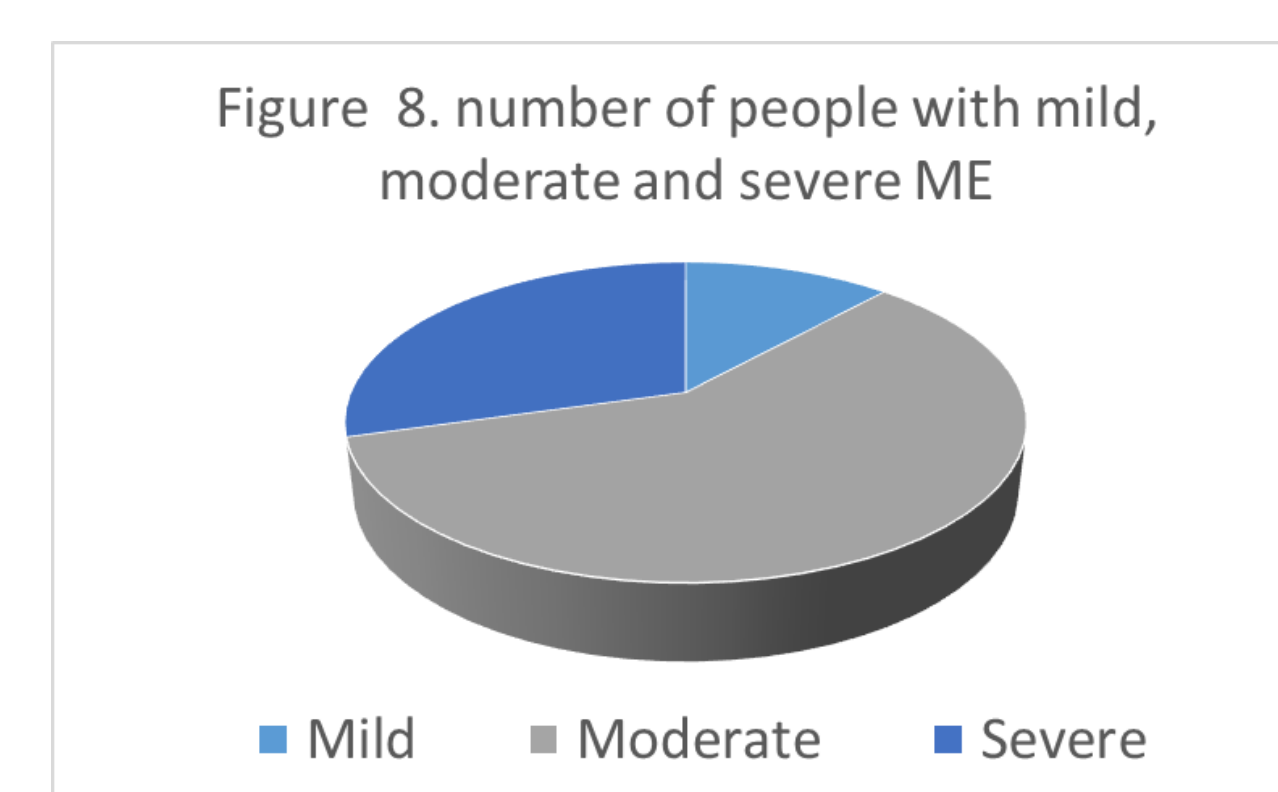
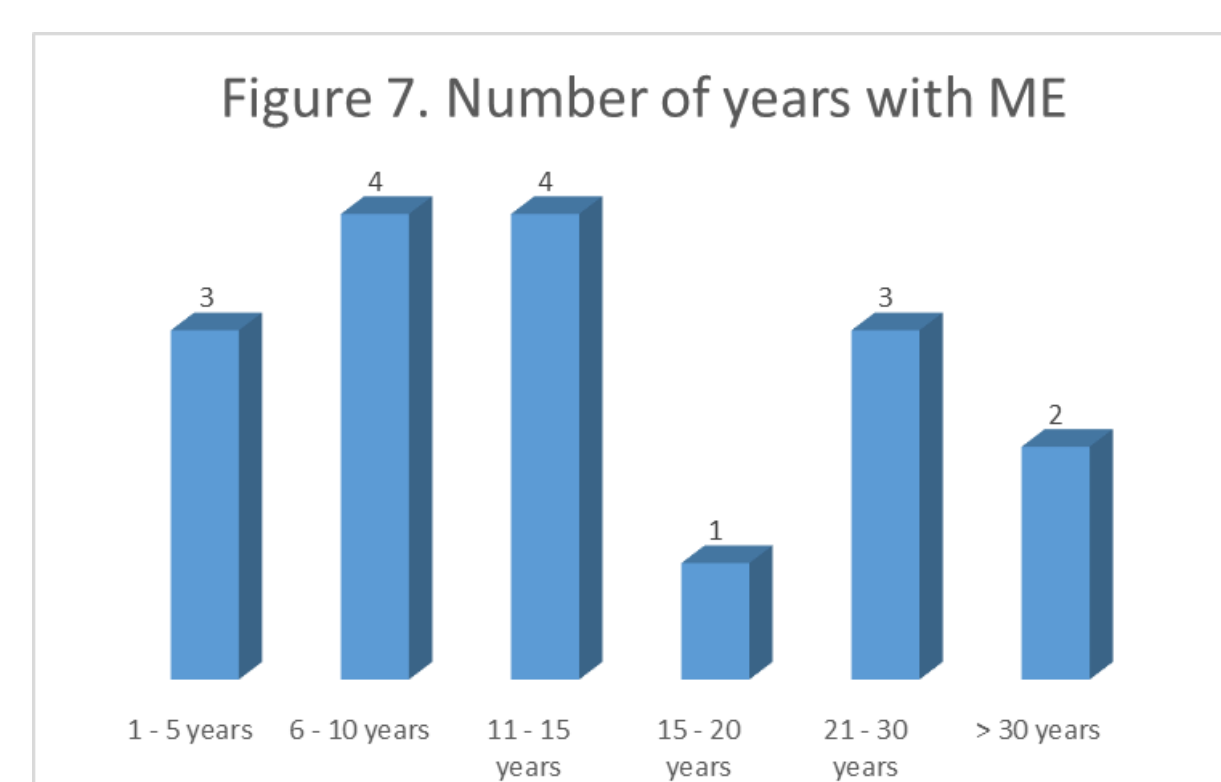
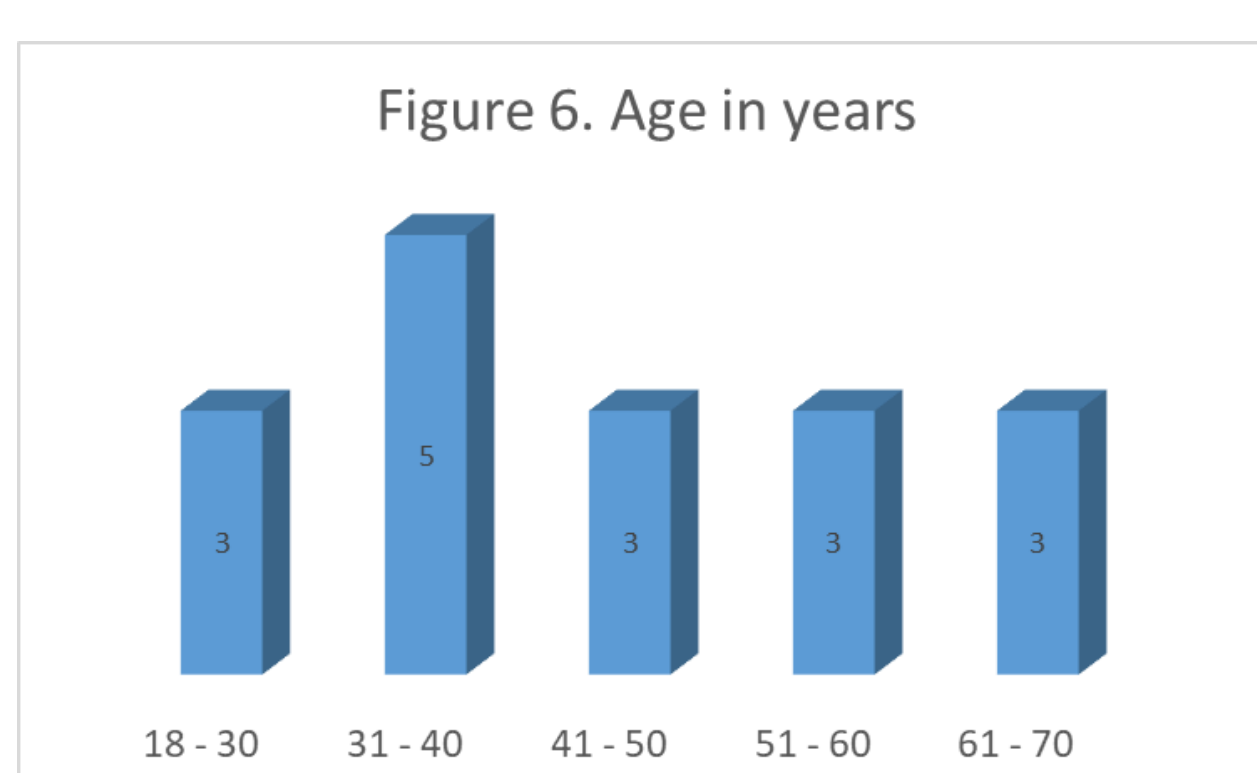


Figure 5 BP monitor



## Results

17 participants were recruited, 71% female, mean age 45 years (see figure 6). Mean duration of ME, 15.3 years (see figure 7). Two had mild, 10 moderate and five had severe ME (see figure 8).



### Feasibility of the study:

1. Recruitment was successful – 20 people were recruited online in four hours.
2. Procedure - all participants found the procedure acceptable and were able to complete some of the activities. However only 13 managed to stand still for 5 minutes and only 14 managed all the activities.
3. Outcome measures – measures were acceptable to all and identified changes in PwME. However, one person with severe ME struggled to take ongoing measurements due to cognitive difficulties and everyone struggled to take measurements when in PEM.

### Some comments from participants:

*It's been a real privilege to be part of the study... thank you for allowing me to participate (especially at severe)*

*I had a couple of issues with the heart rate monitor - the stickers don't seem to be that sticky and fell off a couple of times. Another time the bottom clip came off. Otherwise everything else has been great.*

*I'm so excited about this evidence. I know I'll send it to many people, starting with my Cardiologist! Thank you again. I feel extremely fortunate to have been involved in your study.*

## Discussion and Conclusion

Physiological measurement during everyday activity is feasible for PwME with mild to severe disability. Activities need to be adapted for different severities of ME to identify abnormalities and prevent harm. The outcome measures identified abnormal physiological changes in all PwME. Further research is needed to develop diagnostic and possible treatment protocols.

## References

- 1 Lien et al. Abnormal blood lactate accumulation during repeated exercise testing in myalgic encephalomyelitis/chronic fatigue syndrome. *Physiol Rep*. 2019, 7 (11): 1-11
- 2 De Becker et al. Exercise capacity in chronic fatigue syndrome. *Arch Intern Med*. 2000, 160:3270-77.
- 3 Jones et al. Loss of capacity to recover from acidosis on repeat exercise in chronic fatigue syndrome: a case-control study. *Eur J Clin Invest*. 2012, 42: 186-94.
- 4 Yoshiuchi K, Farkas I, Natelson BH. Patients with chronic fatigue syndrome have reduced absolute cortical blood flow. *Clin Physiol Funct Imaging*. 2006, 26: 83-6.
- 5 Goldstein JA. *Chronic Fatigue Syndrome: The Limbic Hypothesis*. Binghampton, New York: Haworth Medical Press 1993
- 6 Streeten DH. Role of impaired lower-limb venous innervation in the pathogenesis of the chronic fatigue syndrome. *Am J Med Sci*. 2001, 321:163-7.
- 7 Farquhar et al. Blood volume and its relation to peak O<sub>2</sub> consumption and physical activity in patients with chronic fatigue. *Am J Physiol Heart Circ Physiol*. 2002, 282: H66-71.
- 8 Jammes et al. Chronic fatigue syndrome: assessment of increased oxidative stress and altered muscle excitability in response to incremental exercise. *J Intern Med*. 2005, 257: 299-310.
- 9 Vermeulen et al. Patients with chronic fatigue syndrome performed worse than controls in a controlled repeated exercise study despite a normal oxidative phosphorylation capacity. *J Transl Med*. 2010, 8: 93.
- 10 Chaudhuri A, Behan PO. In vivo magnetic resonance spectroscopy in chronic fatigue syndrome. *Prostaglandins Leukot Essent Fatty Acids*. 2004, 71: 181-3.
- 11 Jones et al. Abnormalities in pH handling by peripheral muscle and potential regulation by the autonomic nervous system in chronic fatigue syndrome. *J Intern Med*. 2010, 267: 394-401.
- 12 Carruthers et al. Myalgic encephalomyelitis: International Consensus Criteria. *J Intern Med*. 2011, 270: 327-338. <http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2796.2011.02428.x/pdf>

Contact details: Email: Nicola.Baker@liverpool.ac.uk Twitter: @ClagueNjc36

