NAFKAM

Report from Study Tour

Shanghai, 13-23 October 2006



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Report from study tour to Shanghai 13-23 October 2006

Introduction

During the past few years focus on Chronic Fatigue Syndrome - CFS (also called Myalgic Encephalopathy – ME) has increased among patients and their relatives, health personnel, and researchers. The China-Norway Collaboration in TCM at NAFKAM (The National Reasearch Center in Complementary and Alternative Medicine, Tromsø) organized a study tour to Shanghai in order to explore how Chronic Fatigue Syndrome is being handled within traditional Chinese medicine and whether we can make use of their knowledge to help patients with this disorder in Norway.

NAFKAM invited three participants from Norway (L. Festvåg, K. Malterud and B. Stubhaug) who have been working with CFS either as researchers and/or as health personnel, and three other participants (M. Sparre, M. Allertsen and M. Røthing) attended on their own expense (see attachment for presentation of participants). A researcher from Beijing, T. Wang, participated part of the time. Participants from NAFKAM were T. Alræk, J. Liu and B. J. Drageset.

Background

The China-Norway collaboration in the field of health was established through a memorandum in 1999, and an addendum regarding TCM was signed in 2004, by at that time Vice Minister of Health in China Gao Qiang and the Norwegian Minister of Health Ansgar Gabrielsen. NAFKAM was assigned the responsibility of administering the scientific and professional aspects of the TCM-section of the collaboration.

The major goals for the collaboration in TCM are to share information and resources, to support exchange and collaboration between TCM associations and other academic institutions/organizations, and to collaborate in research on current clinical problems with the intention of possibly integrating TCM practice with Norwegian health services.

Diagnostics and Treatment of Chronic Fatigue Syndrome (CFS)

In 2005 The Norwegian Knowledge Centre for Health Services was asked by The Directorate of Health and Social Affairs to assess and synthesize the evidence base for diagnosis and treatment of Chronic Fatigue Syndrome/Myalgic Encefalopathy (CFS/ME) in children and adults.

The background for this report was the estimate that in Norway 10-20 000 persons are suffering from this illness. The official health authorities still have no standard treatment to recommend for this illness.

The Knowledge Centre finished its task in June 2006, and the results (primarily based on systematic reviews) are presented in a report.
http://www.kunnskapssenteret.no/filer/CSF_ME_nettversjon090606.pdf

http://www.kunnskapssenteret.no/filer/Rapport_9_06_CFS_ME_201106.pdf

(English brief:
http://www.inahta.org/Reports.asp?name=Content11%2Fpublikationer%2F8%2F0688%5FNOKC%5FChronic%5FFatigue%5FSyndrome%5FMyalgic%5FEncephalopathy%2Epdf)

Lillian Festvåg, Kirsti Malterud and Bjarte Stubhaug all participated in preparing this report.

From the report we quote from the summary: "Studies on better treatment for severely ill or disabled sufferers are insufficient… Diagnostic criteria vary by study, making comparison difficult. Empirical studies on treatment experiences are lacking. Qualitative studies show that patients feel stigmatized and mistrusted, and doctors find it challenging to diagnose and treat CFS/ME…. More research is needed."

Uncertainty regarding diagnosis, treatment, and disease course in connection with CFS thus represents special challenges for health personnel and patients, as well as relatives. Patients seek help through alternative treatment, with varying results. The visit to Shanghai confirmed our view that a future health service for the group of patients with CFS should integrate perspectives from western medicine with perspectives from complementary alternative medicine, due to the complex nature of the illness.

Research on CFS in Norway

TREATMENT STUDIES – CFS AND QIGONG

In cooperation with Sunnaas Rehabilitation Hospital HF and financed through additional funds from The Norwegian Foundation for Health and Rehabilitation, two treatment studies regarding CFS and Qigong have been completed by a group directed by physiotherapist Lillian Festvåg. The background for choosing qigong as the approach to rehabilitation of this group is that a number of studies and patient reports indicate that CFS-patients experience worsening of symptoms after physical and mental activity. Western exercise programs have been especially criticized from patient groups.

TCM consists of herbal medicine, acupuncture, tuina massage and medical qigong.
Qigong employs slow and soft movements, coordinated with proper breathing and a clear focus on awareness (cf. meditation). *Qigong* means energy (*qi*) training (*gong*). The purpose of these studies was to investigate the effects of qigong on physical work capacity, subjective rating of fatigue, health, and quality of life in persons diagnosed with CFS.

Effect of intervention was measured before and after a 15 week group training program with medical qigong. In the pilot study the CFS patients reported significant improvement with regard to fatigue and life satisfaction. No significant change was found in physical work capacity, but clinically relevant improvements were measured in both studies. The studies had a high attendance rate and no drop-outs and we concluded that our studies suggest that qigong exercises may be beneficial for patients with CFS.
http://www.fysioterapeuten.no/FAG/Artikler/2006/0106_Fagartikkel.pdf

QUALITATIVE STUDIES – EXPERIENCES AMONG PATIENTS WITH CFS

Kirsti Malterud's research group at the Department of Public Health and Primary Health Care, University of Bergen, Norway has conducted a number of qualitative studies about patient experiences related to CFS. In a focus group interview study about symptom experiences and everyday consequences, participants reported extreme exhaustion exceeding the nature of everyday weariness as the worst symptom. Furthermore, reduced muscular strength, continuous weakness and recurrent pain, problems related to memory and concentration, sleep disturbances, and excessive sensitivity towards smell, light and sound was commonly occurring. The interview demonstrated deterioration of learning abilities. Housework, conversation, reading and watching

TV were characterised as exhausting, leading to an unpredictability of everyday life disturbing social relations for patients with CFS. (Söderlund, Skoge & Malterud 2000)

In a second interview study exploring patients' causal attributions, participants agreed that their way of living could have increased the vulnerability of their resistance resources. Pressure they put upon themselves, workload burdens without subsequent relaxation, emotional conflicts, or preparing for assumed problem-solving were mentioned as gendered dimensions. They presented different explanations about potential triggers encountering their fragile immune systems, most often a virus infection. The participants thought women might have a weaker immune system then men, or that CFS was caused by a virus that women are more likely to catch. They experienced that their symptoms were activated when people put pressure on them, such as being nervous whether they could live up to the demands of their surroundings, and emotional strains related to family and work. (Söderlund & Malterud 2005)

Health care experiences in patients with chronic fatigue syndrome (CFS) were explored in a third interview study from the Bergen research group. Patients with CFS said that lack of acknowledgement could be even worse than the burden of symptoms. They wanted their doctors to ask questions, listen to them and take them seriously, instead of behaving degrading or patronizing. Many participants felt that the doctors psychologized too much, interpreting the exhaustion as depression or trivializing the symptoms. The participants described how doctors' lack of knowledge about the condition would lead to long-term uncertainty or maltreatment. Even with doctors who were supportive and believed in the patients, it would usually take months and sometimes years until a medical conclusion would be reached, or other disorders were ruled out. Increased physical activity had been recommended, but most of the informants experienced that this made them worse. (Gilje, Söderlund & Malterud, submitted)

Finally, a synthesis of qualitative studies dealing with experiences of identity and coping in chronic fatigue syndrome is in progress, based on review of an extensive literature search for empirical articles reporting qualitative studies about CFS experiences in patients, relatives, and doctors seeing these patients. The initial search identified 806 titles. After screening titles and abstracts we were left with 48 articles which were reviewed closely. Of these, 26 were critically appraised. The remaining 20 papers were included in the synthesis of findings (metaethnography), demonstrating a broad range of symptom experiences, illness beliefs, and doctor-patient interactions, leading to an interpretation of how identity and coping is constituted and shaped by medical, social, and cultural issues. (Larun & Malterud, in progress)

HEALTH COMPLAINTS, COMORBIDITY AND TREATMENT EFFECTS IN NEURASTHENIA AND CHRONIC FATIGUE

A research study of patients with neurasthenia and chronic fatigue investigated the subjective health complaints and level of functioning, showing that these patients suffer from extensive health complaints, often in spite of other established medical diagnosis (Stubhaug B et al; Psychoneuroendocrinology, 2005). A treatment intervention study was done on the same group over 12 + 12 weeks, with a comprehensive cognitive treatment program consisting of individual adjusted exercise, body awareness therapy (tai c'hi- oriented) and cognitive therapy being compared with and later combined with medication/placebo. Data analysis showed significant effect of the treatment program (data in publication process). Follow-up investigations at 6 months, 1 year and 3 years were done, showing overall improvement by time in most patients, regardless of therapy.

The Program

A varied program had been put together. The delegation arrived on a Saturday, and the following day was spent on a guided tour to two cities outside Shanghai; Suzhou and Tongli.

Monday was originally going to be spent at the Shanghai University of Traditional Chinese Medicine (SUTCM – http://www.shtcm.com/en/enchindex.htm). Plans were changed in the last minute, however, and we ended up with a day to ourselves. We used part of the day for a general presentation on TCM by Terje Alræk and also coordinating later presentations by the participants before taking a look at the city of Shanghai.

On Tuesday we gathered at the SUTCM along with members of the staff and some students.



The whole delegation gathered at SUTCM together with Professor Jie Li.

We were welcomed by Professor Jie Li who coordinated our program at SUTCM. Mr. Hua Liu from the department of TCM, Shanghai Municipal Health Bureau welcomed us on behalf of the Municipality, and Dr Shang Li, Director of the International Cooperation Center at SUTCM then gave an introduction of the university. SUTCM is celebrating its fiftieth anniversary this year. It has developed from one building and 100 students in 1956 to a beautiful, new campus and more than 7 000 students. They have a complex system of degrees up to post graduate, and cover all the branches of Chinese medicine. All students also learn the basics of western medicine, and many students study for instance western surgery after they finish their TCM education. (5 years for a Bachelor, an additional 2 years for a Master degree and then 3 years for a PhD).

TCM research uses the western methods of evidence based research.

Presentations were then given by the Norwegian delegation:

- Introduction of the China-Norway collaboration in TCM and the purposes of the visit by Terje Alræk.
- A brief introduction of qualitative research in CFS by Kirsti Malterud

- Fatigue in western history, and definition of neurasthenia in the west by Bjarte Stubhaug
- Qigong in treatment of Chronic Fatigue Syndrome/Myalgic Encefalopathy (CFS/ME) – presentation of Norwegian research projects by Lillian Festvåg



Professor Xueyong Shen.

A Norwegian, Ingar Holst, was diagnosed with CFS in Norway in 2001. Through a Chinese doctor in Oslo he was connected with Professor Xueyong Shen in Shanghai, and Mr. Holst chose to move to Shanghai in order to receive treatments from professor Shen. He has now received acupuncture treatments regularly for several years. Professor Shen presented theoretical and practical aspects of the treatment that Mr. Holst has been receiving.

After lunch our delegation was invited to the home of Mr. Holst where he told us about his experiences of living with CFS. We were also able to observe a treatment by Professor Shen.

Wednesday took us to the Norwegian Consulate where we met with Consul General Mr. Fred H. Nomme and Ms. Flora Lu. An hour was spent with presentation of the China-Norway Collaboration in TCM (Terje Alræk), followed by an introduction of the delegates. An open discussion about TCM and health in general ended our visit at the consulate. We were then invited to a delicious lunch. The Consulate is situated at the Bund by the Huangpu River, with buildings from the late 1800s constructed in western-inspired styles. In the afternoon Ms. Lu guided us through the Yu Yuan Garden (Ming Dyansty garden and bazaar) and Xintiandi (old Shanghai Shikumen architecture) before the day ended with a hotpot dinner.



Mr. Terje Alræk and Consul General Mr. Fred H. Nomme.

Professors Tianfang Wang and Jianping Liu arrived Wednesday evening, and on **Thursday** we had a full day at the SUTCM.

Prof. Wang presented "The Current Situation on Diagnosis and Treatment of CFS in China and the Understanding of CFS from TCM Aspect". She had searched Chinese medical databases for relevant literature. She found 354 articles which met her inclusion criteria, 66 of them were related to western medicine and 238 to TCM.
Within TCM the main therapies described were:

- Treatment based on syndrome differentiation
- Fixed herbs or formula
- Acupuncture
- Tuina or massage
- Others
- Combined therapy

She reported research articles referring to 37 different TCM syndromes related to CFS, 47 fixed herbs or formulas, and the most common used acupuncture points based on syndrome differentiation.


Professor Tianfang Wang

Professor Wang then presented the view on CFS from a TCM aspect including:

- Etiology and pathogenesis and
- Commonly seen TCM syndrome patterns of CFS and the corresponding treatment
- Main projects related to CFS:
    - Study on risk factors of CFS and its prevention and treatment by Chinese medicine
    - Study of the mechanism of treating CFS by Chinese medicine with functions of strengthening the Spleen and regulating the Qi
    - The relations between TCM syndromes of CFS and cytokines and cognitive factors.
    - The basic characteristic of the syndrome of liver qi stagnation and spleen qi deficiency based on the combination of macroscopic and microscopic changes

CFS mainly manifests as a deficiency syndrome or deficiency syndrome accompanied by an excess syndrome. The deficiency here refers to the insufficiency of Yin, Yang, Qi and blood and reduced functions of the viscera, the excess here means lingering of exogenous pathogenic factors, Qi stagnation, accumulation of phlegm and dampness or damp-heat due to disturbance of the visceral function.

Some of the Chinese studies were explicitly based on international diagnostic criteria for CFS. However, in some of the studies, the prevalence of CFS was far above the international reports, indicating that the condition in question probably did not correlate to rigid inclusion criteria.

The discussion after professor Wang's presentation revealed that none or just a few of the studies reported were randomized clinical trials or case controlled studies, and appraisal of their findings and conclusions is therefore complicated. However, the Chinese researchers expressed a strong wish for improving the quality of research in this field, as well as implementing accepted methods in evaluating the existing research by EBM-standards.

Prof. Fang Ling from the YuYuan Hospital has a Major in tuina and acupuncture. His presentation focused on some interesting measurements related to oxygen uptake after treatment in patients with CFS.

Prof. Dazheng Wu, SUTCM, presented a study on mice given the Chines herb Huang qi.



Professor Bin Xiao.

After lunch we were given a tour of the university museum. During the discussion and exchange that followed between SUTCM and the delegation, Bin Xiao, professor of Qigong at the Shanghai University of TCM, answered questions and gave a demonstration both of qigong exercises and of transfer of qi.

Friday we split into two groups. One group visited Fudan University Affiliated Hospital, Institute of Gynaecology and Obstetrics (http://www.fudan.edu.cn/englishnew/), while the other group visited Clinic of Shanghai Qigong Institute, which is one of the medical services of Shanghai University of TCM.

The group visiting Clinic of Shanghai Qigong Institute was met by the head of the clinic and shown the facilities. We were also allowed to take photos and film from the different treatment sessions, like acupuncture, tuina massage and qigong. One of the physiotherapists received tuina and qigong treatment while the other filmed the session. We also got an interview with one of the professors of Qigong.

We would have found it very interesting to meet Chinese CFS-sufferers and to have examples of TCM-treatment for this group. But all in all, this visit made us confident that our approach to qigong in the treatment for CFS is satisfactory.

The group who went to the Fudan Hospital was firstly taken to the out patient clinic where they provide a special treatment for infertility related to lack of ovulation. We were also able to enter the pharmacy where the herb medicines are being prepared either from dried herbs for concoctions (they are bulky to handle and preparation requires quite a bit of work) or from granulated herbs that only take up a small space are dissolved in water. It was fascinating to see how the different mixtures are being prepared.

Dr. Li Wang at the Department for Integrated Traditional and Western Medicine then received us and presented the hospital history. The hospital consists of 10 wards with 370 beds. There are both common clinics and special clinics. In 2004 the total number of patients at the out patient clinic was 493 217. At the department for Integrated Traditional and Western Medicine there are 8 doctors of Western Medicine and 7 of TCM. They find that herbal treatments and acupuncture are safe and effective in dealing with diseases in women.

Dr. Suiqi Gu then gave a presentation about how to integrate TCM and western medicine.

Dr. Wang presented a study on primary dysmenhorrea in women between the age of 14 and 25. This treatment was given on the day when the pain occurred, and so far their reports showed that acupuncture had an immediate effect upon the pain.

The visit finished with lunch before we went back to the Shanghai University of TCM where Kirsti Malterud and Jianping Liu each gave an open lecture. Kirsti Malterud on "Qualitative research methodology" and Jianping Liu on "Evidence-based approach and TCM clinical practice: relevance and challenges" (in Chinese).

After the lectures we were given an short tour of the Shuguang Hospital, one of SUTCMs affiliated hospitals. It is a TCM hospital including clinical facilities for Western medicine and is situated near the university.

In the late afternoon we had some time for evaluation before professors Wang and Liu returned to Beijing.

Conclusion

With the present information on TCM and CFS it should be reasonable to proceed with a study in Norway on patients with CFS. This study should take into consideration:

- Since the level of evidence within the Chinese literature on CFS was rather low, taking the present Western EBM criteria as standard, findings from the Chinese studies cannot be directly transferred to Norwegian patients in our clinical settings. Yet, some of the most interesting treatment studies on Chinese herbs appeared to be of sufficient quality and deserves a more detailed look. RCT studies testing these hypotheses might be conducted in a Norwegian setting.
- It should also be possible to include an arm with acupuncture treatment in an RCT as well. Acupuncture is not always well tolerated by patients with CFS (patients' reports) this may be related to a dose/response effect i.e. the number of needles used, the interval between treatments, and the manipulation of needles after insertion. These issues have to be discussed when planning a study.
- A study on CFS patients should be based on TCM diagnostic techniques. TCM diagnoses based on this could possibly have the potential of a high degree of consistency. A hypothesis emerging from the literature review presented by professor Wang, is therefore that application of TCM syndrome diagnoses on CFS patients might delineate substantial subgroups of patients where specific treatment options would be more or less efficient. If subgroups can be consistently identified in this way, further analysis based on Western biomedical markers might be able to distinguish different syndromes within the present heading of CFS.
- Planning a study in this way may help to build bridges between western medicine and TCM which is one of the intentions between the China-Norway Collaboration in TCM
- Researchers at Shanghai University of TCM, Beijing University of TM, and NAFKAM will collaborate with other researchers in planning this study on patients with Chronic Fatigue Syndrome.
- We are aware of that TCM includes also other therapies such as Tuina and Qigong. The reason for not including this in a study in Norway is that there are few therapists here providing these therapies. However, such a study on these therapies could easily be done in China parallel to a Norwegian RCT with the interventions being acupuncture and Chinese herbal medicine.

Attachment

PARTICIPANTS – STUDY TOUR TO SHANGHAI OCTOBER 2006

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Mr. Alraek defended his thesis "Acupuncture in the prevention of recurrent uncomplicated lower urinary tract infection in adult women" on June 8th 2004 at the University of Bergen, Norway. Since then he has been working at NAFKAM, University of Tromsø were he is a researcher and director of the China-Norway collaboration in traditional Chinese medicine.
Mr. Terje Alraek has 3 years of acupuncture study at International College of Oriental Medicine, UK, (Qualified 1982) and 20 years in clinical practice. He has also completed 11/2 year study in traditional Chinese herbal medicine (Oslo, 1998)
Since 1994 he has been involved in acupuncture research on recurrent cystitis and has published several papers on this topic:

- Alræk T, Aune A, Bærheim A. Traditional Chinese Medicine syndromes in women with frequently recurring cystitis. Frequencies of syndromes and symptoms. Complement Ther Med 2000:8;260-265.
- Alraek T, Baerheim A. An empty and happy feeling in the bladder..: health changes experienced by women after acupuncture for recurrent cystitis. Complement Ther Med 2001:9;219-223.
- Alraek T, Soedal FIL, Fagerheim US, Digranes A, Baerheim A. Acupuncture treatment in the prevention of uncomplicated recurrent lower urinary tract infections in adult women. Am J Public Health 2002;10:1609-1611.
- Alraek T & Baerheim A. The effect of prophylactic acupuncture treatment in women with recurrent cystitis; Kidney patients fare better. J Altern Complement Med 2003;9:651-659

Mr Jianping Liu
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Professor Liu joined NAFKAM in October 2002. His main job is based in the Evidence-Based Chinese Medicine Center for Clinical Research and Evaluation at Beijing University of Chinese Medicine in China. He completed his PhD in infectious disease in 1992, and had a background in clinical medicine including practice in infectious diseases as a physician, traditional Chinese medicine, epidemiology, clinical epidemiology, and Cochrane activities. His research interests are in the areas of research synthesis of clinical evidence in interventions of traditional Chinese medicine, infectious diseases, and clinical trials. His work includes producing and disseminating systematic reviews in infectious diseases, methodological research, working with and assisting Cochrane reviewers from developing countries to build capability and skills in systematic reviews, initiating clinical trial projects originated from evidence gap in systematic reviews. His research projects include systematic reviews on herbal interventions for hepatitis, SARS, HIV/AIDS, viral myocarditis, type 2 diabetes mellitus, and irritable bowel syndrome.

Dr Liu is a member of the Cochrane Complementary Medicine Field Advisory Board; member of the International Society for Complementary Medicine Research; member of International Society of Chinese Medicine; editor of the Cochrane Hepato-Biliary Group; editor of the Chinese Journal of Epidemiology; and editor of the Chinese Journal of Evidence-Based Medicine.

Ms Tianfang Wang
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Professor Wang has been engaged in teaching, research and clinical work related to Chinese Medicine since 1988. She had an experience of research scholar at New York State Psychiatry Institute at Columbia University. Her research mainly focuses on study on standardization of symptoms and syndromes in Chinese Medicine and clinical and experimental study on pathogenesis, prevention, treatment and evaluation of fatigue, chronic fatigue syndrome, depression and sub-health. She has finished more than 15 projects supported by the government as a principal investigator.
Professor Wang is a vice chairwoman of Specialty Committee of Sub-health of World Federation of Chinese Medicine societies and Diagnostics Branch of China Association of Chinese Medicine, respectively.

Ms Kirsti Malterud
Born 29.08.49

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Professor Malterud has been a family physician for 30 years and is a specialist of family medicine. She completed her PhD about encounters between family physician and women patients in 1990. Her research has dealt with clinical communication and patient perspectives, focusing especially women's medically unexplained disorders such as chronic pain and chronic fatigue syndrome (CFS). She is the director of the crossdisciplinary research network 'Vulnerability as a strength", where 16 researchers meet to explore the preconditions for turning disempowering experiences into health resources. She has also done extensive work on development, applications, quality assessment, and dissemination of qualitative research methods in medical research. Her list of publications is extensive, covering original research or review articles, books, and chapters in academic books. She was a member of a Norwegian expert group who recently presented a review of research on diagnosis and treatment of CFS. Within this field, she has completed qualitative studies about symptom experiences and causal attributions in patients with CFS, and further publications on health care experiences and identity and stigma in this group of patients are forthcoming:

- Söderlund A, Skoge AM, Malterud K. "I could not lift my arm holding the fork..." Living with chronic fatigue syndrome. Scand J Prim Health Care 2000;18:165-9
- Söderlund A, Malterud K. Why did I get chronic fatigue syndrome? A qualitative interview study of causal attributions in women patients. Scand J Prim Health Care 2005; 23: 242-7.
- Gilje AM, Söderlund A, Malterud K. Health care experiences in patients with chronic fatigue syndrome (CFS). A qualitative group interview study. (submitted)

Mr Bjarte Stubhaug
Born 13.01.56

MD, medical director at Division of Psychiatry, Haukeland University Hospital, Bergen;
consultant senior psychiatrist; lecturer at Faculty of Medicine, University of Bergen
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Dr. Stubhaug has 20 years of clinical experience in general psychiatry, with main clinical interest and research work in psychosomatic medicine, fatigue/neurasthenia and stress-related illness.
President of Norwegian Psychiatric Association 2000-2006.

- Stubhaug B.
  [Pain problems and illness behaviour]
  Tidsskr Nor Laegeforen. 2005 Sep 8;125(17):2378-9. Norwegian.

- Stubhaug B, Tveito TH, Eriksen HR, Ursin H.
  Neurasthenia, subjective health complaints and sensitization.
  Psychoneuroendocrinology. 2005 Nov;30(10):1003-9.
- (In preparation for submission:)
  Stubhaug et al: Treatment effect in neurasthenia and chronic fatigue syndrome:
  A randomized clinical trial of a comprehensive treatment program with cognitive behavioural group therapy and body awareness therapy compared to double-blind placebo-controlled mirtazapine medication.

Ms Lillian Festvaag
Born 16.01.55

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Ms Festvaag has a background as a physiotherapist specialized in neurological rehabilitation. She has been associated with the research department at Sunnaas Rehabilitation Hospital HF for several years, where her research mainly dealt with late effects of Poliomyelitis. From 2002 she has been in charge of rehabilitation projects, including a randomized, controlled study concerning physical activity and Chronic Fatigue Syndrome/Myalgic Encephalopathy. The aim of these studies has been to investigate the effects of medical Qigong on persons suffering from CFS/ME and has been financed by Norwegian Foundation for Health and Rehabilitation. Ms Festvaag had also been a member of the Norwegian Knowledge Centre for Health Services expert group, presenting an evidence based report for treatment of CFS/ME in june-2006.

Ms Merete Sparre
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Ms Sparre received her training in psychomotoric physiotherapy, psychology and communicology, and was one of the first practitioners and instructors of Taijiquan and Qigong in Norway. In 1984 she founded her own company, Tropos, which offers therapy, guidance, lectures and hands-on seminars. Her work is aimed at helping those in good as well as in poor health, and who seek guidence and inspiration within a process of change. Since 2002 she has been working mainly with rehabilitation of persons suffering from Chronic Fatigue Syndrome/Myalgic Encephalopathy, CFS/ME. She is running a small clinic that offers diagnostics, counselling and Qigong classes for CFS/ME-patiens. She has participated in two research projects and a documentary film about Medical Qigong and CFS/ME. The projects were financed by The Norwegian Foundation for Health and Rehabilitation, in cooperation with Sunnaas Rehabilitation Hospital.

Ms Merete Allertsen
Born 28.05.68

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Merete Allertsen has a degree in nursing (equivalent of Bachelor) from Norway with additional education within banking, marketing, and business administration.
She is presently working as a project coordinator at the University of Bergen, Faculty of Medicine, Section of Public Health, and she also has a part time position at NAFKAM, University of Tromso, as a project nurse in the ACUFLASH study.

Ms Allertsen has 6 years experience as a nurse at Haukeland Hospital and Hospital Betanien, and has also worked 6 years as an executive officer at Den norske Bank AS (the Norwegian Bank).

Ms Merete Roething
Born 14.02.58

Registered nurse (RN) with a bachelor degree in health sciences
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Ms. Roething has further training in psychiatry and is a qualified psychiatric nurse. Her main work experience is in psychiatry and neurology, 10 years experience with rehabilitation work after traumatic brain injury.
Presently she is a master student at the University of Bergen, in Health Sciences, philosophy and nursing.

Ms Brit J. Drageset
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Ms Drageset has a Bachelor of Science from the University of Trondheim in 1973. She has worked as bilingual (English-Norwegian) secretary for many years. Ms Drageset is the administrative coordinator of the Norway-China collaboration within TCM.