

**PACE 2016 re-analysis reaffirms:
CBT and GET are not effective, not even subjectively**

Very recently two documents ([click here](#) en [here](#)) were published in which the principal investigators re-analysed the outcomes of the [original PACE trial-study from 2011](#) according to the criteria for improvement from the protocol(s) of [2006](#) and [2007](#).

CF/CFS patients were classified as being 'improved' if they reported

- a score of 75 or above for [SF-36 Physical Functioning](#) or an improvement of 50% or more, and
- and a score of 3 or less on the [Chalder Fatigue](#) scale (binary scores) or an improvement of the score of 50% or more.

Based on these subjective criteria ('physical functioning' and 'fatigue') 21% of the CF/CFS patients in the GET-arm had 'improved' at 52 weeks, 20% of the participants in the CBT arm, 10% in the Standard Medical Care (SMC) group, and 9% in the Adaptive Pacing (APC) arm.

So, using subjective measures (objective measures show no improvement at all), the (subjective) effect of GET, on top of SMC is 11% (21%-10%), and of CBT is 10%.

Both percentages are less than the [placebo effect of "psychological interventions"](#).

Again, the PACE trial investigators show to be "creative accountants" (see figure).

According to the [PACE trial study of 2011](#) with very loose criteria (minor ameliorations were sufficient to meet the criteria for 'improvement') 59% of the CF/CFS patients improved after CBT and 61% after GET "therapy".

No less than 45% of the SMC group also reported being 'improved'.

So compared to the effects of SMC (the "control condition") the subjective effect of CBT was 14% and that of GET was 16%.

The thesis that subjective measures, e.g. physical functioning, are useless is underlined by the fact that 45% of the SMC group improved without therapy.

This while the [PACE trial study of 2011](#) states: "Prognosis is poor if untreated. 3", implying that improvement, let alone recovery, without 'treatment' is exceptional.

It is notable that according to [an editorial of Knoop and Bleijenberg](#), a patient can recover, while he/she doesn't improve according to the [protocol](#).

Although only 20% of the patients in the CBT and 21% in the GET arm improved, 30% of the patients in the CBT arm and 28% in the GET group had recovered according to [the Knoop & Bleijenberg editorial](#) accompanying the [PACE trial study](#).

It is also remarkable that the [re-analysis](#) reports the number of patients improved, but doesn't report the number of patients that had recovered in the four groups according to the definition of recovery in the [PACE trial-protocol](#).

These rates are in any case lower than the numbers of patients who improved, since one criterion for improvement and recovery is the same ($CFB \leq 3$), while the second criterion for recovery (≥ 85) is more strict than that for improvement (≥ 75).

Although the release of the PACE trial data is a huge victory for science and patients, the data which were published by the PACE trial investigators (from 2006 to 2016) are by large sufficient to conclude that, looking at subjective measures only, CBT and GET are less effective than the [placebo effect for "psychological therapies"](#).

An analysis of the effect of CBT and GET using objective measures, e.g. the number of meters walked in 6 minutes ([PACE trial study 2011](#)), physical fitness and effort experienced at the step test ([PACE trial study 2015](#)) and health care usage, employment rate and social benefits ([PACE trial study 2012](#)), shows that CBT and GET have no (objective) effect at all.

As pointed out by [Tom Kindlon](#), [Graham Mcphee](#) and numerous others: [CBT and GET are no rehabilitative therapies for CFS](#).

[An analysis of the PACE trial data by Mark Vink](#) demonstrated that CBT and GET have a negative effect on the symptoms in a substantial subgroups of patients.