

# The Relationship of Trauma and CFS

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There may also be neurodevelopmental sequelae from trauma.

A pragmatic approach may be to recognise that the present case  
umbrella” term  
and possibly heterogeneous conditions, which can only be understood  
recent international study gave some support to the construct in the

aetiological mechanisms may help explain this  
association, but the effect of adversity and trauma is worthy of far  
more attention.

process for some patients.

It is possible that childhood adversity and previous experience  
of trauma may affect the emotional and personal development of  
sufferers, particularly if this occurs at critical developmental points  
in early childhood or early adolescence. This may affect normal  
emotional and cognitive development and in particular the ability to  
form and maintain close interpersonal relationships. This may affect

responsiveness of the HPA (Hypothalamic pituitary axis). This has

Such an association although interesting, cannot explain all cases,  
as some sufferers of trauma may not develop psychiatric morbidity,  
so natural resilience factors must conceivably come into play. Also,  
people who have previously experienced trauma and developed full

## Implications for Assessment and Treatment

(NICE, 2007) support the use of cognitive behaviour therapy (CBT)  
and graded exercise therapy (GET), based on the existing evidence  
from randomised controlled trials. However, a substantial proportion

it is perhaps unsurprising that not all patients may show treatment  
disorder, or the acceptability of these interventions to patients and

GET interventions

this history in terms of their outcome and in their response to CBT,  
to include sequential treatment approaches trauma focussed

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interventions (possibly before use of GET or CBT) or modifying existing treatment programmes to add this focus may be an important and fruitful area to study.

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