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## **Factors in EBV Re-Activation – CFS/ME**

**By Lara**

For the second time in the space of a few weeks, Dr Jonathan Kerr has published a paper which discusses the role of Epstein-Barr Virus (EBV) in CFS/ME and the concurrent involvement of 'stress' [1,2]:

*'One of the most important viral triggers of CFS/ME is EBV, and this virus very likely plays an important role in perpetuation of disease, because it is reactivated by stress'*

EBV is a complex and serious herpes virus. Reactivation of EBV may indicate that a patient is indeed suffering from another medical problem. A quick sweep of the papers published over the last few years in this area has highlighted a number of diseases and risk factors that can cause EBV reactivation. The vast majority do not concern psychological stress and instead there are disease processes involved that are notoriously under-diagnosed and often end up with the patient labelled with CFS/ME. The paucity of testing recommended by the NICE CFS/ME guidelines is unlikely to improve this situation.

A cursory look at the literature indicates that *Borrelia Burgdorferi* (Bb), now often found in the blood of patients previously diagnosed with ME/CFS, can reactivate EBV [3]. EBV itself can also interact with another bacterial pathogen *Bartonella henselae* to cause a systemic disease involving malaise, fatigue, low-grade fevers, swollen lymph glands and encephalopathy [4,5]. Reactivated EBV is found in patients with Multiple Sclerosis (which can sometimes take up to 10 years to diagnose) and currently the cause and effect is poorly understood [6,7]. There is evidence that malaria, which has considerable rates of misdiagnosis causes EBV proliferation [8]. A significant link between EBV and Systemic Lupus Erythematosus (SLE) (yet another disease that is hard to diagnose and has been known to be misdiagnosed as ME/CFS) has also been established [9,10]. An interesting cause of EBV reactivation is the bacteria: *H Pylori* – known to cause stomach ulcers (and not stress as was previously held true) [11]. So if a patient with ME/CFS suffers from stomach ulcers and has a history of EBV reactivation – they may want to think again about the 'non-psychological' causes of their illness.

A side-issue also to consider is that activated EBV is believed to cause Drug-Induced Hypersensitivity Syndrome (DIHS). [12] In DIHS, the presence of the active EBV virus leads to adverse affects with a range of drugs. The one worth noting here is amitriptyline.[13] Dr Peter White is on record as saying that there is not enough justification for giving 'sub-normal' doses of such drugs to ME/CFS patients, but if active EBV (for which the NICE guidelines do not recommend testing) is present – the patient might well be expected to experience an adverse reaction. Surely, Dr White should have known about this and mentioned it, at least as a caveat to his recommendation? Hopefully Dr Kerr will investigate the potential for adverse events for any of his suggested gene expression treatments in light of his EBV findings?

This very brief review of factors involved in EBV reactivation is by no means exhaustive – but shows that extreme care must be taken in patients labelled with 'CFS/ME' using broad and vague criteria, not to assume that psychological stress is/was the primary factor involved in EBV reactivation. There is a significant

chance that another (potentially serious) biomedical factor may be involved and it must be in the patients' best interests to thoroughly test and investigate other factors rather than the all too common situation where doctors and healthcare providers default to psychological explanations.

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**For Further Information:**

\* [Dr Kerr and Post Infectious Stress Syndrome](#) by Lara

\* [Hannah Poling Autism-Vaccine Case: Implications for ME/CFS-labelled patients](#) by Lara

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