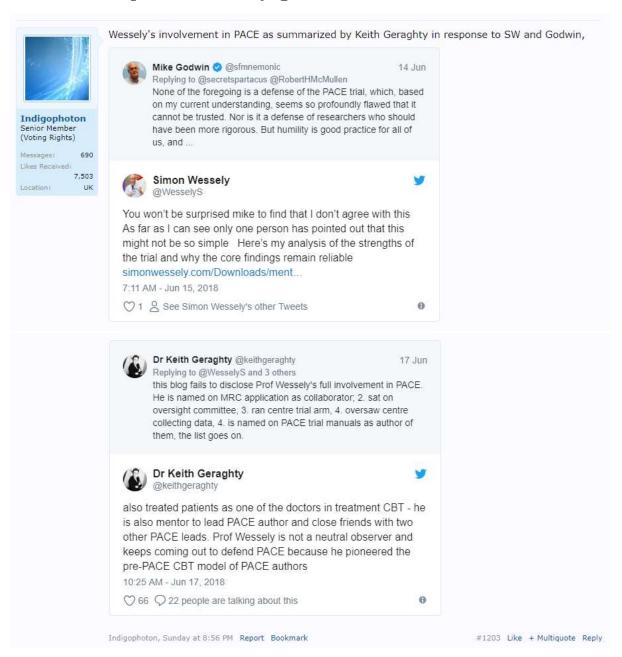
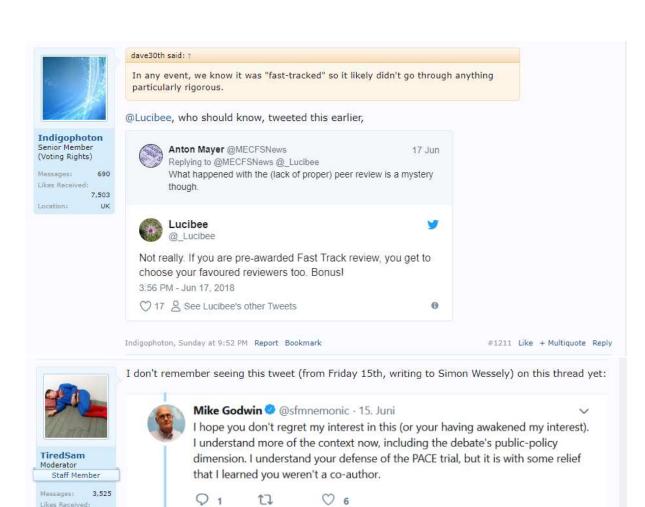
Tweets from 13th set of 100 posts in S4ME thread: Michael Sharpe skewered by @JohntheJack on Twitter





Since then of course Mike Godwin has learnt of Simon's involvement in the trial, and has had the privilege of an exchange with one of the co-authors.

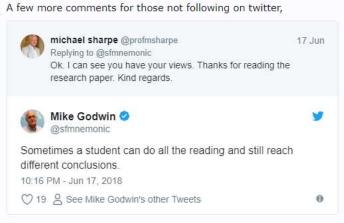
Last edited: Sunday at 10:23 PM

Click me to go to the Help and How To: Sub Forum

Click me for the Forum Rules, Values and Etiquette

TiredSam, Sunday at 10:17 PM Report Bookmark #1216 Like + Multiquote Reply



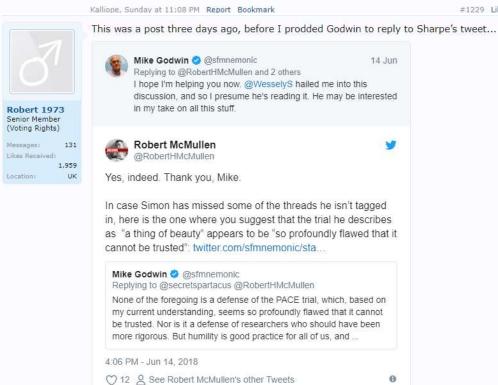








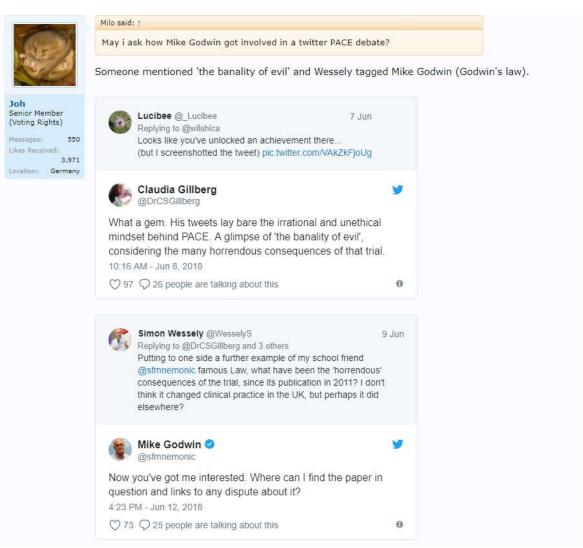
#1229 Like + Multiquote Reply

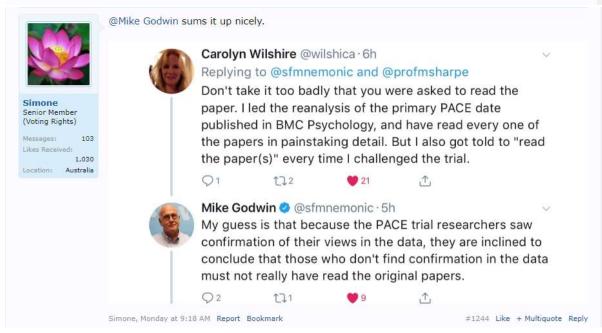


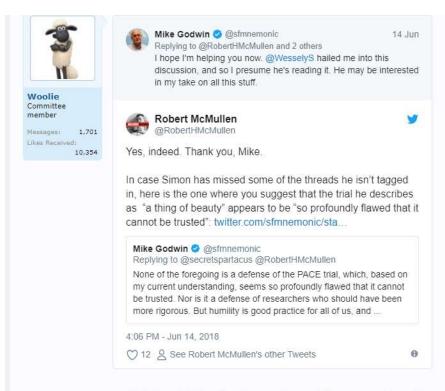


Wessely is too savvy to get into a public fight with an old friend who happens to think his beloved trial is a pile of crap. The probability that Sharpe would provoke a skirmish was always much higher. I'm so pleased he didn't let us down.



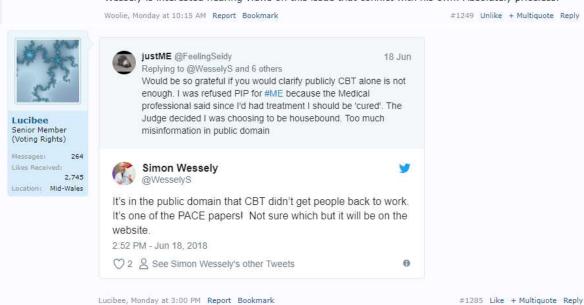






I rolled about the floor laughing at this one (the tweet at the top). Sweet man, he truly believes Wessely is interested hearing views on this issue that conflict with his own! Absolutely priceless!







Sarah Established Member (Voting Rights)

Likes Received: 471



17 Jun

Replying to @WesselyS and 3 others

this blog fails to disclose Prof Wessely's full involvement in PACE. He is named on MRC application as collaborator; 2. sat on oversight committee, 3. ran centre trial arm, 4. oversaw centre collecting data, 4. is named on PACE trial manuals as author of them, the list goes on.



Judy Hamilton @secretspartacus



Not actually an "Author", but did advise about design and execution and led the treatment manuals design, as well as being one of the treatment Centre leaders.

1:12 PM - Jun 18, 2018

○ 3 See Judy Hamilton's other Tweets

θ



Judy Hamilton @secretspartacus

18 Jun

Replying to @keithgeraghty and 3 others

Not actually an "Author", but did advise about design and execution and led the treatment manuals design, as well as being one of the treatment Centre leaders.



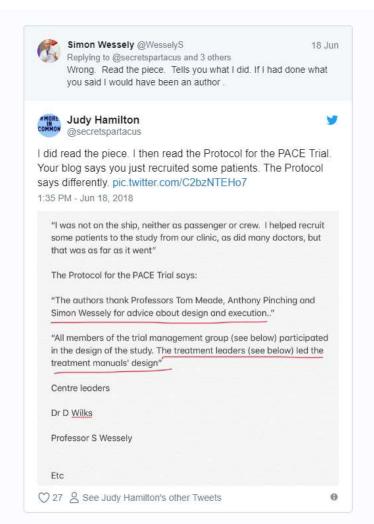
Simon Wessely



Wrong. Read the piece. Tells you what I did. If I had done what you said I would have been an author.

1:26 PM - Jun 18, 2018

See Simon Wessely's other Tweets







Indigophoton Senior Member (Voting Rights)

Messages: Likes Received: 7,503



Mike Godwin 🥥 @sfmnemonic

17 Jun

Replying to @profmsharpe @davidtuller1 For what it's worth, nobody has paid me for my opinions as offered here. My predisposition is to uncouple judgments about personalities from judgments about methodologies and data.



michael sharpe @profmsharpe



Apologies. I wasn't suggesting you were. But sadly David Tuller is paid to trash this research. Ask him.

7:17 PM - Jun 17, 2018



O See michael sharpe's other Tweets





Richard Cann @RichardCann76

17 Jun

Replying to @profmsharpe and 2 others

Strictly speaking Michael, haven't you profited from your supposed 'expertise' in the area of CFS/ME and the treatments (CBT and GET) that you have pushed and tortured the PACE trial data to support?



michael sharpe



@profmsharpe

Actually no. What profit did you have in mind? Certainly a lot of hassle for defending the findings.

11:30 AM - Jun 18, 2018



O See michael sharpe's other Tweets



Nasim Marie Jafry @velogubbed

17 Jun

Replying to @profmsharpe and 2 others

May I venture to say that David Tuller isn't paid to trash research, Micheal - rather he is paid to represent a very ill population, a population that you and your colleagues have been trashing and gaslighting for years. I thank Mike for listening - and making up his own mind.



michael sharpe @profmsharpe



I find this comment both odd and sad. The PACE trial clinicians combined spent many years providing clinics for patients with CFS - often in the face of scepticism from colleagues. They then spent years of hard slog running a clinical trial of treatments to improve treatment.

12:24 PM - Jun 18, 2018

♥ 3 See michael sharpe's other Tweets





Nasim Marie Jafry @velogubbed

18 Jun

Replying to @profmsharpe and 2 others

I've spent 35 years of 'hard slog' living with a hellish postviral illness called myalgic encephalomyelitis - an illness which Simon W effectively tried to disappear in early 90s. All of you have happily conflated ME w unexplained chronic fatigue. I find that odd & sad, Michael.



Nasim Marie Jafry @velogubbed



Furthermore, MS - You may like to speak to @emshoscot - young woman in Edinburgh now using wheelchair because of therapies pushed by Lothian ME clinic where ME is treated inappropriately thx to UK-wide conflation w fatigue. She recently addressed @scotparl re harms of GET & CBT.

12:57 PM - Jun 18, 2018

9 See Nasim Marie Jafry's other Tweets



But no explanation for his claim about the need for 'additional occupational support' here:



Also, there's been a failure to update this document since PACE showed CBT and GET failed to improve employment levels, so there's still a promotion of the notion that CBT/GET do aid return to work: "Occupational Aspects of the Management of Chronic Fatigue Syndrome: a National Guideline"?

https://www.nhshealthatwork.co.uk/images/library/files/Clinical excellence/CFS_full_guideline.pdf

Last edited: Monday at 3:47 PM #1292 Like + Multiquote Reply

Esther12, Monday at 3:32 PM Report Bookmark



Lucibee Senior Member (Voting Rights)

Likes Received: 2,745 Location: Mid-Wales Where exactly does he stand on this?

I'm getting a very confusing picture here:

Sickness benefits

Problems have arisen regarding the status of chronic fatigue syndrome as grounds for a variety of Department of Health and Social Security payments. Although the diagnosis is recognized by the DHSS for attendance allowances and disability payments, not all individual inspectors appear to interpret the situation similarly, once again reflecting current confusion over case definition. At present individual cases should be treated on their merits, but it is reasonable to expect a patient to cooperate with treatment before being labelled as chronically disabled. The advice contained in the current factsheet of the ME Association, which tells sufferers that if they cannot walk more than 50 yards they should apply for a wheelchair, a mobility allowance and an invalid's parking permit may not be of long-term benefit to all patients.



Wessely 1989: astonishing remarks about pts having to cooperate with treatment, the treatment he made up as needed for CFS. Ethical lines?

5:15 PM - Jul 10, 2017 - East, England

○ 27 ○ 21 people are talking about this

Then in 2015:

Linking benefits to treatment is unethical, and probably illegal

https://www.theguardian.com/comment...-people-mental-health-problems-work-treatment

How very Vicar of Bray!

Last edited: Monday at 3:49 PM

Lucibee, Monday at 3:35 PM Report Bookmark

#1293 Unlike + Multiquote Reply



Indigophoton (Voting Rights)

Messagest 690 Likes Received: 7,503 davidtuller @davidtuller1 Replying to @profmsharpe 17 Jun

@sfmnemonic As I have documented, the PACE PIs read the draft commentary written by their Dutch colleagues BEFORE PUBLICATION. If Professor Sharpe doesn't remember that, he can refresh his memory here: virology.ws/2015/11/04/tri...



michael sharpe

@profmsharpe

The standard procedure for Lancet commentaries is that you are allowed to see it and offer comments or suggestions- not to influence or change it.

Ask them if you don't believe me.

8:35 AM - Jun 18, 2018

♡ 1 💍 See michael sharpe's other Tweets

θ

18 Jun



michael sharpe @profmsharpe

Replying to @davidtuller1 @sfmnemonic

The standard procedure for Lancet commentaries is that you are allowed to see it and offer comments or suggestions- not to influence or change it.

Ask them if you don't believe me.



davidtuller

@davidtuller1



Nice try, Michael--but that argument won't wash. Then why didn't you suggest to your Dutch friends that to claim PACE participants "recovered" based on a "strict criterion" was not true and should be removed from the commentary? Surely they would have listened.

3:44 PM - Jun 18, 2018

12 See davidtuller's other Tweets



Robert 1973 Senior Member (Voting Rights)

Messages: 131 Likes Received: 1,959

Locations



Simon Wessely @WesselyS

Replying to @secretspartacus and 3 others

Hmmm. Fair point. But I am pretty sure I wasn't a centre leader. That was someone else. If I had been I would have been author as it's a responsible position.





18 Jun

I'm very confused about this, Simon. I've just checked the protocol and it very clearly states that you were one of the 8 centre leaders and co-leaders:

bmcneurol.biomedcentral.com/articles/10.11...

Is the published protocol is wrong? pic.twitter.com/O2hWJqRdA1 3:46 PM - Jun 18, 2018

Trial Management Group (TMG)

The Trial Management Group (TMG) will be responsible for the day-to-day running and management of the trial. It is composed of:

- The three principal investigators
- Professor PD White, Professor of Psychological Medicine, Centre for Psychiatry, Wolfson Institute of Preventive Medicine, Bart's and the London, Queen Mary School of Medicine and Dentistry, Department of Psychological Medicine, St Bartholomew's Hospital, London, ECIA 7BE.
- Professor MC Sharpe, Professor of Psychological Medicine and Symptoms Research, School of Molecular and Clinical Medicine, Symptoms Research Group, Royal Edinburgh Hospital, Edinburgh, EH10 5HF.
- Professor T Chalder, Professor of Cognitive Behavioural Psychotherapy Academic Department of Psychological Medicine, Guy's, King's and St Thomas' School of Medicine, Weston Education Centre, Cutcombe Road, London SE5 9RJ
- All centre leaders and co-leaders
- I. Dr D Wilks
- 2. Professor S Wessely

Is the published protocol is wrong? pic.twitter.com/O2hWJqRdA1

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- · All centre leaders and co-leaders
- I. Dr D Wilks
- 2. Professor S Wessely
- 3. Dr M Murphy
- 4. Dr BJ Angus
- 5. Professor T Peto
- 6. Dr E Feldman
- 7. Dr G Murphy
- 8. Hazel O'Dowd



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Simon Wessely @WesselyS

18 Jun

Replying to @RobertHMcMullen and 3 others Just checked back with MS. He thinks I was when first version written but I handed over before they started. I certainly did help recruit patients at the King's site and I remember talking to the team on recruitment/consent



Lucibee

You're also listed in the main paper (2011) as a centre leader and SMC doctor. Do @thelancet need to make a correction? 4:23 PM - Jun 18, 2018

◯ 31 See Lucibee's other Tweets



Lucibee @_Lucibee

18 Jun

Replying to @WesselyS and 4 others

You're also listed in the main paper (2011) as a centre leader and SMC doctor. Do @thelancet need to make a correction?





Oh yes, here it is: thelancet.com/journals/lance...

So you are listed as a centre leader on the 2007 protocol and on the 2011 Lancet paper but you were not a centre leader? Can you confirm who replaced you as centre leader, and on what date and where this information is recorded?

pic.twitter.com/Uy4B0z5roL

4:44 PM - Jun 18, 2018

was not designed to compare SMC with usual medical care. Although more than 3000 patients attending clinics had to be screened to identify the 641 recruited, the commonest reason for exclusion at screening was not having chronic fatigue syndrome. We chose conventional criteria for defining clinically useful differences between treatments, although other thresholds could have been chosen." SMC was not asciolely monitored or suspervised as the other threapiers, and participants neceiving SMC alone had more sessions than did those in the therapy groups; this is unlikely to have affected comparisons between the groups. Masking of participants or clinicians to treatment allocation was not possible, and research assessors were also not masked. Primary outcomes were subjective and rated by participants. While this avoided investigator bias, it could be aublect to other biases. Although participants are double of the participants of the participants. While this avoided investigator bias, it could be aublect to other biases. Although participants. The participants of the participant of the participants of the participants. While this avoided investigator bias, it could be aublect to other biases. Although participants of the participants. While this avoided investigator bias, it could be aublect to other biases. Although participants of the participants. While this avoided investigator bias, it could be aublect to other biases. Although participants of the participants. While this avoided investigator bias, it could be aublect to other biases. Although participants of the participants of the participants of the participants of

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4:44 PM - Jun 18, 2018

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Findings from the PACE trial suggest that individually delivered CET and GET. CET was one of the two most effective treatments despite lower expectations.

Findings from the PACE trial suggest that individually delivered CET and GET, the added to SMC, are more effective and as safe as APT added to SMC or SMC alone.

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 1 stone Enter 2005, 1873 346-55.
 2 statemen Lenort 2005, 1873 346-55.
 2 statemen Institute der Steffelt and Christof Encellerer, Clinical
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 screphalemelikis per-encephalopythy diagnosis and
 nanagement. http://goidance.nice.org.oi/CGS3 paccessed Nov 6,
 2010.



○ 33 See Robert McMullen's other Tweets



I am tempted to ask if MS has actually read the paper.

Robert 1973, Monday at 4:52 PM Report Bookmark

#1299 Unlike + Multiquote Reply