Tweets from 8th set of 100 posts in S4ME thread: Michael Sharpe skewered by @JohntheJack on Twitter



He knows, he just dismisses the majority of the academics as unqualified to judge, and biased - full (start) of thread for context, not that it makes any difference -









👠 Jacquie Wilson 💥 @MEwarrior_au Replying to @cfs research and 2 others

1 Jun

The results of the PACE Trial were found by many, many scientists to be flawed. Read David Tuller's blogs at:virology.ws/mecfs/

So if that's what you are suggesting, @cfs research then, no thanks!! Too many I know have got worse on GET.



michael sharpe



@profmsharpe

Well a subset of scientists, mostly not experts in trials, at least some of who have pretty strong feelings about the findings. How many trial experts do you think find it a good trial - not perfect but good?

1:46 PM - Jun 1, 2018

○ 3 See michael sharpe's other Tweets



I was quite astonished by that remark.

Eta: quote.

Last edited: Jun 4, 2018

Indigophoton, Jun 4, 2018 Report Bookmark

#703 Like + Multiquote Reply



Esther12 Senior Member (Voting Rights)

Messages: 1,608 Likes Received:

12.787

That David Jameson account comes out with some stuff.



Janelle Wiley @janwly

4 Jun

Replying to @janwly and 8 others

However, CBT and GET have been studied repeatedly in trials. And unable to demonstrate any realistic good effect, such as return to work, less need for home help or medical care, able to walk a clinically important amount (after PACE, less than avg in Class III heart failure).



CFS Research

@cfs_research

PACE didn't look at work status, but @profmsharpe's 1996 study found that CBT significantly improved employment status. For a review, see citeseerx.ist.psu.edu/viewdoc/downlo...

5:44 PM - Jun 4, 2018

○ 1 See CFS Research's other Tweets



strategist Senior Member (Voting Rights)

511 Messages:

Likes Received:

5,210

Assuming there is a plan and goal behind Sharpe's activity on twitter, it's probably related to this (it's today by the way)



We have to remember that what we observe is not nature in itself, but nature exposed to our method of questioning.

strategist, Jun 5, 2018 Report Bookmark

#719 Like + Multiquote Reply



Lucibee Senior Member (Voting Rights)

Likes Received:

Messages:

2,694 Location: Mid-Wales

Another reminder that this thread is publicly viewable:



Anton Mayer @MECFSNews

5 Jun

More #pacetrial comments by Prof. Jonathan Edwards: on the reason for the difference in responses between treatment arms. pic.twitter.com/iKPynFCi8t



michael sharpe

@profmsharpe

'He does not get scientific methodology' What a bizarre and offensive comment for a (long retired) medical academic to make about any colleague.

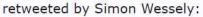
7:58 AM - Jun 5, 2018

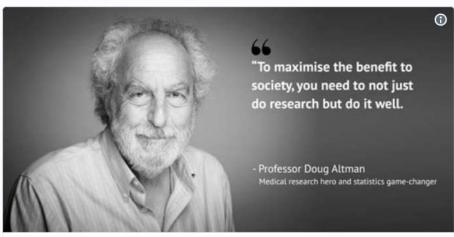
○ 1 See michael sharpe's other Tweets

#722 Like + Multiquote Reply

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It is with great sadness we share the news of Professor Doug Altman's passing. Medical research and statistics have lost one of their greatest. Thank you, Doug, for all you gave to research and the world.

5:11 PM - Jun 3, 2018

♥ 900

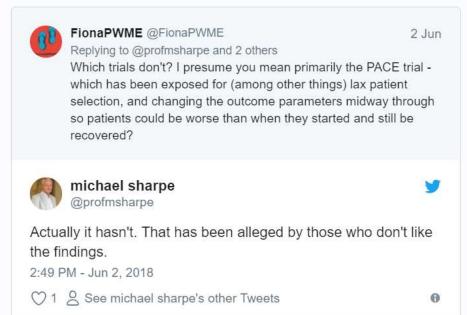
♥ 745 people are talking about this

again.....as with Sharpe quoting Feynman....

The scandal of poor medical research



They may be beginning to realise it slowly, but just refuse to admit it to themselves due to various reasons. I think they will never ever change their opinion on it, because that's what they believed all their life. It's almost impossible.





This is a good question from Sharpe. What is placebo?? I'm assuming that in their mind, it's ok to use placebo(forcing patients to think they're ok, believing that exercise will cure them), because hey, patients aren't really sick, right? What's the harm?



Indigophoton Senior Member (Voting Rights)

Messages: 688

Likes Received:

7,492 UK

Location:



Senior Member (Voting Rights) 1,366 15,627

'Well a subset of scientists, mostly not experts in trials, at least some of who have pret strong feelings about the findings. How many trial experts do you think find it a good trial - not perfect but good?

I think having devised and executed many trials including one where I did both published in NEJM I can consider myself an expert on trials (with absolutely no feelings about the findings, just the way they were obtained). But you do not actually have to be an expert on trials to see that PACE is rubbish - just a bog standard junior registrar who listens at journal club.

I don't know of any disinterested experts on trials who think PACE is competent.

Jonathan Edwards, Yesterday at 11:34 PM Report Bookmark

#712 Like + Multiquote Reply



Anton Mayer @MECFSNews

Prof Jonathan Edwards responds again to a comment by M Sharpe. "You do not have to be an expert to see that the #PACEtrial is rubbish."

1:41 PM - Jun 5, 2018

○ 56
 ○ 20 people are talking about this

Indigophoton, Jun 5, 2018 Report Bookmark

#746 Like + Multiquote Reply

5 Jun



Indigophoton Senior Member (Voting Rights)

Messages: 688

Likes Received: 7,492

Location: UK

Sharpe's logic skewered again by @JohnTheJack:



michael sharpe @profmsharpe

Replying to @Solace92109577

Lot of confusion here. CBT and GET are collaborative treatment where increases in activity are very cautions and gradual and at the patients own pace. This is not enforced activity or just ignoring symptoms. I agree that would likely make people worse.



John Peters

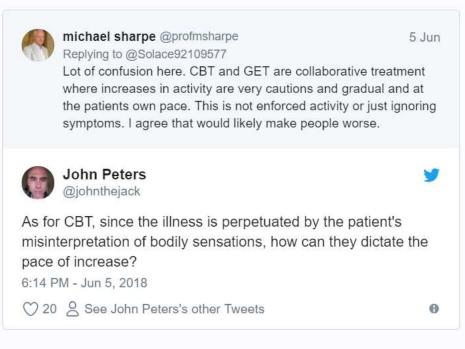
@johnthejack

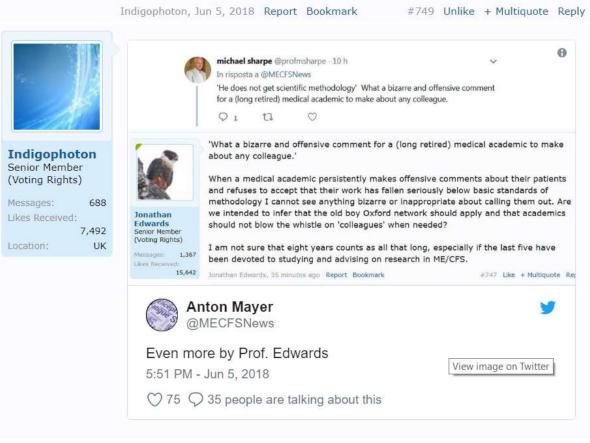
The pre-trial protocol states the essence of Graded Exercise Therapy is that planned physical activity, and not symptoms, determines what patients are asked to do. So it may be tailored to the patient but it is not at the patient's own pace as that would normally be understood.

5:58 PM - Jun 5, 2018

17 See John Peters's other Tweets

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7,495 UK

I think Sharpe might actually agree with this:



David 'Stix' Trowt 👽 @CelticSeaWolf

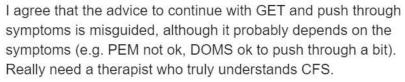
Replying to @cfs_research and 8 others

I have completed a GET program, recently. I complied with all advice on that program and did not let that my symptoms were worsening stop me trying. I am now far more disabled than I have ever been as a result. I recorded all that I did too, if GET doesn't harm, please explain?



CFS Research

@cfs research



4:12 PM - Jun 6, 2018



See CFS Research's other Tweets



6 Jun

6 Jun



CFS Research @cfs_research

Replying to @CelticSeaWolf and 8 others

I agree that the advice to continue with GET and push through symptoms is misguided, although it probably depends on the symptoms (e.g. PEM not ok, DOMS ok to push through a bit). Really need a therapist who truly understands CFS.



michael sharpe

@profmsharpe

I suspect skill in application may explain some of the difference between trial and practice.

4:17 PM - Jun 6, 2018

○ 1 See michael sharpe's other Tweets

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