

Appendix A

Systematic Reviews Included in Reference List Search

- Castell, B.D., Kazantsis, N. & Moss.Morris, R.E. (2011). Cognitive Behavioral Therapy and Graded Exercise for Chronic Fatigue Syndrome: A Meta Analysis. *Clinical Psychology Science and Practice*, 18(4), 311.
- Chambers, D., Bagnall, A.M., Hempel, S. & Forbes, C. (2006). Interventions for the treatment, management and rehabilitation of patients with chronic fatigue syndrome/myalgic encephalomyelitis: an updated systematic review. *Journal of the Royal Society of Medicine*, 99(10), 506-20.
- Cho, H.J, Hotopf, M. & Wessely, S. (2005). The placebo response in the treatment of chronic fatigue syndrome: a systematic review and meta-analysis. *Psychosomatic Medicine*, 67(2), 301-13.
- Edmonds, L., McGuire, L., & Price, J. (2004). Exercise Therapy for Chronic Fatigue Syndrome. *Cochrane Database Syst Rev*, 3, CD003200.
- Malouff, J. M., Thorsteinsson, E. B., Rooke, S. E., Bhullar, N., & Schutte, N. S. (2008). Efficacy of cognitive behavioral therapy for chronic fatigue syndrome: A meta analysis. *Clinical Psychology Review*, 28(5), 736.
- Price, J., Mitchell, E., Tidy, E., & Hunot, V. (2008). Cognitive behaviour therapy for chronic fatigue syndrome in adults. *Cochrane Database Syst Rev*, 3, CD001027.

Appendix B

Table B.1 Full-Text Studies Excluded and Reasons for Exclusion

Study author(s), year of publication & publication title	Reason for exclusion
Black, C.D., O'Connor, P.J. & McCully, K. (2005). Increased Daily physical activity and fatigue symptoms in chronic fatigue syndrome. <i>Dynamic Medicine</i> , 4:3.	Healthy controls (not ICF/CFS patients)
Burgess, M., Chalder, T. & Andiappan, M. (2012). Cognitive Behaviour Therapy for Chronic Fatigue Syndrome in Adults: Face-to-Face versus Telephone Treatment: A Randomized Controlled Trial. <i>Psychological Medicine</i> , 40(2): 175-91.	No control group
Chalder, T., Wallace, P. & Wessely, S. (1997). Self-help treatment of chronic fatigue in the community: A randomized controlled trial. <i>British Journal of Health Psychology</i> , 2, 189-197.	Did not include a graded activity component
Cox, D.L. (2002). Chronic Fatigue Syndrome: An evaluation of an occupational therapy inpatient intervention. <i>British Journal of Occupational Therapy</i> , 65, 461-68.	No RCT
Friedberg, F. & Krupp, L.B. (1994). A comparison of cognitive behavioral treatment for chronic fatigue syndrome and primary depression. <i>Clinical Infectious Diseases</i> , 18 (Supp 1), S105-10.	No RCT Did not include a graded activity component
Friedberg, F., Napoli, A., Coronel, J., Adamowicz, J., Seva, V., Caikauskaitė, I.,...Meng, H. (2013). Chronic fatigue self-management in primary care: A randomized trial. <i>Psychosomatic Medicine</i> , 75: 650-57. doi: 10.1097/PSY.0b013e31829dbed4	Did not include a graded activity component
Goudsmit, E.M., Ho-Yen, D.O. & Dancy, C.P. (2009). Learning to cope with chronic illness: Efficacy of a multi-component treatment for people with chronic fatigue syndrome. <i>Patient Education and Counselling</i> , 77, 231-236.	No RCT Did not include a graded activity component
Huibers, M.J. et al (2004). Efficacy of a cognitive-behavioural therapy by general practitioners for unexplained fatigue among employees: Randomised controlled trial. <i>British Journal of Psychiatry</i> , 184, 240-246.	Not ICF/CFS patients Did not include a graded activity component
Lloyd, A. et al. (1993). Immunological and psychological therapy for patients with chronic fatigue syndrome: a double-blind, placebo-controlled trial. <i>American Journal of Medicine</i> , 94, 97.	Statistical data unsuitable
Lopez, C. et al (2011). A pilot study of cognitive behavioural stress management effects on stress, quality of life, and symptoms in persons with chronic fatigue syndrome. <i>Journal of Psychosomatic Research</i> , 70, 328.	Did not include a graded activity component.
Marlin, R.G. et al. (1998). An Evaluation of Multidisciplinary Intervention for Chronic Fatigue Syndrome with Long-Term Follow-Up, and a Comparison with Untreated Controls. <i>The American Journal of Medicine</i> , 105(3A), 110S.	No RCT

Quarmby, L., Rimes, K.A., Deale, A., Wessely, S. & Chalder, T. (2007). Cognitive-behaviour therapy for chronic fatigue syndrome: Comparison of outcomes within and outside the confines of a randomised controlled trial. <i>Behaviour Research and Therapy</i> , 45, 1085-1094.	Not RCT
Poppe, C, Petrovic, M., Vogelaers, D. & Crombez, G. (2013). Cognitive behavior therapy in patients with chronic fatigue syndrome: The role of illness acceptance and neuroticism. <i>Journal of Psychosomatic Research</i> , 74, 367-372.	No RCT
Ridsdale, L. et al. (2001). Chronic Fatigue in general practice: Is counselling as good as cognitive behaviour therapy? A UK randomized trial. <i>British Journal of General Practice</i> , 51, 19-24.	No control group
Ridsdale, L., Darbshire, L. & Seed, P.Y. (2004). Is graded exercise better than cognitive behaviour therapy for fatigue? A UK randomised trial in primary care. <i>Psychological Medicine</i> , 34, 37-49.	No control group
Saxty M & Hansen Z. (2005). Group Cognitive Behavioral Therapy for Chronic Fatigue Syndrome: A Pilot Study. <i>Behavioural and Cognitive Psychology</i> , 33,311-318.	Not RCT
Söderberg, S. & Evengård, B. (2001). Short-term group therapy for patients with Chronic Fatigue Syndrome. <i>Psychotherapy and Psychosomatics</i> , 70(2),108-111.	Did not include a graded activity component
Stubhaug, B., Lie, S. A., Ursin, H. & Eriksen, H.R. (2008). Cognitive-behavioral therapy v. mirtazapine for chronic fatigue and neuroasthenia: randomized placebo-controlled trial. <i>British Journal of Psychiatry</i> , 192, 217-223.	Not ICF/CFS patients
Thomas, M.A. et al. (2008). A multiconvergent to the rehabilitation of patients with chronic fatigue syndrome: a comparative study. <i>Physiotherapy</i> , 94, 35-42.	Statistical data unsuitable
Whitehead L. & Champion, P. (2002). Can general practitioners manage chronic fatigue syndrome? A controlled trial. <i>Journal of Chronic Fatigue Syndrome</i> , 10, 55-64.	Statistical data unsuitable

ICF= Idiopathic Chronic Fatigue; CFS = Chronic Fatigue Syndrome; RCT= Randomized Controlled Trial

Appendix C

Table C.1 Consensus Ratings of Methodological Quality

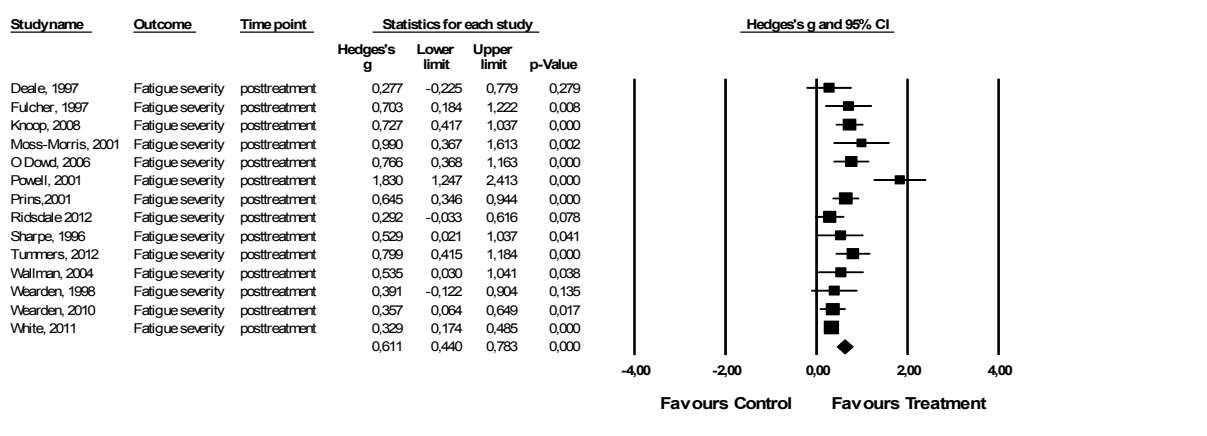
Methodological Criterion	Included studies (First author, year)															
	Fulcher	Wearden (1998)	Wallman	Moss-Morris	White	Ridsdale	Powell	Wearden (2010)	Sharpe	Deale	Prins	O'Dowd	Jason	Knoop	Tummers	Nunez
1-Clear objectives	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
2-Sample size	1	1	1	1	2	2	1	2	2	1	2	2	1	2	2	1
3-Trial duration	2	2	1	1	2	2	2	2	2	2	2	2	2	1	1	2
4-Power calculation	2	2	2	2	2	2	2	2	2	2	2	2	0	2	2	1
5-Allocation method	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	1
6-Allocation concealment	2	2	1	2	2	2	2	2	2	2	1	2	0	2	2	0
7-Treatment clearly described	2	2	2	2	2	2	2	2	1	2	2	2	2	1	2	2
8-Manualized treatment	0	0	0	0	2	1	0	2	2	1	1	2	1	1	1	1
9-Representative sample	2	2	1	1	2	2	2	2	2	2	2	2	1	1	2	1
10-Inclusion criteria	1	1	1	1	2	1	2	2	2	1	2	1	1	2	2	1
11-Exclusion criteria	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
12-Described demographics	0	1	0	1	2	2	2	2	2	2	2	2	2	1	1	1
13-Assessor blinded	0	0	0	0	0	0	0	1	0	1	0	2	0	0	0	0
14-Treatment compliance	1	2	1	1	2	1	1	1	1	0	1	1	1	1	1	0
15-Treatment side effects	1	0	0	0	2	0	0	1	1	0	0	1	0	0	0	0
16-Dropout information	2	2	2	2	1	1	1	2	1	2	1	2	0	1	2	1
17-Outcome measures	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
18-Between-group comparisons	2	2	1	1	2	2	1	2	1	2	2	2	1	2	2	1
19-Dropout inclusion	1	2	2	1	2	2	1	1	1	1	2	2	0	2	2	0
20-Well-presented results	2	1	2	2	2	2	2	2	1	2	2	1	1	1	2	1
21-Appropriate analysis	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	1
22-Justified conclusions	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
23-Insterests declared	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
24-Allegance to therapy	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
25-Follow-up duration	1	0	0	0	1	1	2	2	1	1	1	1	1	0	0	1
26-Cointervention avoided	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1
27-Drug use assessed	1	2	0	0	2	0	1	2	1	1	0	2	0	0	0	1
28-Tratment credibility	0	0	0	0	2	1	0	1	0	0	1	1	1	0	1	0
29-Consecutive subjects	0	2	0	0	2	0	2	0	2	2	2	0	0	0	0	1
Total Quality	37	41	32	33	51	41	41	49	42	42	44	47	30	35	40	29

0 = Not done and/or not reported; 1= Done and/or reported to some extent; 2 = Adequately done and/or adequately reported.

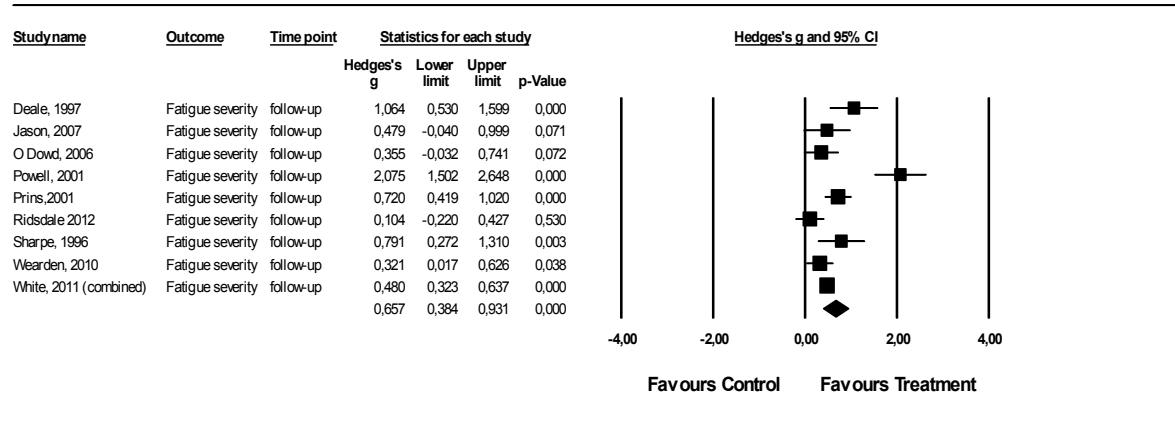
Appendix D

Forest plots for all outcomes at post-treatment, follow-up and longest period of assessment

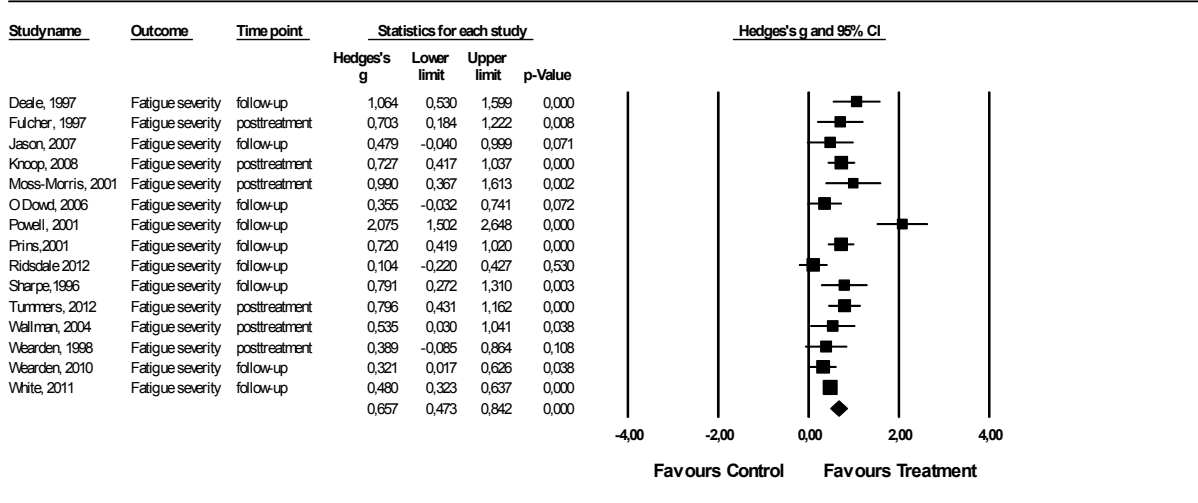
Effect sizes for fatigue severity at posttreatment



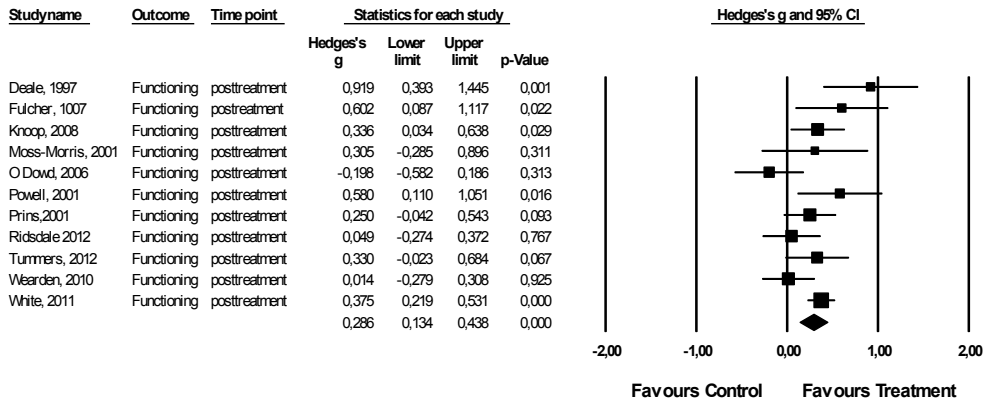
Effect sizes for fatigue severity at follow-up



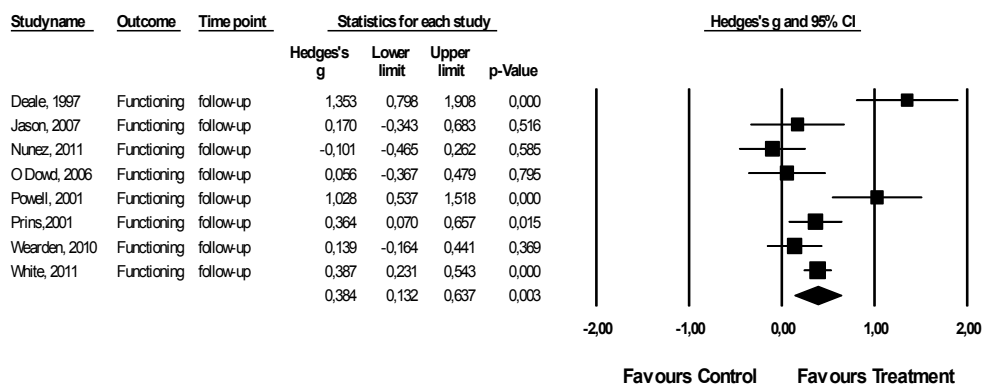
Effect sizes for fatigue severity at longest period of assessment



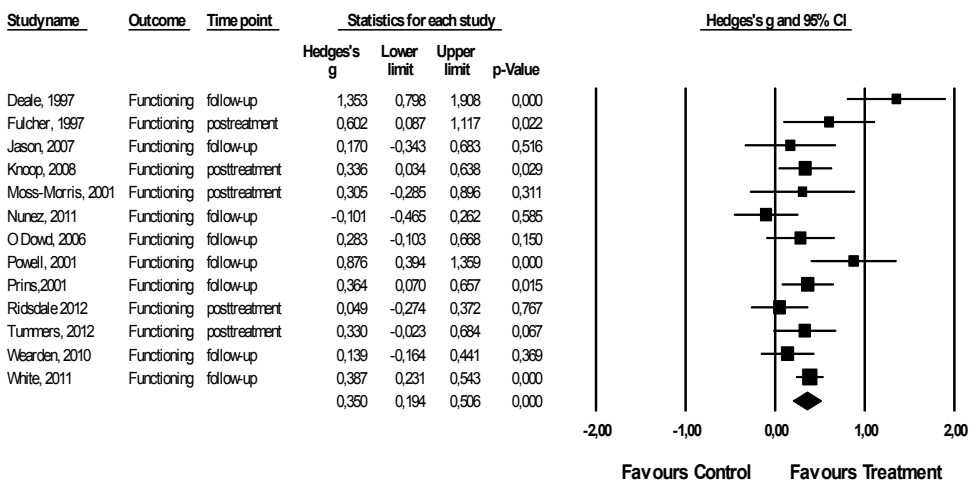
Effect sizes for physical functioning at posttreatment



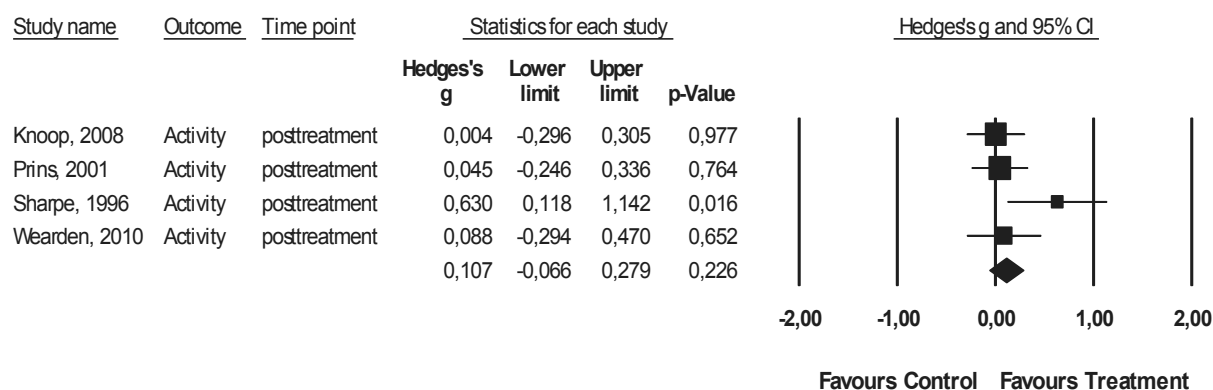
Effect sizes for physical functioning at follow-up



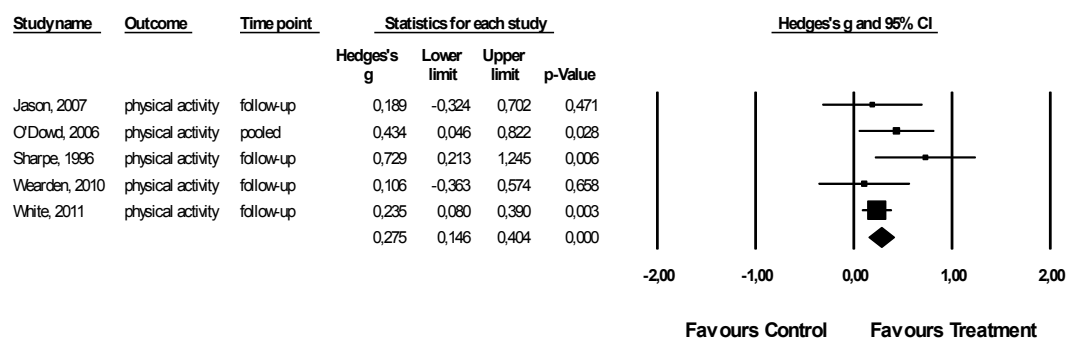
Effect sizes for physical functioning at longest period of assessment



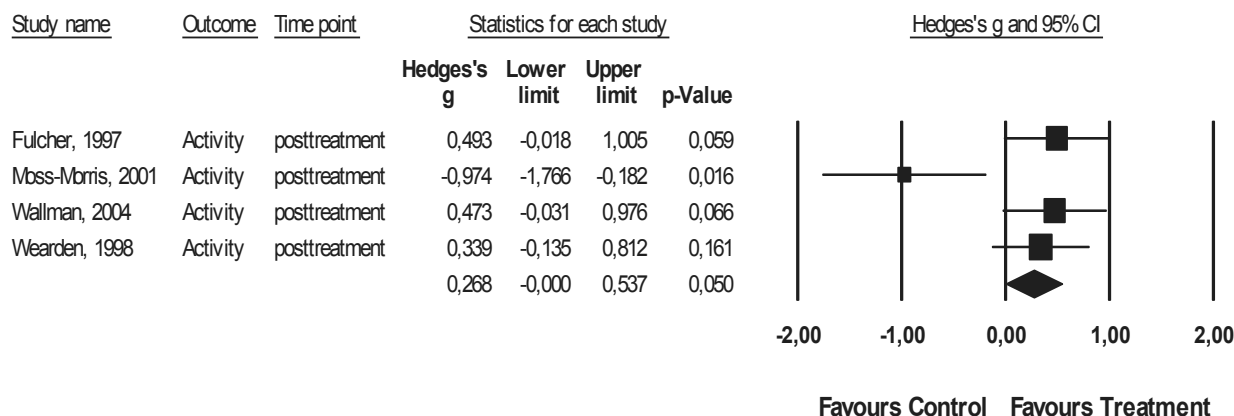
Effect sizes for physical activity at posttreatment



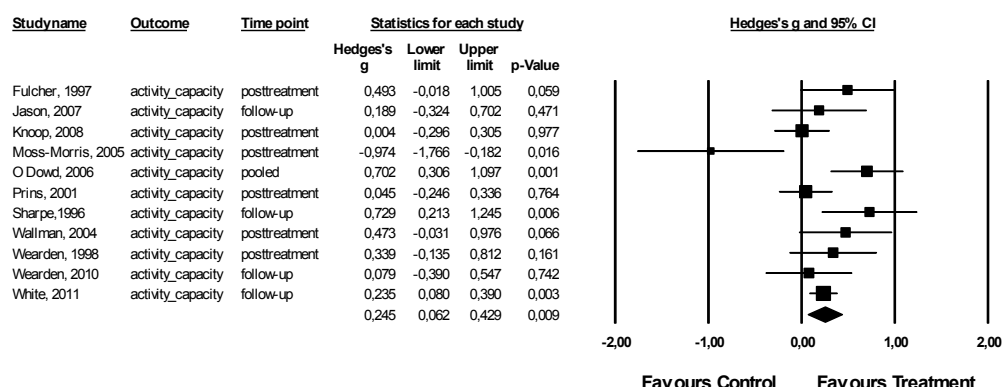
Effect sizes for physical activity at follow-up



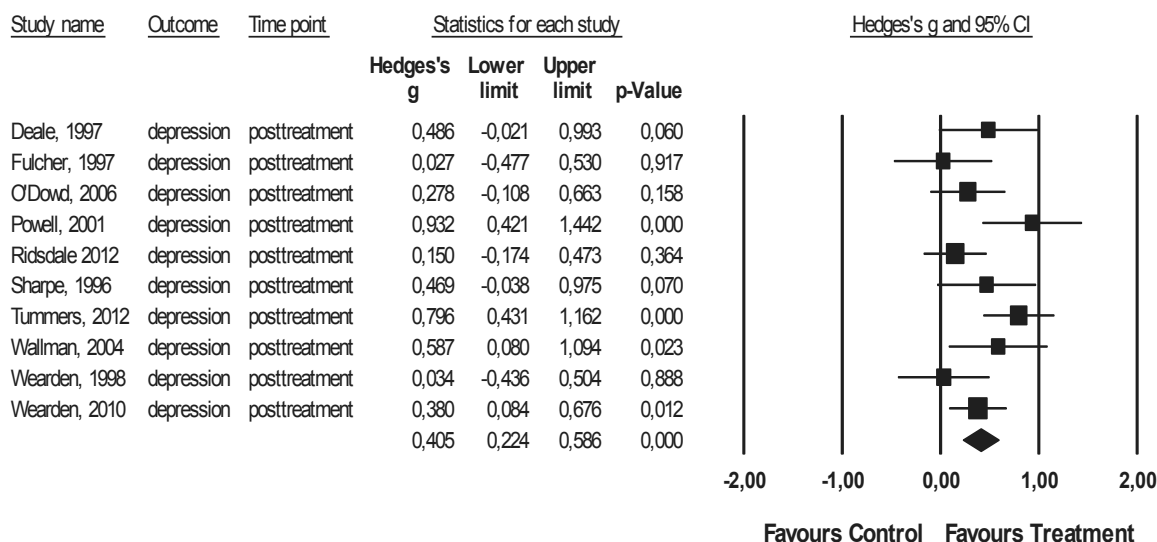
Effect sizes for physical capacity at posttreatment



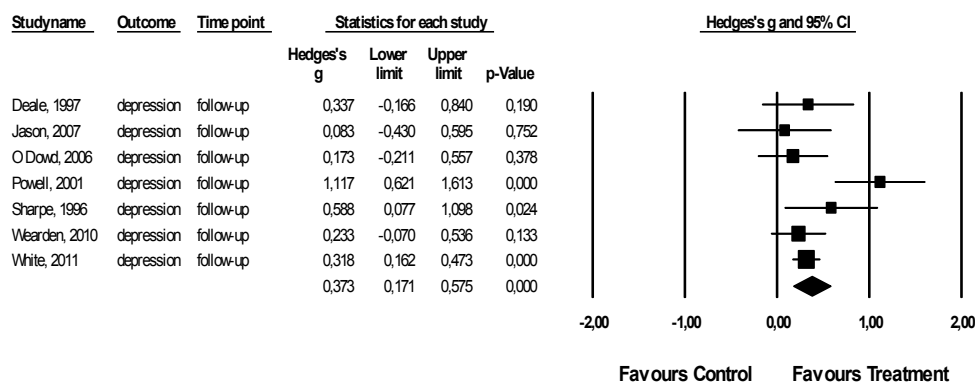
Effect sizes for physical activity/capacity at longest period of assessment



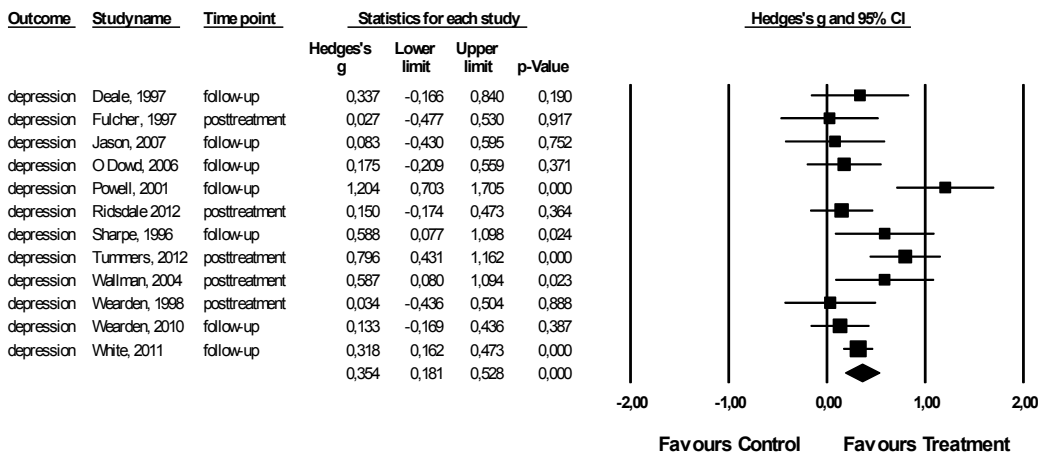
Effect sizes for depression at posttreatment



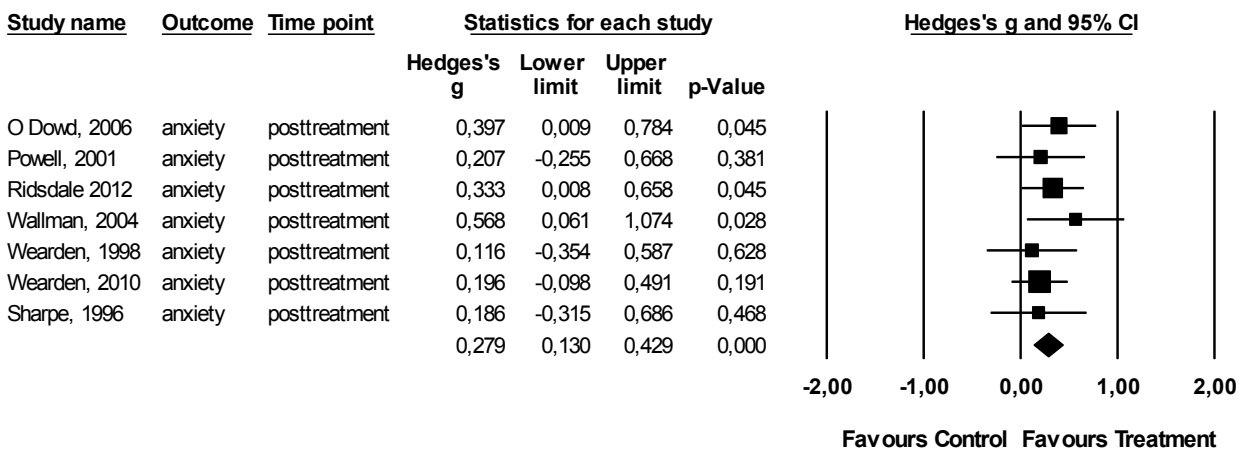
Effect sizes for depression at follow-up



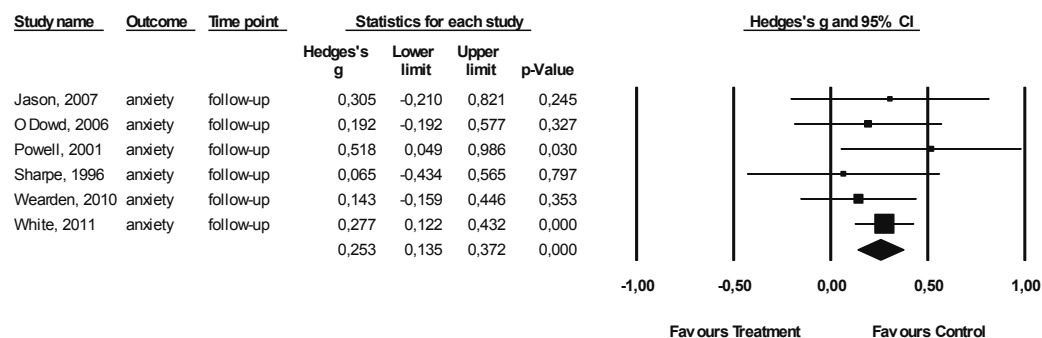
Effect sizes for depression at longest period of assessment



Effect sizes for anxiety at posttreatment



Effect sizes for anxiety at follow-up



Note. Point estimates presented for the White et al (2011) trial correspond to a composite effect size of GET and CBT intervention arms (vs. control group).