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## Letters

### Not just yuppies

Chronic fatigue syndrome is not a "yuppie plague" ("The baffling case of chronic fatigue," SN: 1/7/89, p.4). It is a debilitating illness, as yet incurable, that affects people from all income levels and all walks of life.

To label this illness with a trendy, talk-show term is to trivialize it. Because of the supposed "yuppie" link, the syndrome strikes many people as a joke, something you catch because you're striving too hard for success and which you can overcome with ample rest or positive thinking.

The truth is that researchers have defined 11 symptoms, eight of which must be present for at least six months to permit a diagnosis of chronic fatigue syndrome. That is a lot different from feeling tired for a few days and engaging in the kind of warped self-diagnosis

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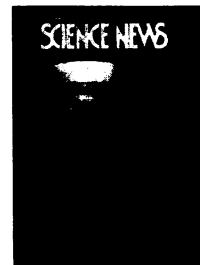
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Cover: In February 1986, an organic chemist in Indiana looked under a ventilation hood in his lab and found a small glass vial containing the helical crystal formation shown here. Two weeks earlier, the then-unexceptional vial had held a clear solution of a minor by-product from a long series of reactions the researcher had hoped would lead to a naturally occurring plant compound. When recrystallized in the Southern Hemisphere, the chemical twists in the opposite direction. No one knows why. (Photo: Courtesy Fuchs)



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promoted by people who seek ratings or a spot on the bestseller list. Many victims are impoverished, and many others must rely on Social Security Disability. Some never get well.

A better name for this illness, which at least is beginning to receive the kind of federal research attention it deserves, is chronic fatigue and immune dysfunction syndrome. That term, used by a leading patient-support and education group, more appropriately characterizes the illness as one that affects the immune system in many ways.

Larry Kurtz  
Tualatin, Ore.

### Coping with panic

Since anxiety disorders strike 5 percent of the population, SCIENCE NEWS provided a service to the many sufferers of panic disorder by pointing out that it can mimic symp-

oms of a heart attack ("Getting to the heart of panic disorder," SN: 1/21/89, p.39).

I would like to point out that rather than being "prevented with antidepressants," the disorder is often controlled with a combined form of treatment. In this treatment the patient is taught behavioral desensitization. Under professional guidance, he or she is gradually exposed to situations in which the panic is feared to occur. In addition, patients learn to use relaxation techniques and cognitive restructuring (changing negative thought patterns) as coping mechanisms.

Panic disorder sufferers use these concrete methods of coping while the antidepressant prevents the more extreme manifestations of the disorder. As a result the patient is able to live a more normal, active life.

Benjamin S. Fialkoff  
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