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Peer Review

Review of: "Management of Nutritional Failure in People with Severe ME/CFS: Review of the Case for Supplementing NICE Guideline NG206"

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This review article provides a highly valuable and clinically significant examination of nutritional failure in individuals with severe myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS), addressing a complex and under-recognised medical challenge. The manuscript is particularly notable for its strong integration of clinical, ethical, and policy perspectives, offering a thoughtful critique of current management approaches while proposing pragmatic recommendations to supplement NICE Guideline NG206. The article successfully highlights the urgent need for consensus-driven, evidence-based care pathways for patients with severe ME/CFS who experience feeding difficulties, a topic that has received limited structured attention in the literature.

One of the major strengths of the review is its clear emphasis on patient safety, clinical realism, and the prioritisation of life-preserving nutritional support. The author provides a well-reasoned discussion of diagnostic challenges and the consequences of theory-driven clinical decision-making in the absence of reliable evidence. The analysis of conflicts between healthcare providers, patients, and caregivers is particularly insightful and reflects real-world clinical complexities that are often overlooked in guideline development. Furthermore, the discussion of ethical and legal considerations, including informed consent and safeguarding issues, adds substantial depth and distinguishes this review from more purely biomedical analyses.

The manuscript demonstrates strong scholarship through its careful synthesis of historical context, clinical practice guidelines, and emerging clinical observations. The structured discussion of feeding modalities, patient positioning, environmental stimulus intolerance, and domiciliary care considerations

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provides practical guidance for clinicians managing these highly vulnerable patients. The author's balanced acknowledgement of evidence gaps, while still providing clinically actionable recommendations, enhances the manuscript's credibility and relevance to clinical practice.

Despite these considerable strengths, several minor limitations should be noted. The review relies heavily on expert interpretation and clinical experience due to the acknowledged scarcity of high-quality empirical studies in this field. While this is unavoidable given current evidence limitations, a more explicit description of literature search methodology or selection strategy could improve transparency and reproducibility. Additionally, while the manuscript strongly critiques certain theoretical models of ME/CFS management, inclusion of a broader discussion of alternative multidisciplinary perspectives could further strengthen academic balance. The article may also benefit from the inclusion of visual clinical algorithms or consensus pathway diagrams to enhance accessibility for practising clinicians.

Overall, this review represents a highly impactful contribution to the ME/CFS clinical literature. It effectively bridges gaps between policy, clinical practice, and patient-centred care while advocating for evidence-based and ethically grounded management strategies. The manuscript provides important guidance for clinicians, policymakers, and healthcare systems and highlights critical areas requiring future clinical research and consensus development.

Declarations

Potential competing interests: No potential competing interests to declare.