**Treatment content of iCBT for CFS**

Cognitive behaviour therapy (CBT) is based on a model of perpetuating factors(1). This model assumes that fatigue and disability are maintained by fatigue related beliefs and behaviour. CBT is aimed to change these cognitive-behavioural factors with recovery as highest attainable goal(2, 3).

ICBT for CFS is adapted from the face-to-face CBT protocol(4). ICBT for CFS consists of several modules. After general information about how to progress with iCBT the cognitive behavioural model of CFS is explained. Thereafter, patients first start to formulate treatment goals aimed at recovery that contains future activities assuming a patient is no longer severely fatigued and impaired. Secondly, patients start to regulate their sleep-wake pattern with fixed bedtimes and without sleeping or lying down during the daytime. Information is provided on how to reduce ‘catastrophizing’ and non-accepting fatigue beliefs’, and patients formulate more helpful beliefs in response to fatigue. Furthermore, patients learn how to shift their attention away from fatigue towards other activities or the environment to reduce the focus on fatigue. The next module addresses the perceived lack of social support and how to communicate about CFS with significant others.

Dependent on the activity pattern of patients(5) that was assessed at basseline, tailored information was provided on how to proceed with a graded activity program. Two patterns can be discerned: a low active and a relative active pattern. Patients with a low active activity pattern, characterized by an extremely low level of physical activity, immediately start to gradually increase their activity with walking or cycling. Relative active patients, characterized by an ‘all-or-nothing pattern’ of activity, first have to learn to divide their activities more evenly accross the day before they start with graded activity. For patients with a high impact of pain, information was provided on how to deal with pain by formulating helpful beliefs. All patients learn how to solve problems with the graded activity program. The graded activity was followed by a step by step realisation of goals. This included work or study resumption, increasing mental and social activities and other goals.

The last CBT module was on how to learn to ‘deregulate’ oneself again, e.g. by having peaks of activity or going to bed late at night again. In this phase patients determine if they are recovered from CFS and how they can maintain the gains they have made.

**References**

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