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Title: (author response to letter to the editor)

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### **Conflicts of Interest**

TC is the author of several self-help books on chronic fatigue for which she has received royalties. TC /KCL has received ad hoc payments for workshops carried out in LTCs. KCL have received payments for TC's editor role in JoMH. KR has co-authored a book with TC called "Overcoming Chronic Fatigue in Young People" for which she receives royalties. ML and SA have no conflicts of interest to declare.

Dear Editor,

We thank [author(s)] for taking the time to raise these points in relation to our paper (Loades, Rimes, Lievesley, Ali, & Chalder, 2019). We found that adolescents with CFS endorsed more unhelpful cognitive and behavioural responses to symptoms than adolescents with asthma, and that cognitive and behavioural responses predicted a small but significant proportion of the variance in fatigue and physical functioning at follow-up approximately 3 months later.

We agree that the participants in the asthma control group may have been less severely affected by their illness than the participants with CFS and acknowledged this as a limitation in the Discussion.

We also agree that it is important to take into account symptom severity when investigating the association between such beliefs and symptom prognosis; hence we adjusted for fatigue (and also mood) in the regression analyses. Although self-reported cognitive and behavioural responses at baseline only accounted for approximately 8% in fatigue at follow-up, this was over a three-month period where treatment was not provided, so there was little change in fatigue over time.

We are grateful for the opportunity to clarify the content of the Fear Avoidance subscale. Fear avoidance was assessed with 6 items including 'Doing less helps symptoms' and 'I should avoid exercise when I have symptoms'. Therefore, the items on this scale do not simply reflect post-exertional malaise.

Regarding all-or-nothing behaviour, the author(s) cite two studies of adults with CFS using actigraphic assessment. The first reported that the activity reduction after a peak in activity was larger for CFS patients than healthy controls, assessed over a 12-day period (van der Werf, Prins, Vercoulen, van der Meer, & Bleijenberg, 2000). The second compared activity levels between adults with CFS and healthy adults for just six days (Meeus et al., 2011). Neither study investigated whether a behavioural tendency to overdo activity when symptoms were less severe, followed by resting, was associated with a perpetuation of fatigue or limitations in daily physical functioning. However other research has found evidence consistent with this suggestion. For example, Moss-Morris, Spence, and Hou (2011) found that all-or-nothing behavioural responses to symptoms of glandular fever were a significant predictor of CFS six months later. Future research is needed to investigate whether our finding that all-or-nothing behaviour was associated with poorer physical functioning three months later is replicated in another sample of adolescents with CFS.

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