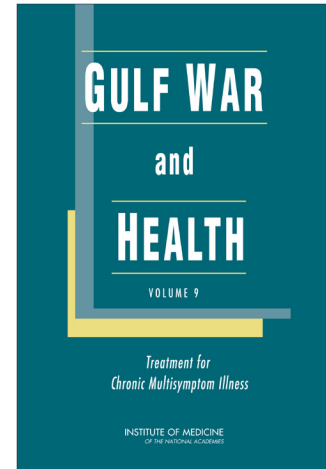


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Gulf War and Health Volume 9

Treatment for Chronic Multisymptom Illness



About one-third of veterans of the 1991 Gulf War suffer from an array of long-term medically unexplained symptoms known as chronic multisymptom illness (CMI), a serious health condition that imposes a tremendous burden of suffering. Unlike other postcombat illnesses, such as posttraumatic stress disorder, CMI does not have a defined set of symptoms; its multiple symptoms can vary from person to person. Veterans with CMI may experience such physical symptoms as fatigue and joint and muscle pain; cognitive symptoms, such as memory difficulties; and symptoms often associated with depression and anxiety.

A new report from the Institute of Medicine (IOM) continues a series of congressionally mandated studies on behalf of the Department of Veterans Affairs (VA) that since 1998 have examined the scientific and medical literature on the potential health effects of chemical and biological agents related to the 1991 Gulf War. This latest report, *Gulf War and Health Volume 9: Treatment for Chronic Multisymptom Illness*, differs from previous IOM work in that it comprehensively reviews and evaluates treatments for CMI to determine how to best manage care for veterans who suffer from this ailment.

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Gulf War Veterans' Health Burdens

About 700,000 military personnel participated in the short-lived 1991 Gulf War. An estimated 175,000 to 250,000 of them have CMI, and their persistent health problems may not improve over time. In its report, the IOM committee defines CMI as the presence of a spectrum of chronic symptoms in at least two of six categories—fatigue, mood and cognition, musculoskeletal, gastrointesti-

nal, respiratory, and neurologic—experienced for at least six months. The symptoms may overlap with, but are not fully captured by, such known syndromes as chronic fatigue syndrome, fibromyalgia, and irritable bowel syndrome. Because they do not have a disease with a signature etiology, some veterans of the 1991 Gulf War say they believe the legitimacy of their illness is often called into question.

In addition to the 1991 Gulf War veterans, the committee refers to two other groups of Gulf War veterans: Iraq War veterans and Afghanistan War veterans. As of September 2011, 2.6 million U.S. military personnel had been deployed to the Iraq or Afghanistan war theaters. These troops included more women than the 1991 conflict, are comprised of more National Guard and reserves, have been exposed to more hostile fire and improvised explosives, and have served longer deployments. Many symptoms reported by Iraq and Afghanistan war veterans, including headaches, chronic pain, disrupted sleep, fatigue, and attention and memory problems, overlap with symptoms experienced by 1991 Gulf War veterans.

Improving Systems of Care for Gulf War Veterans

As a first step to providing better care for veterans with CMI, the VA needs to intensify its efforts to identify them and bring these veterans into its health care system, the IOM finds. To this end, the electronic health record should prompt VA clinicians to inquire about symptoms consistent with CMI. Veterans should undergo a comprehensive health examination immediately after they leave active duty and the results of such exams should be available to clinicians both inside and outside of the VA to ensure continuity of care.

Next, the VA should provide comprehensive care for the entire constellation of symptoms the veteran displays—including CMI as well as other health conditions. Each veteran needs his or her

own personal care plan to manage both CMI and other possible chronic ailments and to avoid the likelihood of overtreatment or undertreatment.

Improving the ways in which clinicians and patients communicate will be essential to successfully managing care for veterans with CMI. Effective communication between patients and their health care providers can lead to improved patient satisfaction, more complete disclosure of key medical information, better adherence to treatment, alleviation of emotional distress, and better overall clinical outcomes.

The IOM recommends that the VA implement a systemwide, integrated, long-term management approach throughout its health care system for veterans who have CMI. The department could leverage existing programs, such as its postdeployment patient-aligned care teams (PD-PACTs), a relatively recent model of care whose implementation is ongoing. PD-PACTs rely on a team-based approach to provide veterans with comprehensive care, follow-up care, and education. Teams can include a project manager, primary care clinicians, nurses, mental health clinicians, social workers, and, as the need arises, other specialists.

This team approach to providing coordinated, comprehensive care, if properly implemented, should help improve care for veterans with CMI. The VA should devote the necessary resources to ensure that PACTs—including CMI-PACTs designed specifically for these veterans—have the requisite time and skills to meet the needs specified in the veterans' personal care plans. To this end, the VA should ensure that sufficient time is allotted for clinical visits, and it should adequately manage case loads.

Patients should be active members of these teams, helping to ensure the care that they receive is patient-centered. The VA should consider novel approaches to engaging patients and their families, for example, using social media.

The Institute of Medicine recommends that the Department of Veterans Affairs implement a systemwide, integrated, long-term management approach throughout its health care system for veterans who have CMI.

Identifying Therapies to Treat CMI

Because of the complex nature of CMI, managing patients will take more than simply writing a prescription; it requires broadening the definition of treatment. The committee evaluated all treatments for which there was evidence, including prescription medicines and alternative therapies. On the basis of the voluminous evidence it reviewed, the IOM committee cannot recommend one single therapy to manage the health of veterans with CMI and, further, rejects a one-size-fits-all treatment approach. Instead, the committee endorses individualized care management plans.

The committee notes that the best available evidence from studies of treatments for CMI and related health conditions demonstrates that veterans who have CMI may benefit from such medications as selective serotonin reuptake inhibitors and serotonin norepinephrine reuptake inhibitors, and from cognitive behavioral therapy, which has been shown to reduce symptoms.

Other interventions and approaches hold promise for treating CMI but lack robust scientific evidence of their effectiveness. For this reason, the VA should fund and conduct studies of interventions, such as biofeedback, acupuncture, St. John's wort, aerobic exercise, motivational interviewing, and multimodal therapies.

Enhancing Dissemination of Information

The VA is the nation's largest health education and health professional training institution. Its ability to effectively manage veterans with CMI hinges on proper training of clinicians and teams of professionals who care for these patients, using the VA's existing training infrastructure.

At each VA medical center, the department should designate a CMI "champion" to serve as an internal resource for clinicians seeking additional information about how best to serve patients with CMI. Champions should have enough time for office visits with patients who have CMI, be knowledgeable about the array of therapeutic treatment options, have easy access to a team of consulting clinicians, and be trained in communication skills. As an incentive, CMI champions could receive recognition and bonuses.

In addition, the VA should develop peer networks to facilitate sharing information and skills related to managing veterans who have CMI. Veterans receive health care both within and outside of the VA system. The VA should improve its outreach to clinicians in private practice and permit these caregivers to be included in its CMI learning networks.



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Conclusion

There is no single description of the stresses endured by U.S. military personnel deployed to the 1991 Gulf War and to the wars in Iraq and Afghanistan. They are personal and many. While the cause or causes of the many symptoms experienced by veterans who have CMI remain unknown, this lack of clarity does not undermine the legitimacy of veterans' reports of symptoms.

This is not the first IOM committee to study these questions; however, this is the first to provide detailed advice on how the VA should improve systems of care for veterans with CMI. Our veterans deserve the very best health care. Despite years of research domestically and internationally, there is no consensus about what causes CMI, but there is a growing belief that no specific agent or causal factor will be identified. In changing how it treats CMI, the VA can make a significant difference in the lives of veterans who have the condition by helping to ensure they receive more integrated, comprehensive, and responsive health care. 

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