VA/DoD CLINICAL PRACTICE GUIDELINE FOR THE MANAGEMENT OF CHRONIC MULTISYMPTOM ILLNESS

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Description of CMI

Chronic Multisymptom Illness (CMI) and medically unexplained symptoms are a critical health care issue for the Veterans Health Administration (VHA) and the Department of Defense (DoD). CMI is common in, but not unique to, deployed Veterans.

Individuals with CMI often suffer from multiple symptoms including fatigue, headache, muscle and joint pain, concentration and attention problems, and gastrointestinal disorders. CMI is an umbrella term that also refers to several different symptom-based conditions.

History of CMI

While the clinical phenomenon has been long recognized, the term Chronic Multisymptom Illness was first used to describe chronic unexplained symptoms in Air Force Veterans of the 1990-1991 Gulf War.

The National Academy of Medicine (NAM) described Chronic Multisymptom Illness (CMI) as a label given to a health condition involving medically unexplained symptoms; it includes a diverse set of symptom-based disorders such as myalgic Encephalomyelitis-chronic fatigue syndrome (ME-CFS), fibromyalgia syndrome (FMS), and irritable bowel syndrome (IBS).

Definition of CMI

The NAM definition of CMI includes patients without accepted labels, who exhibit persistent or frequently recurring symptoms for a minimum of six months duration from two or more of the following six categories:

- Fatigue
- Mood and Cognition
- Musculoskeletal
- Respiratory
- Gastrointestinal
- Neurologic

Highlights of the CMI Guideline

- Update of the 2014 guideline
- Recommendations based on findings in other populations
- Recommendations group by the type of intervention
- Research needs
- Appendix on relevant behavior therapies

VA/DoD Clinical Practice Guideline

- Evidence-based
- Provides decision support and other tools
- Standardizes treatment
- Recommendations
- Algorithm for care
- Outpatient diagnosis and management in primary care

2020 CMI CPG Recommendations

- 29 Recommendations
  - 6 = General CMI recommendations
  - 3 = CMI with FMS or IBS
  - 7 = CMI with FMS
  - 10 = CMI with IBS
  - 2 = CMI with ME/CFS
- 1 Algorithm

Algorithm: Management of CMI

Algorithm: Management of CMI

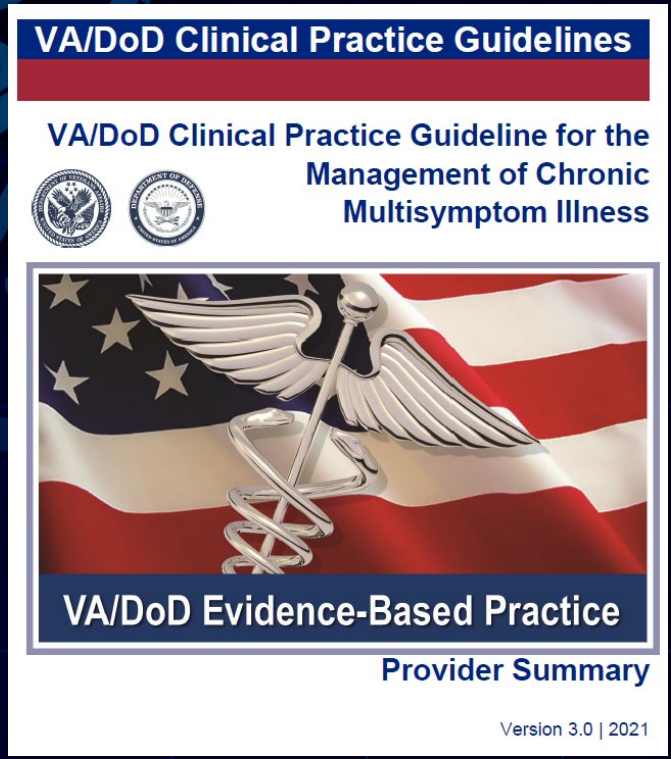
Algorithm: Management of CMI

Clinical Support Tools

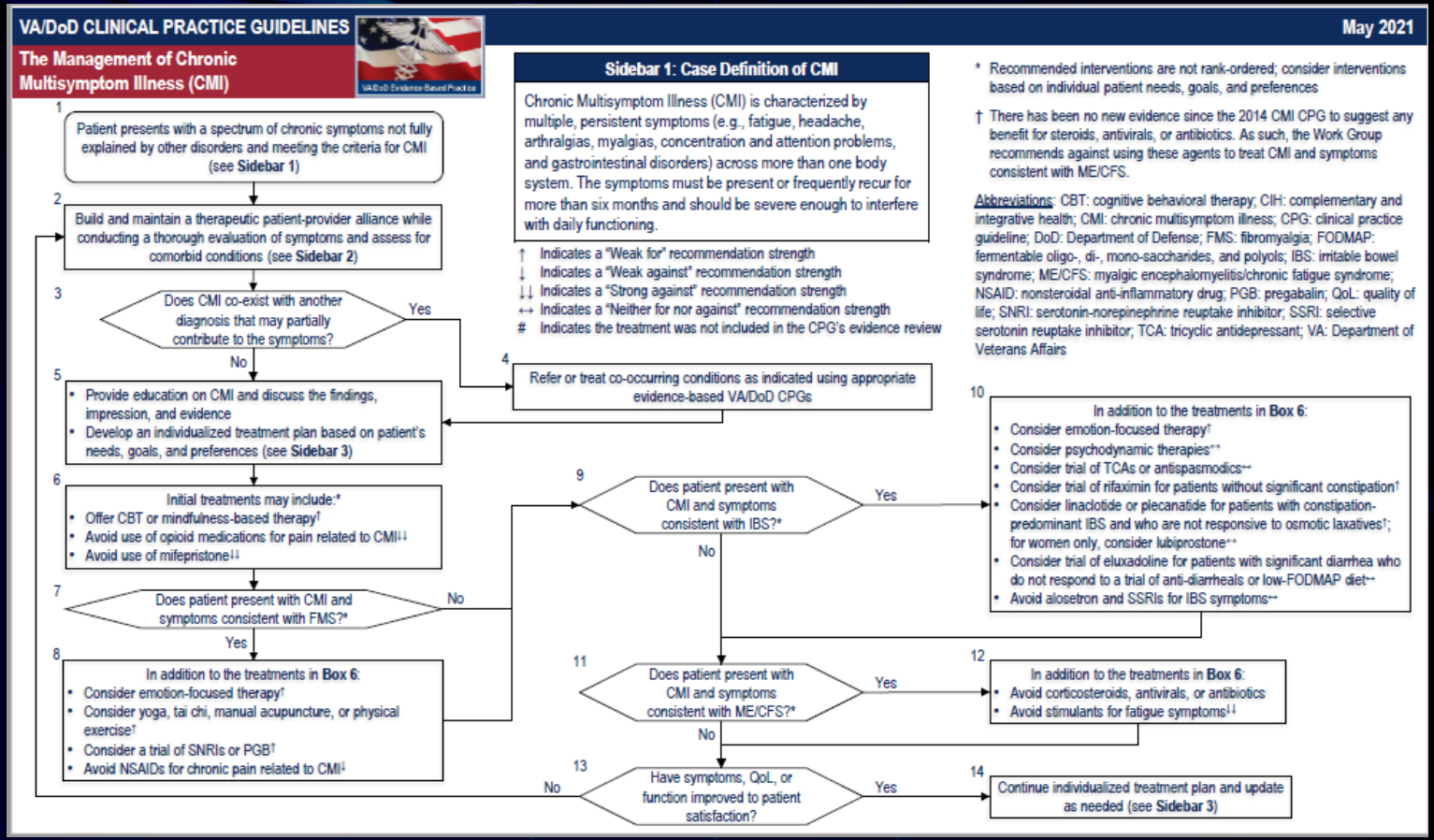
- Provider Summary
- Pocket Card
- Patient Summary

healthquality.va.gov
qmo.amedd.army.mil

Provider Summary



Pocket Card


VA/DoD CLINICAL PRACTICE GUIDELINES
May 2021
The Management of Chronic Multisymptom Illness (CMI)
1
Patient presents with a spectrum of chronic symptoms not fully explained by other disorders and meeting the criteria for CMI (see Sidebar 1)
2
Build and maintain a therapeutic patient-provider alliance while conducting a thorough evaluation of symptoms and assess for comorbid conditions (see Sidebar 2)
3
Does CMI co-exist with another diagnosis that may partially contribute to the symptoms?
Yes
No
4
Refer or treat co-occurring conditions as indicated using appropriate evidence-based VA/DoD CPGs
5
• Provide education on CMI and discuss the findings, impression, and evidence
• Develop an individualized treatment plan based on patient's needs, goals, and preferences (see Sidebar 3)
6
Initial treatments may include:*
• Offer CBT or mindfulness-based therapy↑
• Avoid use of opioid medications for pain related to CMI↓↓
• Avoid use of mifepristone↓↓
7
Does patient present with CMI and symptoms consistent with FMS?*
No
Yes
8
In addition to the treatments in Box 6:
• Consider emotion-focused therapy↑
• Consider yoga, tai chi, manual acupuncture, or physical exercise↑
• Consider a trial of SNRIs or PGB↑
• Avoid NSAIDs for chronic pain related to CMI↓
9
Does patient present with CMI and symptoms consistent with IBS?*
Yes
No
10
In addition to the treatments in Box 6:
• Consider emotion-focused therapy↑
• Consider psychodynamic therapies↑↔
• Consider trial of TCAs or antispasmodics↔
• Consider trial of rifaximin for patients without significant constipation↑
• Consider linaclotide or plecanatide for patients with constipation-predominant IBS and who are not responsive to osmotic laxatives↑; for women only, consider lubiprostone↑↔
• Consider trial of eluxadoline for patients with significant diarrhea who do not respond to a trial of anti-diarrheals or low-FODMAP diet↔
• Avoid alosetron and SSRIs for IBS symptoms↔
11
Does patient present with CMI and symptoms consistent with ME/CFS?*
Yes
No
12
In addition to the treatments in Box 6:
• Avoid corticosteroids, antivirals, or antibiotics
• Avoid stimulants for fatigue symptoms↓↓
13
Have symptoms, QoL, or function improved to patient satisfaction?
No
Yes
14
Continue individualized treatment plan and update as needed (see Sidebar 3)
Sidebar 1: Case Definition of CMI
Chronic Multisymptom Illness (CMI) is characterized by multiple, persistent symptoms (e.g., fatigue, headache, arthralgias, myalgias, concentration and attention problems, and gastrointestinal disorders) across more than one body system. The symptoms must be present or frequently recur for more than six months and should be severe enough to interfere with daily functioning.
↑ Indicates a "Weak for" recommendation strength
↓ Indicates a "Weak against" recommendation strength
↓↓ Indicates a "Strong against" recommendation strength
↔ Indicates a "Neither for nor against" recommendation strength
# Indicates the treatment was not included in the CPG's evidence review
* Recommended interventions are not rank-ordered; consider interventions based on individual patient needs, goals, and preferences
† There has been no new evidence since the 2014 CMI CPG to suggest any benefit for steroids, antivirals, or antibiotics. As such, the Work Group recommends against using these agents to treat CMI and symptoms consistent with ME/CFS.
Abbreviations: CBT: cognitive behavioral therapy; CIH: complementary and integrative health; CMI: chronic multisymptom illness; CPG: clinical practice guideline; DoD: Department of Defense; FMS: fibromyalgia; FODMAP: fermentable oligo-, di-, mono-saccharides, and polyols; IBS: irritable bowel syndrome; ME/CFS: myalgic encephalomyelitis/chronic fatigue syndrome; NSAID: nonsteroidal anti-inflammatory drug; PGB: pregabalin; QoL: quality of life; SNRI: serotonin-norepinephrine reuptake inhibitor; SSRI: selective serotonin reuptake inhibitor; TCA: tricyclic antidepressant; VA: Department of Veterans Affairs

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CLINICAL PRACTICE GUIDELINES

Management of Chronic Multisymptom Illness: Synopsis of the 2021 US Department of Veterans Affairs and US Department of Defense Clinical Practice Guideline

Rachel Robbins, MD; Drew Helmer, MD; Patrick Monahan, MD; Stephen Hunt, MD; Lisa McAndrew, PhD; Mitchell Nazario, PharmD; William J. Brown, PhD; Wendy Chao, DO; Aniceto Navarro, MD; and James Sall, PhD

Abstract

In 2019, senior leaders within the US Department of Veterans Affairs and the US Department of Defense commissioned the update of a clinical practice guideline for managing chronic multisymptom illness. Clinical experts were assembled across both agencies to systematically review evidence and to develop treatment recommendations based on that evidence. This effort resulted in the development of 29 evidence-based recommendations for providing care for individuals with chronic multisymptom illness.

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The PACT Act is (The Sergeant First Class (SFC) Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act) is a new law that expands VA healthcare and benefits for Veterans exposed to burn pits and other toxic exposures.

Expanded eligibility, new presumptive conditions, enhanced claims process, education of clinicians, outreach

Every enrolled Veteran will receive an initial toxic exposure screening and follow-up screening every 5 years.

To both meet the screening requirements of PACT Act as well as to take our mission one step further (to ensure that Veterans quickly access resources, benefits and services available to them) the TES is designed to provide at the time of screening, five concrete, non-clinical actions to support the Veteran being screened.

1 in 3

report “definite or probable exposure to environmental hazards”

1 in 4

report “persistent major health concerns due to deployment exposures”

Screen and SAVE

Supportive Actions for Veterans with Exposures

1: All enrolled Veterans will be screened

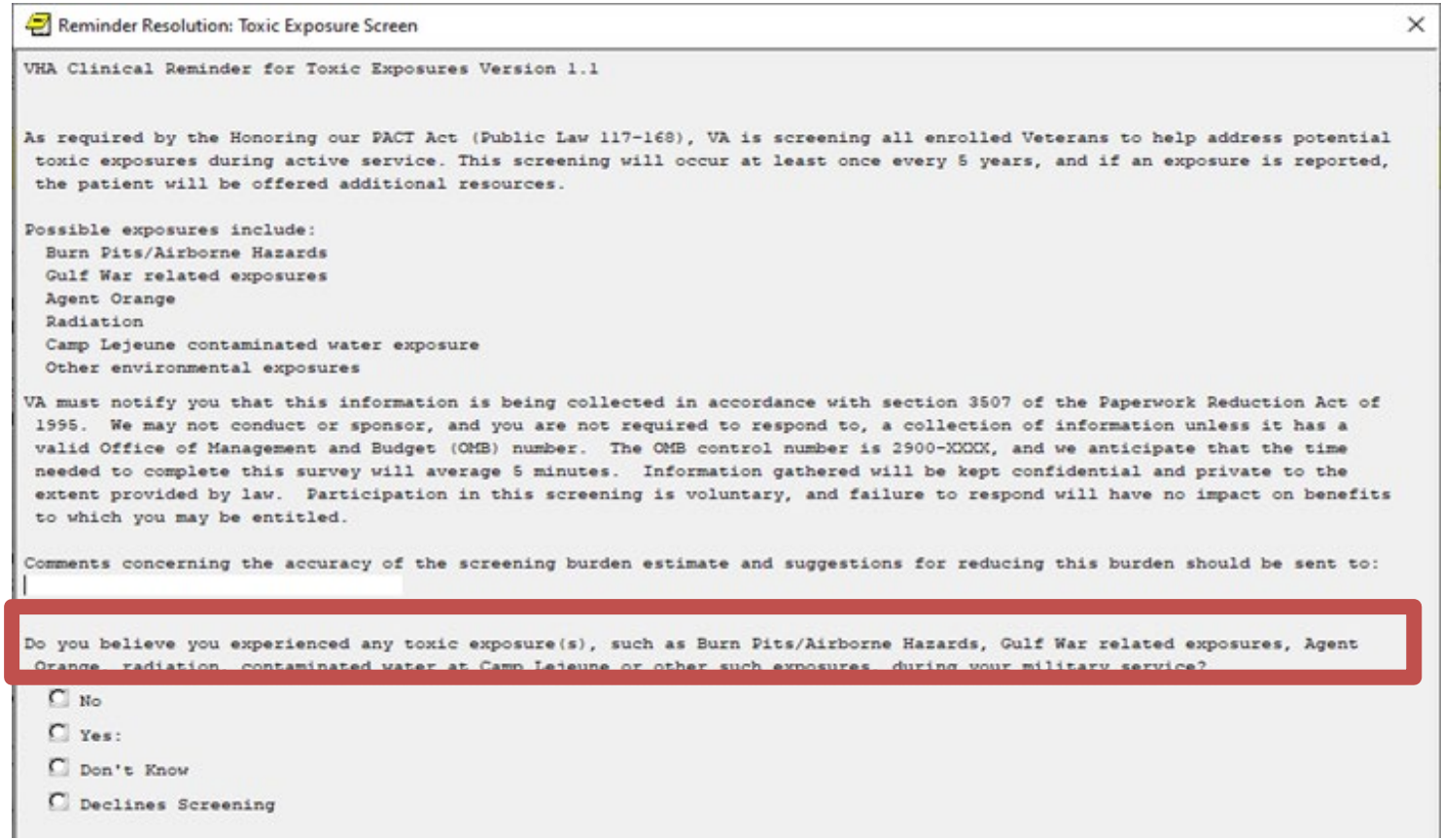
2: As a part of the screening process, the following five non-clinical actions will be triggered:

Supportive Actions for Veterans with Exposures (SAVE)

(Built into Toxic Exposure Screening Tool)

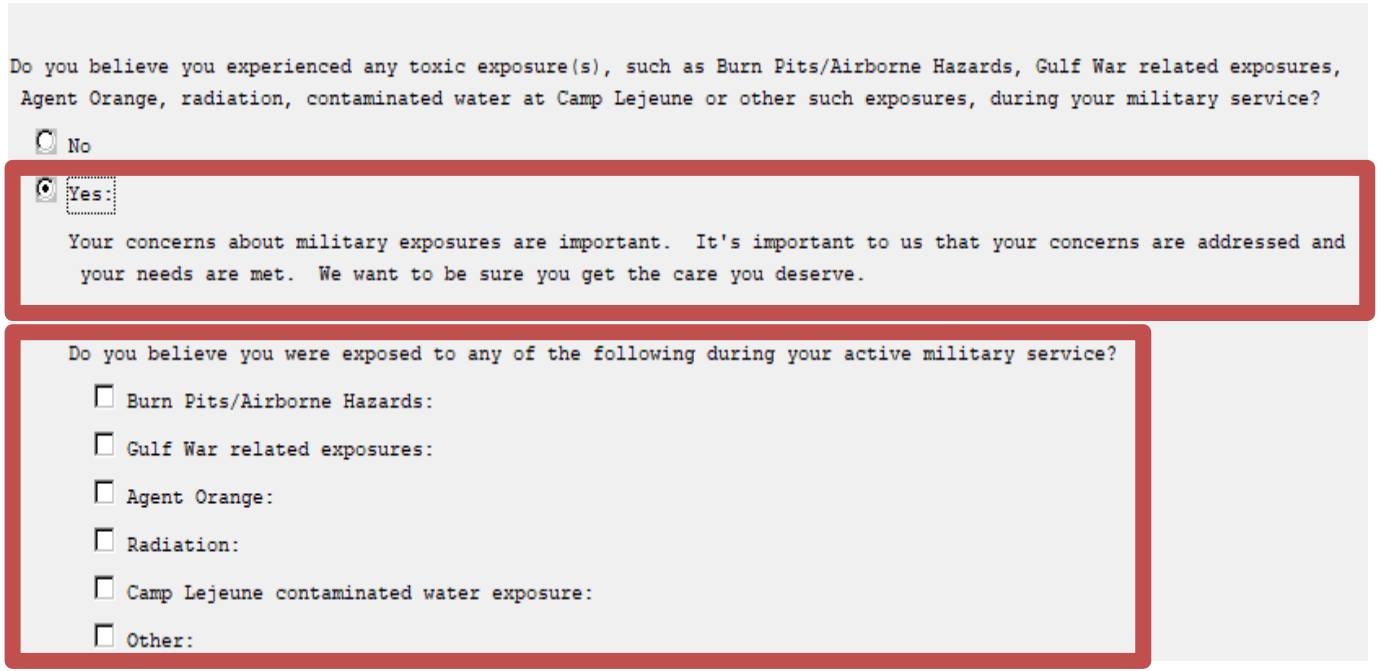
1. Affirmation of VA commitment to Veterans with exposures
2. Educate Veterans about presumptive conditions and provide guidance on submitting claims
3. Provide information about Registries and how to enroll
4. Provide standardized information on exposures of concern
5. Advise Veteran to connect with clinical care if indicated

Do you believe you experienced any toxic exposures, such as…



1. Acknowledge and validate the Veteran's concerns

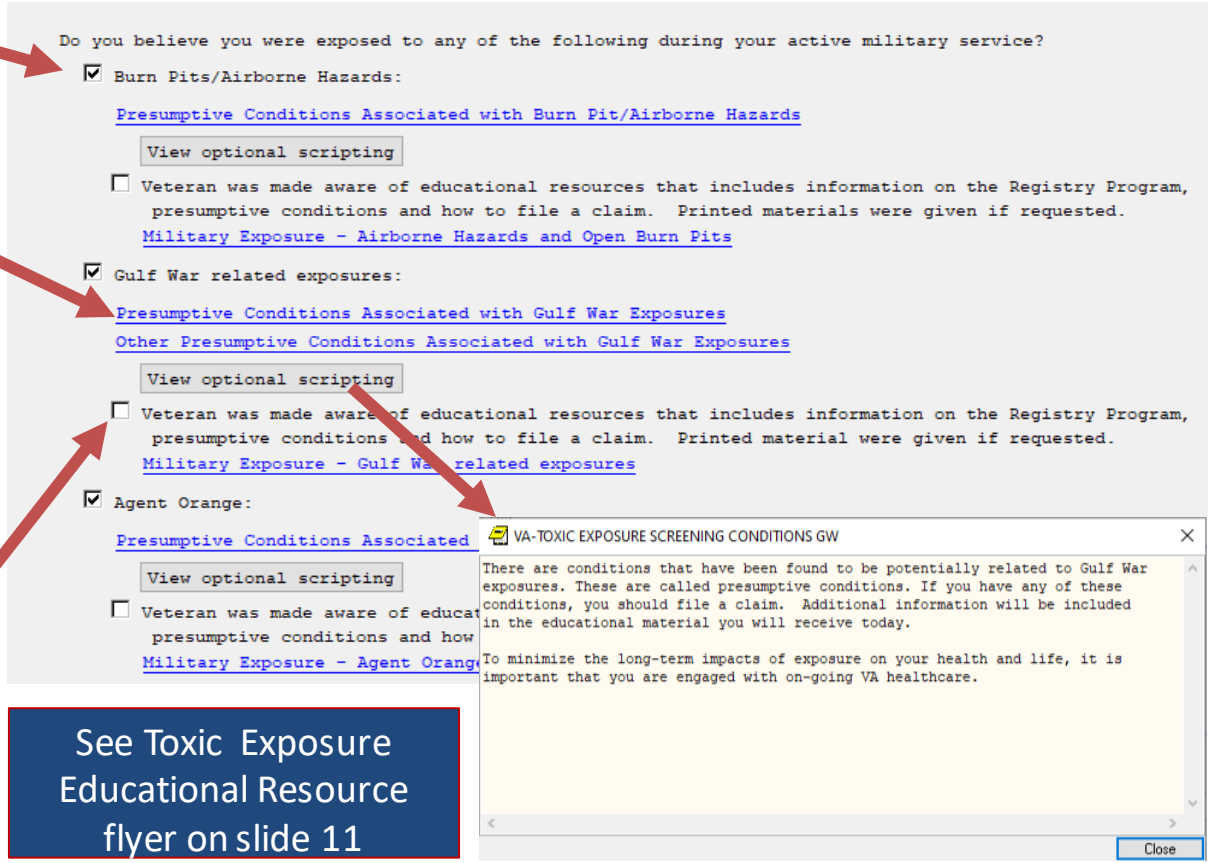
2. Ask about exposure & select/check any box if Veteran indicates "yes"



1. Select exposure of concern

2. Each exposure has an active presumptive conditions link & can be reviewed with the Veteran. Optional scripting available for each condition. More information about presumptive conditions is included in the Toxic Exposure flyer.

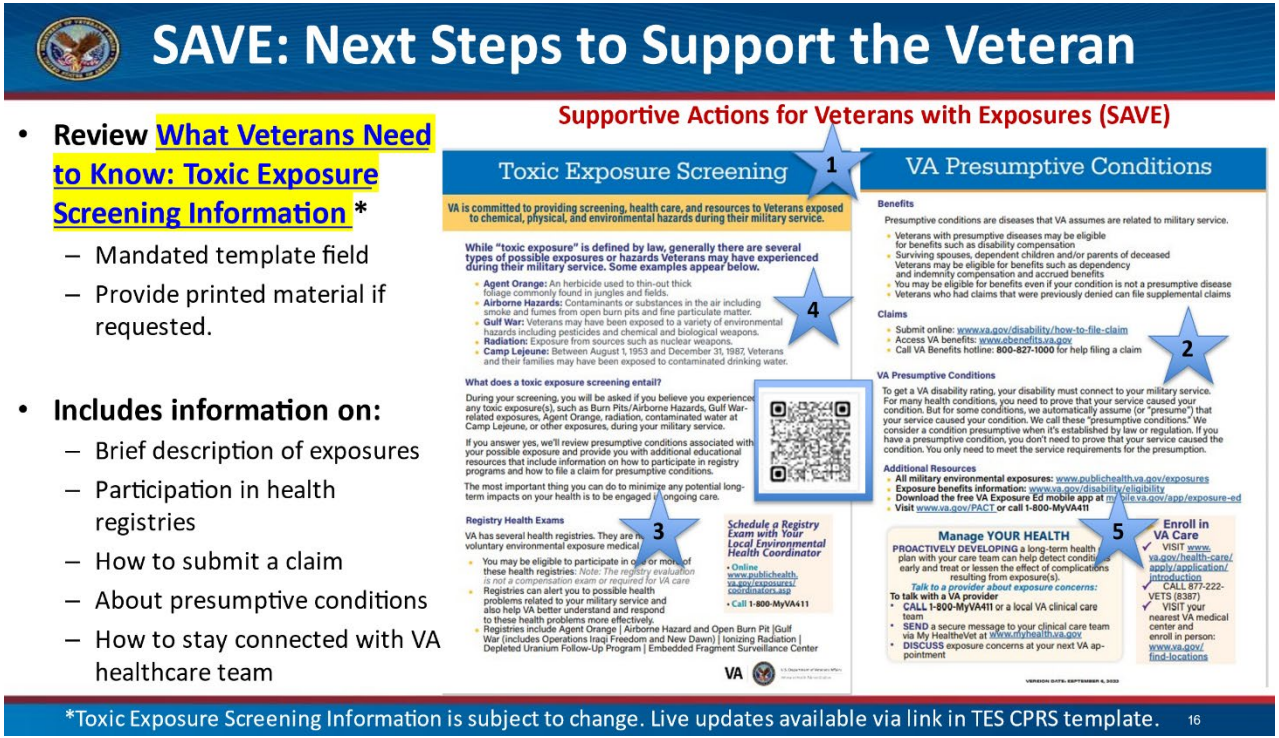
3. Inform Veteran of resources, viewable in Toxic Exposure link & can be printed.* Consider mailing or sending PDF via My HealtheVet if telephone or VVC appt, per Veteran's preference.



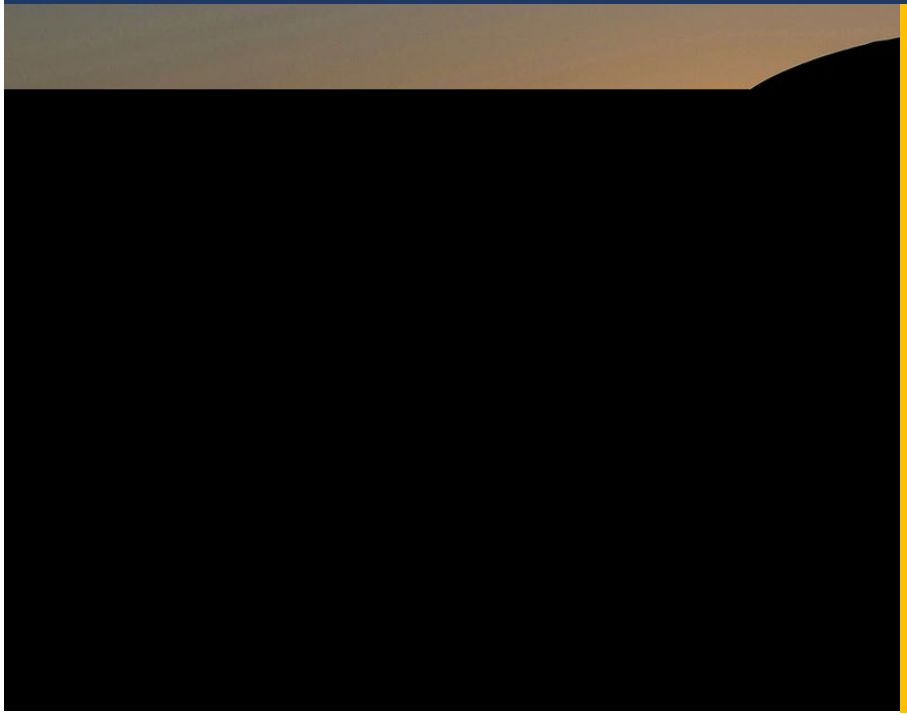
See Toxic Exposure Educational Resource flyer on slide 11

- Review Toxic Exposure Educational Resource flyer.** **Provide printed material if requested.**

- Includes information on:
  - Brief description of exposures
  - Participation in health registries
  - How to submit a claim
  - About presumptive conditions
  - How to stay connected with VA healthcare team



SURGE PLAN



VHA Enterprise-Wide Summit

Surge Plan for Future Deployments

Hosted by

VHA Office of Primary Care

March 2022