

The Evolution of VA Approaches to the Management of Chronic Multi-Symptom Illness in Gulf War Veterans

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VA Approaches to the Management of Chronic Multi-Symptom Illness in Gulf War Veterans

“While commanding an artillery battalion during Gulf War I, one of my soldiers suddenly became quite ill. Despite the best efforts of our medical team, they could not diagnose what made him so sick. Out of 800 soldiers under my command, no one else was that sick. Now here we are, almost 20 years later and this Veteran is still suffering— and has been since the war. I have watched him when he could barely stand up, couldn’t cross the room on his own, his legs were so weak. He has been in and out of hospitals many times, seen by some of the best doctors and yet there is still no explanation for his debilitating illness...and this Veteran is not alone.”

John Gingrich, VA COS

VA GW Veterans Task Force

VA Approaches to the Management of Chronic Multi-Symptom Illness in Gulf War I Veterans

How is CMI addressed in the VA system?

Generic Medically Unexplained Symptoms

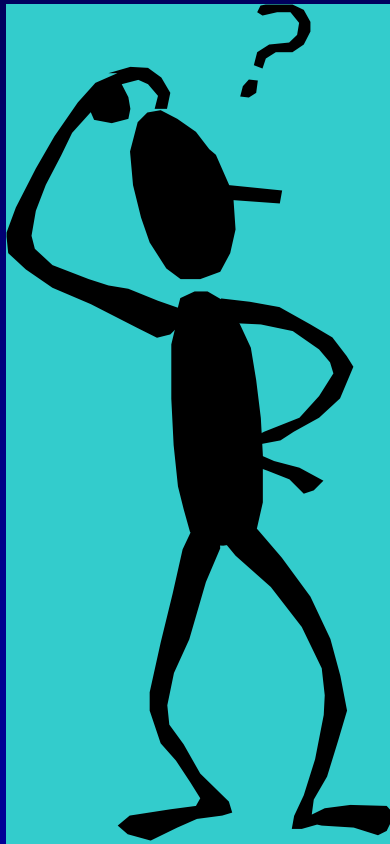
VS

GW Related Chronic Multi-Symptom Illness

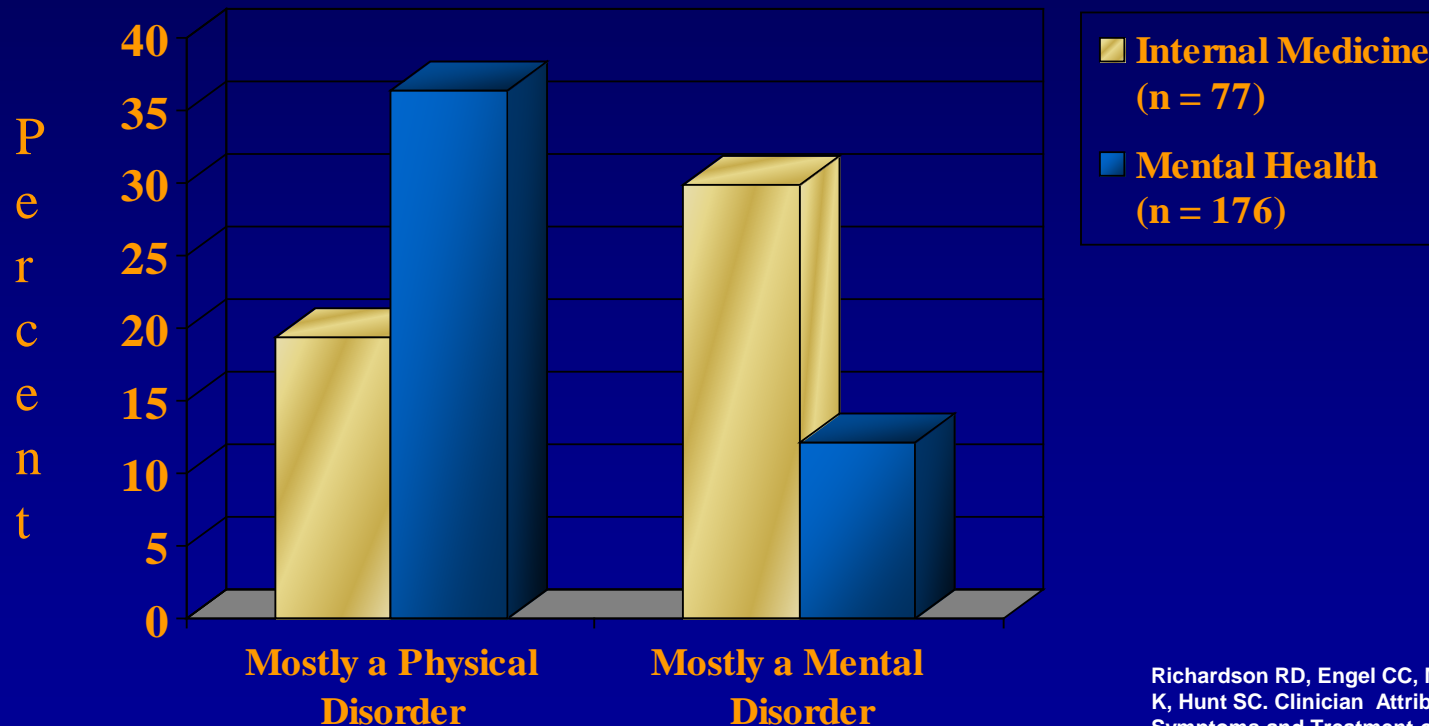
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Centers for Disease Control (CDC) defined "chronic multi-symptom illness" and applied the definition to study the relationship of the Gulf War to subsequent illness. The chronic multi-symptom illness definition has the advantage of encompassing several common syndromes that are comprised of unexplained symptoms (Fukuda & Nisenbaum, 1998).

Provider's Beliefs about Gulf War symptoms

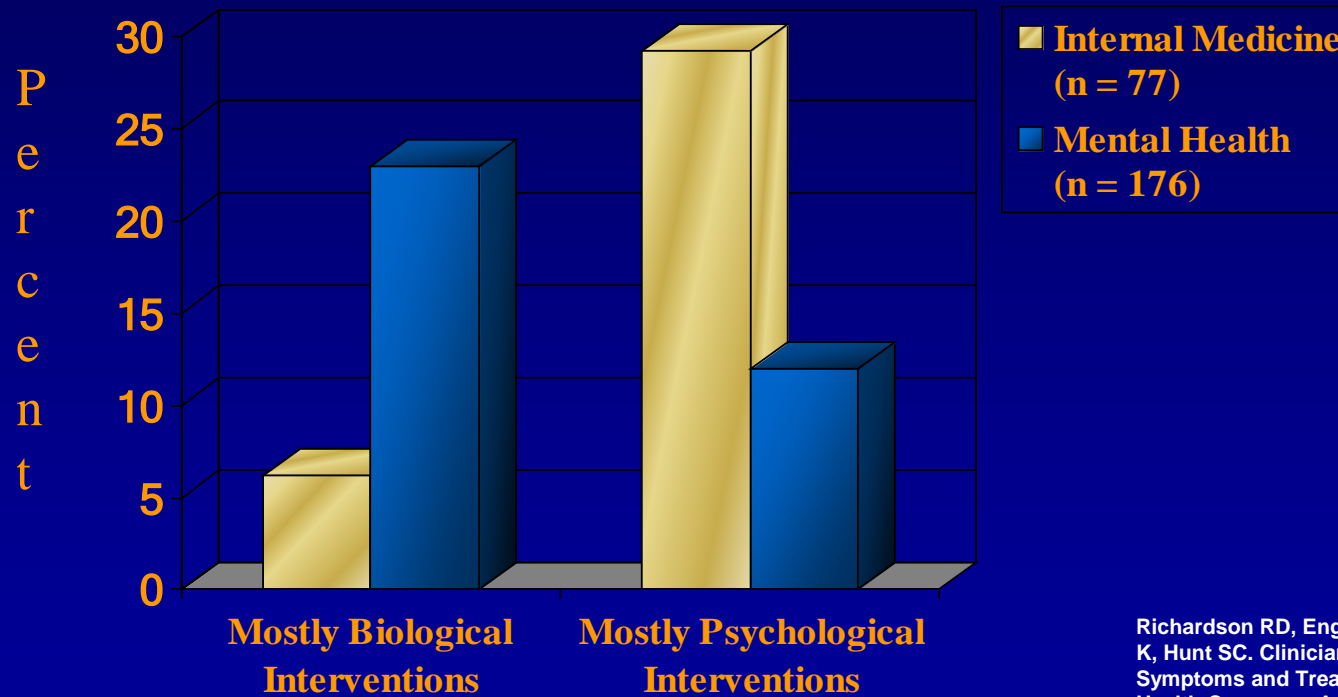


Rate the degree to which you believe “Persian Gulf Illness” is:



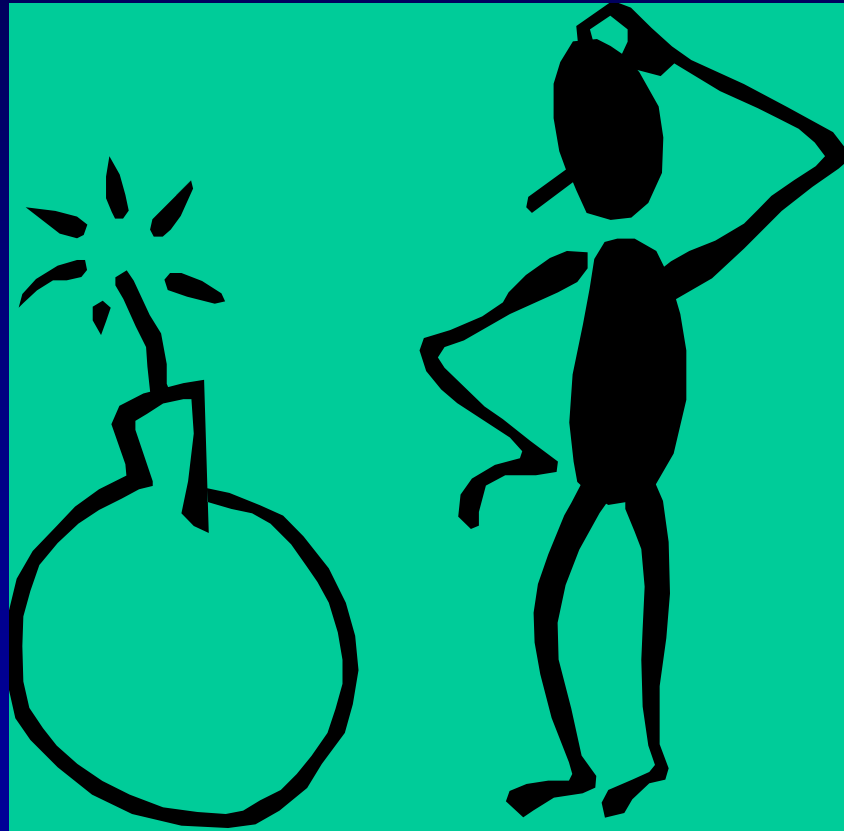
Richardson RD, Engel CC, McFall, M, McKnight K, Hunt SC. Clinician Attributions for Symptoms and Treatment of Gulf War-Related Health Concerns. Archives of Internal Medicine 2001; 161: 1289-1294.

Rate the degree to which you believe “Persian Gulf Illness,” in general, is most effectively treated by:



Richardson RD, Engel CC, McFall, M, McKnight K, Hunt SC. Clinician Attributions for Symptoms and Treatment of Gulf War-Related Health Concerns. Archives of Internal Medicine 2001; 161: 1289-1294.

Gulf War Veterans' Beliefs about their Symptoms



What we don't know about GW veterans health...

- **The specific effects of many of the numerous combat related exposure on post-war health**
- **The specific cause(s) of the chronic multi-symptom illnesses so commonly see in GW veterans**
- **The relative contributions of the many combat related exposures and experiences to specific post-war health symptoms and concerns**
- **The long term health risks of many of the numerous combat related exposures and experiences**

What we do know about GW veterans health...

- **GW veterans have more medically unexplained symptoms than veterans of other conflicts**
- **GW veterans have a particular constellation of symptoms (fatigue, muscle/joint pain and memory/concentration problems) more often than combat veterans from other conflicts**
- **GW veterans have more concerns about, and possibly more exposure to, a wider variety of chemicals and environmental agents than combat veterans of other conflicts**
- **GW veterans have poorer general health and functioning than expected**
- **GW veterans had less exposure to traditional combat stressors but more exposure to chemical/biological stressors than combat veterans from other conflicts**

What we do know about individuals with unexplained symptoms...

- **Unexplained symptoms are not unique to GW veterans**
- **Most individuals coming in to see their primary care doctors have symptoms for which a specific cause will not be found**
- **In many cases, we do not have to know the specific cause of a symptom to effectively treat the symptom**
- **Attributing a symptom to an incorrect cause may result in incorrect or ineffective management of the symptoms**
- **Living with medically unexplained symptoms or chronic multi-symptom illness can be more challenging than living with a diagnosed disease**

To say that we do not know the cause of a symptom is not to say...

- **We do not care**
- **We are not doing our best**
- **Your health concerns are not real**
- **Your symptoms do not matter**
- **These health concerns are not serious**
- **There is nothing we can do**

To say that we do not know is to say...

- **This is complex; to be simplistic is to dishonor the complexity of this reality...there are no “magic bullets”...treatment will take time and a team effort**
- **It is important not to guess or to act upon assumptions**
- **It matters a great deal that we are honest and straightforward**
- **It is more important than ever to pay attention, take care of one’s self, stay involved in care, support ongoing research**
- **Our goal is not to eradicate all symptoms related to disease; our goal is to mitigate symptoms, improve functioning and optimize quality of life for the Veteran and his/her family**

What we do know about treating individuals with unexplained symptoms...

- **To effectively manage unexplained symptoms:**
 - **Comprehensive initial assessment and testing**
 - **Effective communication and education of patient**
 - **Validation of the patient's experience and symptoms; acknowledgement that "it is real"**
 - **A willingness to acknowledge complexity and "not knowing"**
 - **Symptomatic treatment**
 - **Patient centered: health maintenance, preventive medicine, health recovery; shift from medical to self-management approach**
 - **Ongoing monitoring of care and status; life long commitment**
 - **Ongoing research into the specific syndrome/condition involved**

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**What is the pathway to entry
into the VA system
for Veterans with CMI?**

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What is the pathway to entry
into the VA system
for Veterans with CMI?

**Non GW
Veteran**

**GW
Veteran**

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Non GW
Veteran

GW
Veteran

PACT
(Patient Aligned Care Team)
MUS CPG

Post-Deployment PACT
Environmental Coordinator/Registry
Environmental Registry Clinician
MUS/CMI and PDH CPG
Presumptive SC for CMI
SC for Non-Presumptives
WRIISCs
Clinical trials

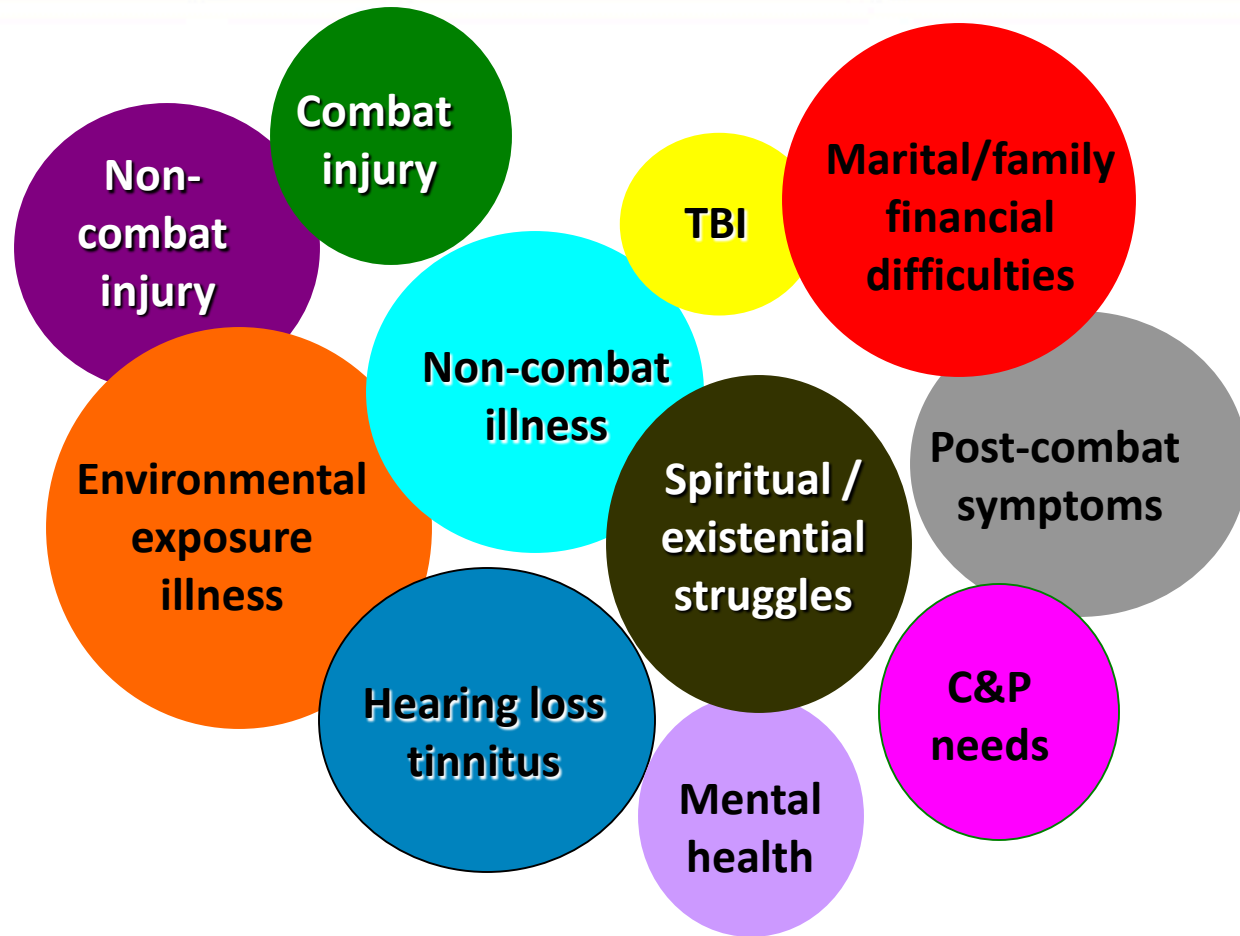
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Cognitive Behavioral Therapy and Aerobic Exercise for Gulf War Veterans Illnesses A Randomized Controlled Trial

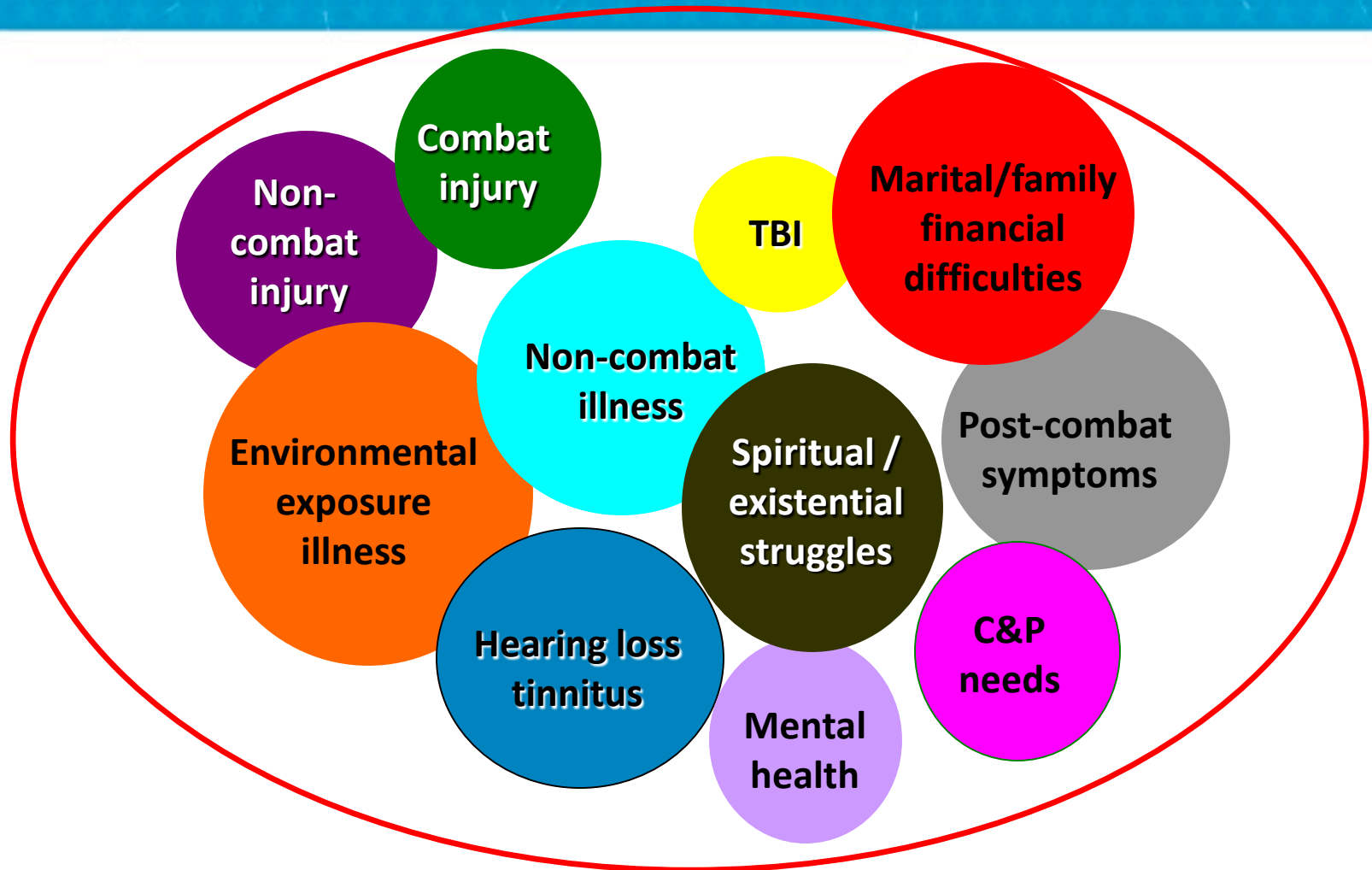
Donta ST, Clauw DJ, Engel CC; JAMA March 19, 2003; 289(11)

“...we found that CBT improved physical function whereas exercise relieved many of the symptoms of GWVI; both therapies improved cognitive symptoms and mental health functioning but neither therapy improved pain. Our results are consistent with the reported modest beneficial effects of these therapies in similar multi-symptom illnesses and demonstrate that such treatment are safe and could be implemented in a large health care system.”

Post-Deployment Health Care Needs

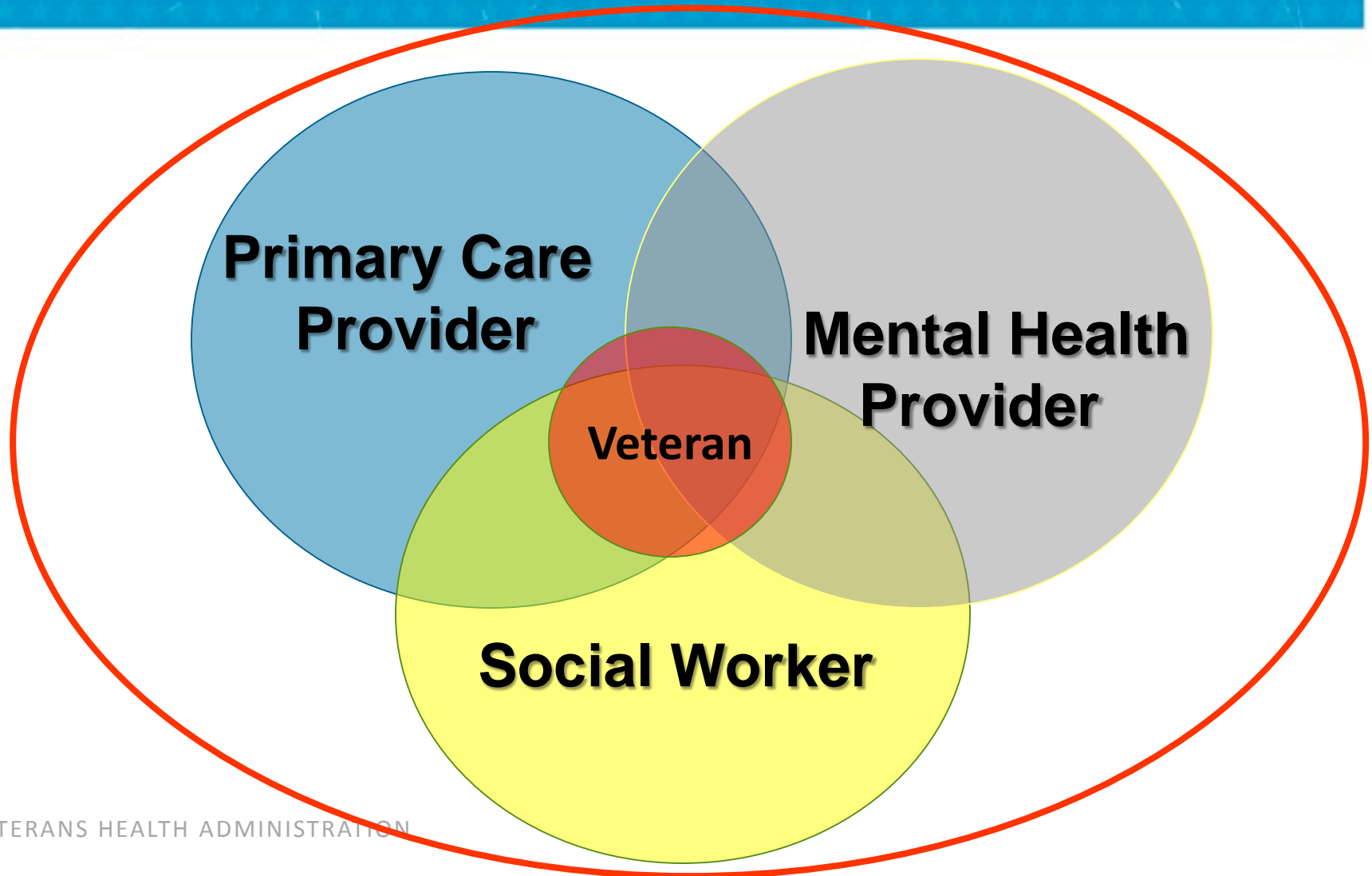


Post-Deployment Integrated Care



Integrated Post-Combat Care

PDICI (Post-Deployment Integrated Care Initiative 2008)



Post-Deployment Integrated Care Clinical Platforms (2010) (n=111)

Arrangement	% of facilities surveyed
OEF/OIF Post Deployment Clinic only	23%
OEF/OIF Primary Care Cohort only	25%
Both Clinic and Cohort	36%
Neither arrangement present	16%

A blue rounded rectangle encloses the percentages for 'OEF/OIF Post Deployment Clinic only' (23%), 'OEF/OIF Primary Care Cohort only' (25%), and 'Both Clinic and Cohort' (36%). A blue arrow points from this group to a separate blue rounded rectangle containing the total percentage '84%'.

Stepped Care

4. War Related Illness and Injury Study Center

- Expertise in deployment-related health and exposure concerns
- Special access to data related to exposures concerns
- Familiarity with the range of treatment and specialty resources available
- Inform research, education, and policy through direct patient care

3. Local post-deployment health expertise

- More advanced knowledge of deployment-related health and exposure concerns
- Greater knowledge of treatment resources and approaches
- Coordination of referral to higher level resources

2. Primary care

- Basic military cultural competency
- Knowledge of general deployment-related health and exposure concerns
- Primary care-appropriate knowledge of local treatment and rehabilitation resources
- Basic understanding of benefits and familiarity with community resources

1. Public health surveillance

- Health care utilization reports
- Pre- and post-deployment health assessment surveys
- Environmental monitoring
- Casualty reports