VA/DoD CLINICAL PRACTICE GUIDELINE

Chronic Multisymptom Illness (CMI)

Definition CMI

Chronic Multisymptom Illness (CMI) is a label given to a diverse set of disorders including, but not limited to:
- Chronic Fatigue Syndrome (CFS),
- Fibromyalgia syndrome (FMS), and
- Irritable bowel syndrome (IBS).

CMI encompasses military-specific medically unexplained illnesses such as:
- Gulf War Illness,
- Gulf War Syndrome, or
- Post deployment syndrome.

The definition of CMI also includes patients without a labeled, defined, or generally accepted condition, who exhibit persistent or frequently recurring symptoms not explained by other disorders and affecting two or more of the following six categories:
- Fatigue
- Mood and cognition
- Musculoskeletal (including pain)
- Respiratory
- Genitourinary
- Neurologic (including headache).

TABLE 1 CMI Symptom Attributes

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration</td>
<td></td>
</tr>
<tr>
<td>Start</td>
<td></td>
</tr>
<tr>
<td>Location</td>
<td></td>
</tr>
<tr>
<td>Comorbidity</td>
<td></td>
</tr>
<tr>
<td>Previous episodes</td>
<td></td>
</tr>
<tr>
<td>Intensity and impact</td>
<td></td>
</tr>
<tr>
<td>Previous treatment and medications</td>
<td></td>
</tr>
<tr>
<td>Past medical, surgical, and psychological history</td>
<td></td>
</tr>
<tr>
<td>Patient perceptions of symptoms</td>
<td></td>
</tr>
</tbody>
</table>

TABLE 2 Algorithm A: Evaluation and Management

1. Patient presents with a spectrum of chronic symptoms not explained by other disorders and meeting the criteria for Chronic Multisymptom Illness (CMI).
2. Are there unstable or urgent conditions present?
3. Conduct a thorough evaluation of symptoms and assess for comorbid conditions.
4. Does CMI co-exist with another medical or psychiatric condition that may explain the symptoms?
5. Refer or treat as indicated using appropriate evidence-based clinical practice guidelines.
6. Initiate trial of non-pharmacologic interventions.
   - Cognitive behavioral therapy
   - Mindfulness based therapy
   - Brief psychodynamic interpersonal psychotherapy
7. Have symptoms improved to patient satisfaction?
8. Follow up and reason as needed.
9. Continue to Algorithm A: Treatment.

TABLE 3 Risk Factors for CMI

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Older age (born before 1940)</td>
</tr>
<tr>
<td>Gender</td>
<td>Female</td>
</tr>
<tr>
<td>Service</td>
<td>Army vs. Air Force (Limited to OIF/OEF)</td>
</tr>
<tr>
<td>Reserve guard members</td>
<td>(Limited to OIF/OEF)</td>
</tr>
<tr>
<td>Officers</td>
<td>(Limited to OIF/OEF)</td>
</tr>
<tr>
<td>History of smoking</td>
<td>(Both in Desert Storm and Desert Shield and OIF/OEF)</td>
</tr>
<tr>
<td>Alcohol abuse</td>
<td>(Limited to OIF/OEF)</td>
</tr>
<tr>
<td>History of depression and anxiety</td>
<td>(Pre-war) (Limited to Desert Storm and Desert Shield)</td>
</tr>
<tr>
<td>History of combat exposure</td>
<td>(Limited to Desert Storm and Desert Shield)</td>
</tr>
<tr>
<td>History of sexual abuse</td>
<td>(All forms) (Indirect for CMI but consistent across symptom based syndromes)</td>
</tr>
<tr>
<td>History of mild traumatic brain injury</td>
<td>(Indirect for CMI but consistent across symptom based syndromes)</td>
</tr>
</tbody>
</table>

TABLE 4 Assessment and Diagnosis

- All patients should receive a thorough evaluation of symptoms based on clinical judgment.
- Obtain medical history, conduct physical examination and psychological assessment.
- Consider additional and/or longer duration mountaints.
- Obtain a thorough evaluation of symptoms based on clinical judgment.
- Consider diagnostic studies, as indicated (for alternative diagnosis only).
- Do not use any test for which there may be limited additional benefit to confirm the diagnosis of CMI.
- Testing for rare exposures or biologic effects should only be done in the presence of supportive history or physical findings.
- Discuss risk factors using principles of health risk communication within a therapeutic patient provider alliance for those patients who wish to further understand factors that could contribute to their condition.

Access to full guideline and toolkit:
December 2014
TABLE 6  Therapeutic Interventions for Global CMI

- Incorporate appropriate elements of physical activity as part of a comprehensive and integrated treatment plan.
- Offer cognitive behavioral therapy, delivered by trained professionals.
- Consider mindfulness-based therapy, meditation, behavioral medical intervention, and/or brief psychodynamic interpersonal psychotherapy, delivered by trained professionals.
- Consider complementary and integrated medicine interventions as a component of personalized, patient-driven care.
- Consider a trial of tricyclic antidepressants (TCA), selective serotonin reuptake inhibitor (SSRI), or pregabalin (PGB) for the treatment of patients with clinical symptoms of pain-predominant CMI.
- Do not use long-term opioid medications for management of patients with pain-predominant symptoms of CMI.
- Consider not using acupuncture for treatment of patients with gastrointestinal-predominant symptoms of CMI.

TABLE 7  Symptom Efficacy of Pharmacotherapies

<table>
<thead>
<tr>
<th>Agent (selected list)</th>
<th>Predominant Symptom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duloxetine</td>
<td>Pain</td>
</tr>
<tr>
<td>Venlafaxine Extended-release</td>
<td>Global</td>
</tr>
<tr>
<td>Venlafaxine</td>
<td>Global</td>
</tr>
<tr>
<td>Duloxetine</td>
<td>Pain</td>
</tr>
<tr>
<td>Mirtazapine</td>
<td>Pain, fatigue</td>
</tr>
<tr>
<td>Duloxetine</td>
<td>Pain, fatigue</td>
</tr>
<tr>
<td>Amitriptyline</td>
<td>Pain</td>
</tr>
<tr>
<td>Pregabalin</td>
<td>Pain, fatigue</td>
</tr>
<tr>
<td>Paracetamol controlled-release</td>
<td>Pain</td>
</tr>
<tr>
<td>Codeine</td>
<td>Pain</td>
</tr>
</tbody>
</table>

* Refer to full CPG and algorithms for relative usage and timing of therapies.
* Refer to current product information for additional prescribing information.
* Equivelar efficacy, not compared with placebo.

TABLE 8  Management Strategies in Primary Care

- Use a collaborative, team-based approach, including a behavioral health specialist in Primary Care.
- Use shared-decision making principles to develop a comprehensive and personalized treatment plan.
- All providers are encouraged to enhance knowledge in the following critical domains:
  - Communication skills (e.g., active listening, risk communication/perception)
  - Empathy skills
  - Working with interdisciplinary teams
  - The biopsychosocial model
  - Risk factors for CMI and analogous conditions
  - Military cultural competency
  - Deployment related exposures.

Algorithm B: Treatment

1. Patient with Chronic Multisymptom Illness not responding to initial non-pharmacologic interventions
2. Is any of the following symptoms predominant:
   - Fatigue
   - Gastrointestinal
   - Pain?
3. Patient presents with global CMI
4. Consider a trial of SSRIs, SNRIs, or mirtazapine
5. Consider non-opioid analgesics or acupuncture
6. Consider a trial of TCA, SNRI or TCA
7. Use caution when considering stimulants
8. Use a collaborative, team-based approach, including a behavioral health specialist in Primary Care.
9. Use shared-decision making principles to develop a comprehensive and personalized treatment plan.
10. All providers are encouraged to enhance knowledge in the following critical domains:
   - Communication skills (e.g., active listening, risk communication/perception)
   - Empathy skills
   - Working with interdisciplinary teams
   - The biopsychosocial model
   - Risk factors for CMI and analogous conditions
   - Military cultural competency
   - Deployment related exposures.