VA/DoD CLINICAL PRACTICE GUIDELINE

Chronic Multisymptom Illness

KEY ELEMENTS OF THE GUIDELINE

- Obtain a thorough evaluation of symptoms and assess for comorbid conditions
- Minimize low yield diagnostic testing
- Determine if the patient can be classified as Chronic Multi-Symptom Illness (CMI)
- Develop comprehensive and personalized treatment plan
- Use collaborative team-based approach, including a behavioral health specialist, for the primary care management
- Use shared decision making principles to develop a comprehensive and personalized treatment plan
- Provide appropriate patient and family education.
- Maximize the use of non-pharmacologic therapies:
  - Appropriate elements of physical activity.
  - Cognitive behavioral therapy (CBT)
  - Complementary and integrative medicine interventions
- Consider pharmacotherapy that has shown to be effective based on predominant symptoms (pain, fatigue, gastrointestinal)
- Avoid long-term use of opioid medications

Expected outcome of successful implementation of this guideline is to:

- Formulate an efficient and effective assessment of the patient's condition
- Optimize use of therapy to reduce symptoms and enhance functionality
- Minimize preventable complications and morbidity
- Emphasize the use of personalized, proactive, patient-driven care

Access to full guideline and toolkit:
http://www.healthquality.va.gov or,
https://www.qmo.amedd.army.mil
December 2014

VA/DoD Evidence-Based Practice

Algorithm A: *Evaluation and Management*

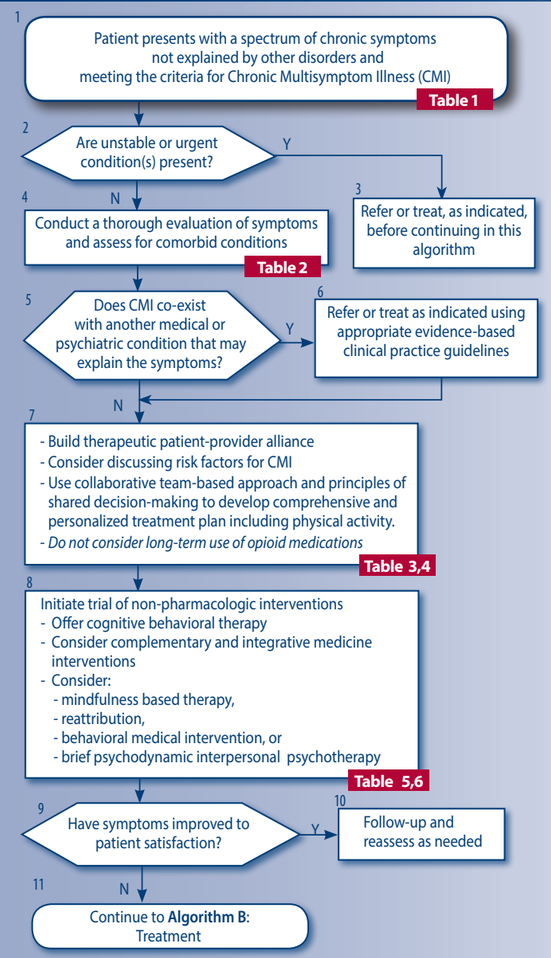

TABLE 1 Definition CMI

Working Definition of Chronic Multisymptom Illness

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 accepted labels, defined by generally accepted criteria, who exhibit persistent or frequently recurring symptoms negatively impacting daily function for a minimum of six months duration from two or more of the following six categories:

- Fatigue
- Mood and cognition
- Musculoskeletal (including pain)
- Respiratory
- Gastrointestinal
- Neurologic (including headache).

Patients with symptoms lasting less than six months, or who experience only one of the listed symptoms, or with a clearly organic-based disease that explains all/most of their symptoms were not covered in this report. Further consideration for inclusion should be given to symptoms affecting the following systems:

- Genitourinary,
- Cardiopulmonary, and
- Sleep.

TABLE 2 CMI Symptom Attributes

- Duration
- Onset
- Location
- Comorbidity
- Previous episodes
- Intensity and impact
- Previous treatment and medications
- Past medical, surgical, and psychological history
- Patient perception of symptoms

TABLE 3 Risk Factors for CMI

Strong Strength of Directness/Generalizability

- Older age (born before 1960)
- Female
- Army vs. Air Force (Limited to OIF/OEF)
- Reserve guard members (Limited to OIF/OEF)
- Officers (Limited to OIF/OEF) – negative association
- History of smoking (Both in Desert Storm and Desert Shield and OEF/OIF)
- Alcohol abuse (Limited to OIF/OEF)
- More education to reduce misinterpretation (Limited to OIF/OEF)
- Mental health problem, anxiety, depression, PTSD (Limited to OIF/OEF)
- History of depression and anxiety (pre-war) (Limited to Desert Storm and Desert Shield)
- Higher combat exposure (Limited to Desert Storm and Desert Shield)
- Gulf War deployment
- Khamsiyah exposure (Limited to Desert Storm and Desert Shield

Moderate Strength of Directness/Generalizability

- History of sexual abuse (all forms) (Indirect for CMI but consistent across symptom based syndromes).
- History of sexual abuse (rape) (Indirect for CMI but consistent across symptom based syndromes).

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 encounters.
- 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.

Algorithm B: *Treatment*

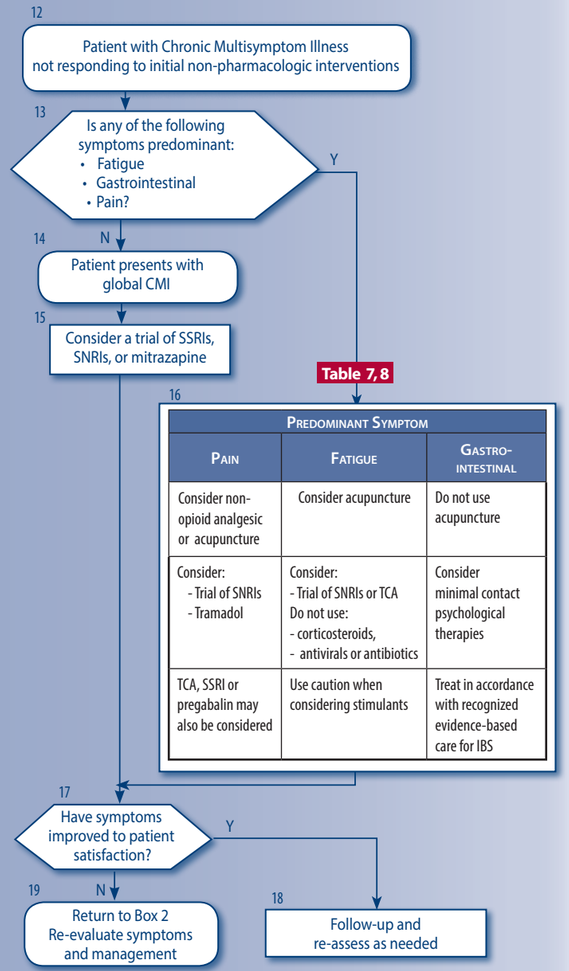

TABLE 5 Management Strategies in Primary Care

- » 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.

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, reattribution, behavioral medical intervention, and/or brief psychodynamic interpersonal psychotherapy, delivered by trained professionals.
- » Consider complementary and integrated medicine interventions as a component of personalized, proactive patient-driven care.
- » Consider a trial of selective serotonin reuptake inhibitor (SSRI), serotonin–norepinephrine reuptake inhibitor (SNRI), or mirtazapine for the treatment of clinical symptoms of CMI.
- » **Do Not** use long-term opioid medications for management of patients with CMI.
- » **Consider Not** using doxycycline in treatment of patients with clinical symptoms of CMI.

TABLE 7 Therapeutic Interventions

Pain-Predominant CMI

- » Consider acupuncture as part of the management of patients with pain-predominant symptoms of CMI.
- » Consider non-steroidal anti-inflammatory drugs (NSAID) for treating certain peripheral pain symptoms associated with CMI, though they do not necessarily lead to global beneficial effect.
- » Consider tramadol for treating certain pain symptoms associated with CMI that fail to respond to other non-opioid analgesic medications or non-pharmacologic approaches.
- » Consider a trial of serotonin–norepinephrine reuptake inhibitor (SNRI) for the treatment of patients with clinical symptoms of pain-predominant CMI.
- » 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.

Fatigue-Predominant CMI

- » Consider acupuncture as part of the management of patients with fatigue-predominant symptoms of CMI.
- » Consider a trial of SNRI or tricyclic antidepressants (TCA) for patients with clinical symptoms of fatigue-predominant CMI.
- » **Consider not** using pharmacologic agents for sleep disturbances in CMI.
- » **Consider not** using stimulants for the treatment of fatigue-predominant CMI.
- » **Do not** use antivirals or antibiotics for the treatment of fatigue-predominant CMI.
- » **Do not** use corticosteroids for the treatment of fatigue-predominant CMI.
- » **Do not** use immunotherapies for the treatment of the symptoms of fatigue-predominant CMI.

Gastrointestinal-Predominant CMI

- » Treat predominantly gastrointestinal symptoms in accordance with recognized evidence-based care for IBS.
- » Consider minimal contact psychological therapies for treatment of gastrointestinal-predominant CMI.
- » **Consider not** using acupuncture for treatment of patients with gastrointestinal-predominant symptoms of CMI.

TABLE 8 Symptom Efficacy of Pharmacotherapies

Agent (selected list)	Predominant Symptom
Escitalopram	Global
Fluoxetine	Global * Pain
Sertraline	Global
Venlafaxine	Global *
Venlafaxine Extended-release	Global *
Mirtazapine	Global *
Duloxetine	Pain Fatigue
Milnacipran	Pain Fatigue
Amitriptyline	Pain Fatigue
Pregabalin	Pain
Paroxetine controlled release	Pain
Citalopram	Pain

- » Refer to full CPG and algorithm for relative usage and timing of therapies
- » Refer to current product information for additional prescribing information.
- » * Equivocal efficacy; not compared with placebo.