VA/Dod CLINICAL PRACTICE GUIDELINES

Patient presents with a spectrum of chronic symptoms not fully

explained by other disorders and meeting the criteria for CMI

(see Sidebar 1)

Build and maintain a therapeutic patient-provider alliance while

conducting a thorough evaluation of symptoms and assess for

comorbid conditions (see Sidebar 2)

Does CMI co-exist with another

diagnosis that may partially

contribute to the symptoms?

Develop an individualized treatment plan based on patient's

Initial treatments may include:*

Does patient present with CMI and

symptoms consistent with FMS?* Yes

In addition to the treatments in Box 6:

Consider yoga, tai chi, manual acupuncture, or physical

Avoid NSAIDs for chronic pain related to CMI

Avoid use of opioid medications for pain related to CMI

No

Provide education on CMI and discuss the findings,

needs, goals, and preferences (see Sidebar 3)

Offer CBT or mindfulness-based therapy

impression, and evidence

Avoid use of mifepristone^{↓↓}

Consider emotion-focused therapy

Consider a trial of SNRIs or PGB[↑]

exercise[↑]

The Management of Chronic Multisymptom Illness (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

Refer or treat co-occurring conditions as indicated using appropriate evidence-based VA/DoD CPGs

Have symptoms, QoL, or

function improved to patient

satisfaction?

- * 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

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 constipation¹ Consider linaclotide or plecanatide for patients with constipationpredominant 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[↔]

Continue individualized treatment plan and update

as needed (see Sidebar 3)

No

Yes

Does patient present with Yes CMI and symptoms consistent with IBS?* No Does patient present with In addition to the treatments in Box 6: Yes CMI and symptoms Avoid corticosteroids, antivirals, or antibiotics Avoid stimulants for fatigue symptoms↓↓ consistent with ME/CFS?* No

Yes

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Sidebar 2: Elements of Assessment

- Obtain medical history and military/deployment history
- Conduct psychosocial assessment including psychological trauma history
- · Conduct physical examination
- Consider diagnostic studies, as indicated, for rule-out of alternative diagnoses only; avoid any tests for which there may be limited additional benefit
- Consider additional and/or longer duration encounters

Sidebar 3: Individualized Treatment Plan

- Using a whole/holistic health approach, identify individual treatment goals (e.g., return to work, improved QoL, resumption of recreational activities)
- Describe treatment options and engage in shared decision making discussion and shared goal setting in support of the individual's aspiration and purpose for health and well-being
- Maximize use of non-pharmacologic therapies (e.g., CBT, CIH interventions.[‡] aerobic exercise)
- Develop personal health plan and timeline for follow-up and monitor progress toward personal goals
- Maintain continuity and caring relationship via in-person and/or virtual modalities
- Provide education (both for improved health literacy and whole/holistic health self-care) and engage families/caregiver/support person, if available
- Based on patient needs, consider referral to case manager and establish interprofessional care team

‡ See https://www.va.gov/wholehealth/

Non-pharmacologic Treatments for CMI

Treatment of CMI

Cognitive behavioral therapy[↑]

- Acceptance-based behavior therapy
- Traditional cognitive behavioral therapy

Mindfulness-based therapies¹

- Meditation awareness training
- Mindfulness-based cognitive therapy
- · Mindfulness-based stress reduction

Treatment of CMI and symptoms consistent with IBS or FMS

Emotion-focused therapy

- Attachment-based compassion therapy
- Emotional awareness and expression therapy

Treatment of CMI and symptoms consistent with IBS

Psychodynamic therapy↔

Low-FODMAP diet#

Treatment of CMI and symptoms consistent with FMS

Aerobic exercise

Manual acupuncture

l Tai chi↑

Yoga↑

- Refer to CPG for descriptions of behavioral health interventions.
- 1 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

r namacologic Agents for Civil	
Agent	Predominant Symptom
Escitalopram↔	Global
Fluoxetine↔	Global, Pain
Sertraline↔	Global
Paroxetine↔	Pain
Citalopram↔	Pain
Venlafaxine Immediate-release [↑]	Global
Venlafaxine Extended-release [↑]	Global
Mirtazapine↔	Global
Duloxetine↔	Pain
Duloxetine↑	Fatigue
Milnacipran↑	Pain, Fatigue
Amitriptyline	Pain, Fatigue
Pregabalin↑	Pain
Rifaximin↑	IBS, moderate to severe
	without constipation
Lubiprostone↔	IBS with constipation in
	women >18 years old
Linaclotide [↑]	IBS with constipation
Plecanatide [↑]	IBS with constipation
Eluxadoline↔	IBS with diarrhea

Pharmacologic Agents for CMI

- Refer to CPG and algorithm for relative usage and timing of therapies
- Refer to current product information for additional prescribing information

Access to the full guideline and additional resources are available at the following link: https://www.healthquality.va.gov/quidelines/mr/cmi/

