

# Therapies Must Also Be Addressed

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search studies have identified a number of central and autonomic alterations in symptomatic veterans that distinguish groups of ill veterans from healthy controls. None of these findings has yet resulted in clinical diagnostic tests, however," she added.

And although neuropsychologic testing may provide objective measures of neurocognitive impairment in some, that isn't the case in all symptomatic veterans.

"It is important that neurologists listen carefully to patients who served in the Gulf War who exhibit symptoms consistent with Gulf War illness, and provide evaluations aimed at identifying or ruling out diagnosable problems—both neurological and psychiatric," she said.

At least a quarter of the nearly 700,000 U.S. military members who served in the Gulf War have experienced some type of chronic, multisymptom illness since returning home. The symptoms are not explained by established medical diagnoses and typically include a combination of memory and concentration problems, widespread pain, and unexplained fatigue, and can include chronic diarrhea, skin rashes, and respiratory problems. According to Dr. Steele, persistent migraines also are reported at significantly increased rates in Gulf War veterans, and studies suggest that some symptomatic veterans are affected by seizures and sleep disorders. Posttraumatic stress disorder and depression also are present in a minority of symptomatic veterans.

Dr. Steele expressed concern that veterans with the illness "often had difficulty obtaining supportive treatment from clinicians who are knowledgeable about their condition and/or familiar with treatment options that can be useful. "Veterans report that clinicians frequently are dismissive of their symptoms."

These panel's conclusions are based on an analysis of available evidence on Gulf War illnesses. The committee consulted about 1,600 sources for its current report, said Roberta F. White, Ph.D., the scientific director of the committee and chair of the department of environmental health at the Boston University School of Public Health.

It's the large number of sources reviewed that allowed the committee to reach a conclusion on the existence and causes of Gulf War illness where others have not, Dr. White said. For example, a 2006 report from the Institute of Medicine did not find evidence of a definitive link between reports of multisymptom illness and Gulf War service. The IOM committee cited a lack of objective predeployment health information as one reason why they could not reach a more definitive conclusion about the issue.

Now that the syndrome's existence has been confirmed, it's time to focus research efforts on the development of diagnostic tests and treatments, according to the committee members.

"We need to be solving the problem now, not debating the problem," Dr. Steele said.

There are no proven treatments currently available for Gulf War illness. But some promising research efforts were recently started at the Departments of Defense and Veterans Affairs, the report said.

Researchers do have ideas about what could work, and there are some alternative medicine treatments that veterans have been trying, Dr. White said. All of these ideas need to be aggressively pursued through clinical trials, she said.

Dr. Steele added that current treatment for veterans with signs of Gulf War illness mostly centers around alleviating symptoms such as persistent pain, migraines, disordered sleep, and mood difficulties. And although the Departments of Defense and Veterans Affairs provided guidelines for treating undiagnosed symptomatic illness in Gulf War veterans in 2001 (based largely on treatments for chronic fatigue and fibromyalgia), "very little research has been conducted to evaluate treatments for Gulf War illness," said Dr. Steele.

"Published studies indicate limited or no benefit with cognitive-behavioral therapy and a graded exercise interventions," she said. Antibiotics for persistent diarrhea, continuous positive airway pressure (CPAP) for disordered sleep, and CoQ-10 to address fatigue and other symptoms have also been considered.

The committee also called on Congress to allocate at least \$60 million annually for the federal government's Gulf War research portfolio. Since 1994, the federal government has spent more than \$440 million on Gulf War research primarily at the Departments of Defense and Veterans Affairs, but in recent years the budgets in both agencies have been cut. In 2006, DOD spent just \$5 million and the VA spent \$4 million on research related to the Gulf War.

At press time, officials at the VA and members of the VA committees in Congress were reviewing the report. ■

The full report is available online at [www.va.gov/RAC-GWVI](http://www.va.gov/RAC-GWVI).

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## POLICY & PRACTICE

### NIH Examines Early-Onset Alzheimer's

As part of a study aimed at better understanding early-onset Alzheimer's disease, researchers are recruiting the adult children of individuals diagnosed with inherited AD. The volunteers will undergo genetic analysis, cognitive testing, and neuroimaging, as well as provide blood and cerebral spinal fluid samples, which to build an international database. The Dominantly Inherited Alzheimer's Network study, funded by the National Institutes of Health, is a 6-year, \$16 million effort aimed at identifying the sequence of brain changes in the early-onset form of the disease before symptoms occur. The study involves researchers from sites in the United States, England, and Australia. "By sharing data within the network, we hope to advance our knowledge of the brain mechanisms involved in Alzheimer's, eventually leading to targets for therapies that can delay or even prevent progress of the disease," Dr. Richard J. Hodes, director of the National Institute of Aging, part of the National Institutes of Health, said in a statement. More information about the study is at [www.dian-info.org](http://www.dian-info.org).

### AAN Hails Successful Year on the Hill

Neurologists and their patients realized significant victories on Capitol Hill this year, according to the American Academy of Neurology. In October, President Bush signed the Veterans' Mental Health and Other Care Improvements Act (S. 2162), which included the establishment of between four and six epilepsy centers of excellence within the Department of Veterans Affairs. And over the summer, Congress overrode a presidential veto to cancel a 10.6% cut in Medicare physician payments. The legislation (H.R. 6331) also gave physicians a 1.1% pay increase for 2009. But more work will be needed over the next year, said the AAN. The pay fix passed by Congress this summer did not address the sustainable growth rate formula, which ties physician payments to the gross domestic product. As a result, physicians can expect to face a 21% payment cut in 2010. In addition, legislation to promote stroke prevention and early treatment passed the House but was stalled in the Senate. Congress also failed to approve increased funding for the National Institutes of Health in 2008.

### Eligibility for Special Needs Plans

Medicare officials have identified 15 chronic conditions that would make individuals eligible for enrollment in a Chronic Care Medicare Advantage Special Needs Plan. The conditions were selected by a panel of advisors as being medically complex, substantially disabling, or life threatening, and as having a high risk of hospitalization or other adverse outcome. The conditions are: certain neurologic disorders, stroke, chronic alcohol and other drug dependence, certain autoimmune disorders, cancer excluding precancer conditions, certain cardiovascular disorders, chronic heart failure, dementia, diabetes mellitus, end-

stage liver disease, end-stage renal disease requiring dialysis, certain severe hematologic disorders, HIV/AIDS, certain chronic lung disorders, and certain chronic and disabling mental health conditions. The list is part of new guidelines for the special needs plans that will go into effect in 2010. By selecting the chronic conditions eligible for enrollment in the Medicare Advantage special needs plans, officials at the Centers for Medicare and Medicaid Services said they are trying to ensure that the plans stay focused on a specific population.

### HHS Releases Quality Measures

The Department of Health and Human Services has released its first-ever inventory of the quality measures its agencies use for reporting, payment, and quality improvement. The HHS measure inventory, which is available at the National Quality Measures Clearinghouse, a Web site run by the Agency for Healthcare Research and Quality, is designed to advance collaboration within the quality measurement community and to synchronize measurement, according to the HHS. The inventory is at [www.qualitymeasures.ahrq.gov](http://www.qualitymeasures.ahrq.gov).

### American Patients Skip Care

U.S. chronic disease patients are far more likely than are patients in seven other countries to forgo care because of costs, according to a study from the Commonwealth Fund. More than half of chronically ill patients in the U.S. did not get recommended care, fill prescriptions, or see a doctor when sick because of costs, compared with 7%-36% in the seven other countries studied. In addition, patients in the U.S. experience the highest rates of medical errors, care coordination problems, and high out-of-pocket costs, the study found. The eight-country survey also reported that U.S. patients are significantly more likely to call for fundamental change in their country's health care system, with one-third saying the system needs to be rebuilt completely. The Commonwealth Fund polled patients in Australia, Canada, France, Germany, the Netherlands, New Zealand, and the United Kingdom along with patients in this country.

### MedPAC Calls for Disclosure

The Medicare Payment Advisory Commission has called on Congress to adopt five recommendations that would require drug, device, and medical supply makers, and hospitals to disclose their financial ties to physicians and physician groups. They manufacturers would have to disclose financial relationships with pharmacies and pharmacists; health plans; pharmacy benefit managers and their employees; hospitals and medical schools; organizations that support continuing medical education; patient organizations; and professional organizations. MedPAC also urged Congress to require drug makers to post on a Web site all details about free drug samples. Lawmakers are not required to implement MedPAC recommendations.

—Mary Ellen Schneider