

Gulf War illness

Sir

The editorial by Deahl (vol 66(11), 2005, p. 608) is a reasonably fair and balanced opinion. It puts the concept of 'Gulf War illness' and/or 'Gulf War syndrome' in perspective. The independent and highly authoritative Medical Research Council review of 2003 found no evidence to support a single Gulf War syndrome.

There are not multiple Gulf-related illnesses, but multiple symptoms that may vary in severity and number between veterans. A symptom or two does not necessarily equate to an illness. An average of three symptoms is perfectly compatible with good functional health status (Lee et al, 2001). However, when a veteran has 8 or more symptoms, this is strongly indicative of a psychiatric disorder (Kroenke et al, 1997; Roy et al, 1998; Lee et al, 2001). Many veterans have presented with 15 or more symptoms. No unusual pattern of disease or unusual trends of disease development have been seen in epidemiological studies over the past 14 years. There has been considerable emphasis on neurological disease research, but in well-controlled studies no evidence of increased central or peripheral nerve disorders has been found. There is not any increase of motor neurone disease, multiple sclerosis or Parkinson's disease. Repeated mortality studies have not found any increased death rates among veterans as a result of organic disease (DASA for National Statistics, 2005) or the development of unusual cancers.

The perceived health hazards of service in the Gulf are insecticides, pesticides, anti-biological warfare vaccinations, depleted uranium, desert diseases, chemical warfare agents, NAPS (pyridostigmine bromide), smoke and fumes from burning oil wells and psychological stressors. Apart from the latter factor, none of the others, singly or in combination, have been found to cause long-term ill-health among veterans.

There is an undoubted psychiatric cost of war to servicemen who serve in conflicts (Friedman, 2004), no-one can expect to come back unscathed, but how individual deals with the experience of combat varies enormously. The vast majority of Gulf War veterans (53 462 deployed) remain well and 75% of 3000 attending the Gulf

Veterans' Medical Assessment Programme (GVMAP) at St Thomas's were well (Lee et al, 2002). Of the 25% unwell, 81% of ill-health was accounted for by psychiatric disorders, predominantly post-traumatic stress disorder with or without co-morbidity, most of which were Gulf related. There were a few respiratory, dermatological, gastrointestinal and post physical trauma problems that were also Gulf related.

The Binns and Lloyd reports did absolutely nothing to clarify the issues surrounding Gulf War illness. The former was biased by a membership with vested interests in securing funds for further neurological research and the latter by referring mainly to witnesses with a one-sided view with an emphasis on gaining compensation for Gulf veterans.

Deahl refers to mysterious illnesses, but are there any? In an observational hands-on study of 3233 service personnel (Bale and Lee, 2005) all illnesses encountered could be described by standard psychiatric classifications. Only a handful of diagnoses were related to the use of medical countermeasures. Interestingly, the important publication (Gulf War Veterans, 2001) concerning management of health concerns of Gulf veterans makes no mention of Gulf War syndrome or any unique Gulf War illness. Post conflict syndromes have differed little since the American Civil War (Hyams et al, 1996), although the emphasis on physiological systems involved alters according to prevailing cultural health perceptions (Jones and Wessely, 2005).

Enormous lessons about health management have been learnt from Gulf War I deployment, so much so that only 38 veterans out of 64 000 deployed on Op Telic (Gulf War II) have sought referral to GVMAP since 2003.

There must be a seamless transition from service health care to the NHS. There is a lack of expertise among NHS staff about military culture and conflict service. This is best corrected by appropriate teaching about these issues at medical school and perhaps the appointment of regional specialists in veterans' health issues.

It is perhaps worth noting that Chalder et al (2001) found that 17% of their study cohort were likely to believe they had Gulf War syndrome if they knew someone else who thought likewise.

The best way forward now is to abandon the concept of Gulf War syndrome. After 14 years of costly research, no single causative factor for Gulf War illness has been found nor any new beneficial therapeutic interventions. Some Gulf veterans are truly ill, and much of their ill-health is the result of genuine identifiable psychiatric illnesses, which are amenable to psychotherapeutic intervention. For other Gulf related illnesses, there are likewise well-defined treatment strategies available. It is time to discourage further tangential research in this area, promoting a 'cottage industry' that is most unlikely to discover anything new.

Harry A Lee

Head of Gulf Veterans' Medical Assessment Programme

Baird Medical Centre

St Thomas' Hospital

London SE1 7EH

- Bale AJ, Lee HA (2005) An observational study on diagnoses of 3233 Gulf veterans (Op Granby 1990-91) who attended the Ministry of Defence's Medical Assessment Programme 1993-2004. *J Royal Naval Medical Service* **91**(2): 91-111
- Chalder T, Hotopf M, Unwin C, Hull L, Ismail K, David A, Wessely S (2001) Prevalence of Gulf War veterans who believe they have Gulf War Syndrome: questionnaire study. *BMJ* **323**: 473-6
- DASA for National Statistics (2005) UK Gulf Veterans Mortality Data. June www.dasa.mod.uk/natstats/gulf/intro.html.
- Friedman MJ (2004) Acknowledging the psychiatric cost of war. *N Engl J Med* **351**(1): 75-7
- Gulf War Veterans (2001) *Treating symptoms and syndromes*. Rosof BM, Hernandez LM, eds. National Academy Press, Washington DC
- Hyams KC, Wignall FS, Roswell R (1996) War syndromes and their evolution: from the US Civil War to the Persian Gulf War. *Ann Intern Med* **125**: 398-405
- Jones E, Wessely S (2005) War syndromes: the impact of culture on medically unexplained symptoms. *Medical History* **49**: 55-78
- Kroenke K, Jackson JL, Chamberlain J (1997) Depressive and anxiety disorders in patients presenting with physical complaints: clinical predictors and outcome. *Am J Med* **103**(5): 339-47
- Lee HA, Gabriel R, Bale AJ, Bolton P, Blatchley NF (2001) Clinical findings of the second 1000 UK Gulf War veterans attending the Ministry of Defence's Medical Assessment Programme. *JRAMC* **147**: 153-60
- Lee HA, Gabriel R, Bolton JPG, Bale AJ, Jackson M (2002) Health status and clinical diagnoses of 3000 UK Gulf War veterans. *J R Soc Med* **95**: 491-7
- Medical Research Council (2003) *Review of Research into UK Gulf Veterans' Illnesses*. Medical Research Council, London
- Roy MJ, Koslowe PA, Kroenke K, Magruder C (1998) Signs, symptoms and ill-defined conditions in Persian Gulf War Veterans: findings for the Comprehensive Clinical Evaluation Programme. *Psychosom Med* **60**: 663-8