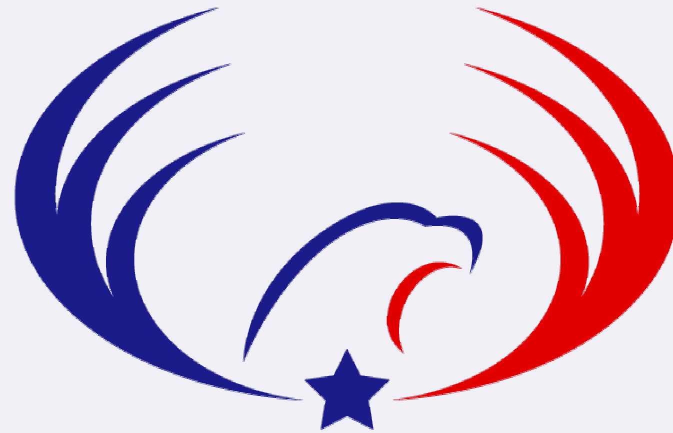


Primary Care Management and Follow-Up

LTC Patrick G. O'Malley, MD, MPH
Chief, General Internal Medicine Services
Walter Reed Army Medical Center

Management & Follow-up
Objectives

- Review key steps in Post-Deployment Health Clinical Practice Guideline (PDH-CPG)
- Define 3 PDH clinical categories
- Describe algorithms for management and follow-up of each category
- Identify tools to assist in patient management

PDH-CPG Process Overview

- 1st visit (15 minutes)
  - Identify PDH concern
    - through PD Health Assessment (DD2796), or when patient presents for care
  - Initiate clinical evaluation
  - Establish partnership with patient
- Between 1st & 2nd visit – Research concern

Establish a Patient-Provider Partnership

- Acknowledge the patient's concerns and symptoms
- Indicate commitment to understand the patient's concern and symptoms
- Encourage open and honest transfer of information that will provide a more comprehensive picture of patient's concerns and medical history
- Indicate commitment to allocate sufficient time and resources to resolving the patient's concerns
- Avoid open skepticism or disapproving comments in discussing the patient's concerns."

http://www.PDHealth.mil

- For Clinicians
- For Veterans & Families
- For Reserve Components
- Deployment Cycle Support
- Education and Training
- Emerging Health Concerns
- Items and Announcements
- Library
- Education and Training
- Risk Communication
- Research
- War on Terrorism
- New Users
- Contact DHCC
- Index & Site Map
- Help and FAQs

Research Deployment Issues

- "Often when evaluating patients with deployment related health concerns, the patient initially knows more about deployment specific exposure than the clinicians."
- Before proceeding further, the clinician should thoroughly research the patient's deployment-related health concerns and identify known risks and exposures for a particular deployment. Consult www.PDHealth.mil

PDH-CPG Process Overview (cont.)

- 2nd visit (30 minutes)
  - Continue evaluation (review ancillary studies, consults and deployment exposure information)
  - If possible establish diagnosis and start therapy
  - If not, additional ancillary studies and consults as appropriate
- 3rd visit (30 minutes)
  - Diagnosis established: monitor therapy
  - Diagnosis not established: review additional testing and consultation results
  - Continue with algorithm; consider consult with Deployment Health Clinical Center

PDH-CPG
3 Clinical Categories

- Asymptomatic Patient with Deployment-Related Health Concern (Algorithm A1)
- Patient with Established Diagnosis and Deployment-Related Health Concern (Algorithm A3)
- Patient with Medically Unexplained Symptoms and Deployment-Related Health Concern (Algorithm A2)

Stepped Risk Communication Strategy

Unconcerned, Recently Deployed

'Routine' rapport & trust-building

Concerned, Asymptomatic

-Education: web and print
-30 minute follow-up appt

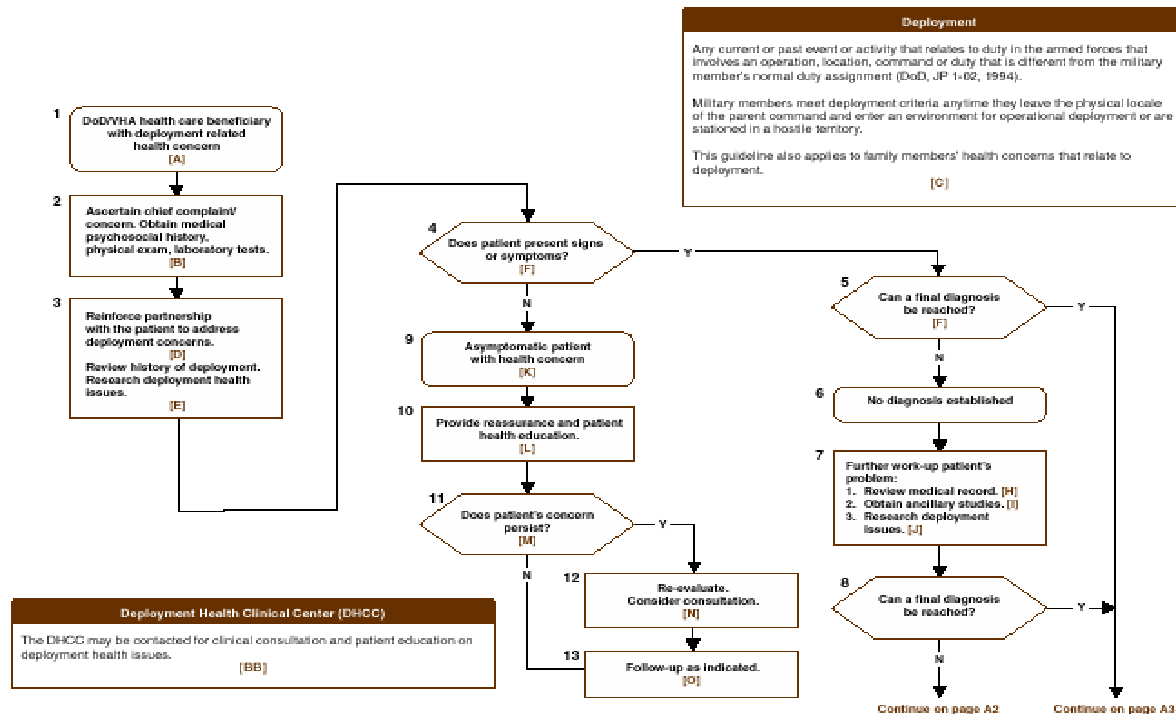
Concerned, Recognized Disease

-Disease-centered patient education
-Disease prognosis
-Disease treatment options

Concerned, Unexplained Symptoms

-Symptom-based patient education
- Specialty care consults
- Consult Deployment Health Clinical Center
-Consider Specialized Care Program for chronic symptoms

Asymptomatic Concerned (Algorithm A1)



Asymptomatic Concerned Definition

- Expresses a health concern, but does not exhibit or describe any discernable illness or injury
- Concerns may be related to:
  - Illness
  - Vaccine or medication
  - Exposure or anticipated exposure
  - An experience
  - News media coverage, Internet, etc
- Can be service member or family member

Asymptomatic Concerned Patient

Stepped Risk Communication Asymptomatic Concerned Patient

Concerned, Unexplained Symptoms

Concerned, Asymptomatic

Concerned, Recognized Disease

Unconcerned, Recently Deployed

Web-based education
30 minute follow-up visit

Reassurance

- Clinician goals should include:
  - Attempt to understand patient's beliefs
  - Inform the patient about pertinent scientific information
  - Establish a collaborative and negotiated understanding as basis for further communication
  - Utilize other members of healthcare team to assist in patient education

http://www.PDHealth.mil

- ★ For Clinicians
- ★ For Veterans & Families
- ★ For Reserve Components
- ★ Deployment Cycle Support
- ★ Education and Training
- ★ Emerging Health Concerns
- ★ Items and Announcements
- ★ Library
- ★ Education and Training
- ★ Risk Communication
- ★ Research
- ★ War on Terrorism
- ★ New Users
- ★ Contact DHCC
- ★ Index & Site Map
- ★ Help and FAQs

Welcome to PDHealth.mil - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address http://www.pdhealth.mil/main.asp

Welcome to pdhealth.mil

508-Compliant Site
Clinicians
Veterans and Families
Are You a New User?
About pdhealth.mil
Education and Training
News and Announcements
War on Terrorism
Guidelines
Gudeline Broadcast
Contact DHCC
Index & Site Map
Help and FAQs

Welcome!!! PDHealth.mil has been developed by the Deployment Health Clinical Center as a resource for clinicians, veterans, and their families. Our goal is to trusting partnership between military men and women veterans, their families, and their providers to ensure highest quality care for those who make sacrifices in hazardous workplaces of them all.

If you are a serving in the armed forces, or care a lot a someone who does, then click here.

If you are one of the health care providers entrusted w care of those who sacrifice for our nation's defense, here.

If you are looking for information on the health effects of a specific deployment, please click here.

If you have questions or suggestions for this site, please click here.

No matter who you are or what you may be looking for, we hope you find our site search engine (above) and our drop down menus (to the left) make it easy for you to navigate and find the information that interests you most.

Veterans and Families

Specific Conditions & Concerns

To find out more about a specific medical condition or issue related to deployment health, select the link from the list below. The topics are sorted alphabetically and are cross-referenced to help you find them easily.

Medical Disclaimer

Searching Tip: To search for text on this page, hold the Control (Ctrl) key while pressing the "F" key (Command-F for Macintosh) and enter your search term.

Anthrax
Anthrax Vaccine
Asthma concerns, Oil- Fire-Smoke

Clinicians

Department Of Defense Deployment Health Clinical Center

Welcome to Department of Defense's Deployment Health Clinical Center.

We appreciate the opportunity to provide information about our center and its functions.

We maintain a comprehensive repository of information on deployment health, clinical practices, and health news on this website. To find out more about us, select from the following list:

- Clinical Care
- CCEP Transition
- Gulf War Database

Asymptomatic Concerned Recommended Management

- Provide:
  - Patient education
  - Preventive care
  - Clinical health risk communication
- If concern persists:
  - Re-evaluate
  - Consider consultation

Consultation Sources

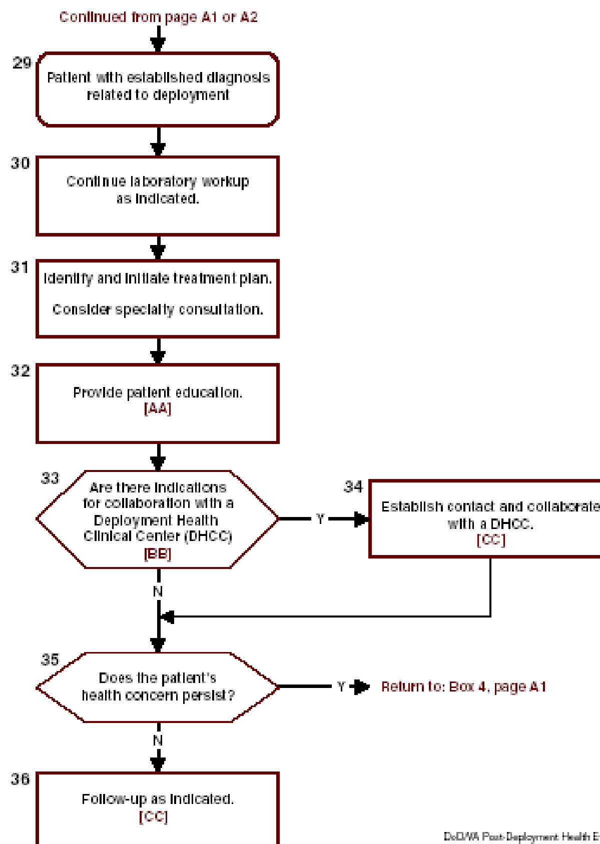
- Medical specialists
- Behavioral Health specialists
- Social Services
- Preventive medicine/public health
- Bioenvironmental engineering/environmental sciences/industrial hygiene
- Reproductive toxicology
- Genetic counseling
- Health promotion
- Health education/information
- Spiritual counseling

Established Diagnosis Definition

- Clinically defined injury or disease based on objective and reproducible clinical findings on examination, laboratory testing or medical imaging.

Established Diagnosis (Algorithm A3)

Algorithm A3:
Post-Deployment Health Evaluation and Management



DoD/VA Post-Deployment Health Evaluation and Management Clinical Practice Guideline – December 2001
DoD/VA Websites – http://www.pdhealth.mil
http://www.cs.amedd.army.mil/qmo
http://www.oqp.med.va.gov/cpg/cpg.asp

Patient With Established Diagnosis: Transition to Disease Management

29 Patient with established diagnosis related to deployment

30 Continue laboratry workup as indicated

31 Identify and initaite treatment plan
Consider specialty consultation

32 Provide patient education
[AA]

33 Are there indications for collaboration with a Deployment Health Center (DHC)?
[BB]

Y

POST DEPLOYMENT HEALTH CONCERN
EVALUATION AND MANAGEMENT

A3

nt with established diagnosis related to deployment

Continue laboratry workup as indicated

tify and initaite treatment plan
nsider specialty consultation

Provide patient education
[AA]

Are there indications for laboration with a Deployment Health Center (DHC)?
[BB]

Y

34 Establish contact and collaborate with a DHC
[CC]

N

Does the patient's health concern persist?

Y

Return to: box 7 page A1

N

Follow-up as indicated
[CC]

Stepped Risk Communication Established Diagnosis

Concerned, Recognized Disease

- *Disease-centered patient education*
- *Disease prognosis*
- *Disease treatment options*

Unconcerned, Recently Deployed

Concerned, Asymptomatic

Concerned, Unexplained Symptoms

Established Diagnosis Recommended Management

- Document diagnosis
- Identify appropriate disease management guideline
- Initiate appropriate treatment plan
- Provide patient education
- Collaborate with Deployment Health Clinical Center, if needed
- Follow-up with patient per disease-specific guideline or as appropriate

Medically Unexplained Symptoms (Algorithm A2)

Algorithm A2:
Post-Deployment Health Evaluation and Management

Continued from page A1

14 Patient with health concerns and no diagnosis established [P]

15 Re-evaluate patient data. Collaborate with colleague. [Q]

16 Discuss issues with patient, provide reassurance and reinforce patient-clinician partnership.

Go to Box 17

17 Does the patient present acute or progressive symptoms? [S]
- Y → 18
- N → 23

18 Perform additional ancillary studies as indicated. [T]

19 Can a diagnosis be established? [U]
- Y → Continue on page A3
- N → 20

20 Is systemic disease suspected? [V]
- Y → Continue on page A3
- N → 21

21 Consider consulting a specialist. [W]

22 Has a diagnosis been established? [U]
- Y → Continue on page A3
- N → 25

23 Does the patient present localized symptoms or signs? [X]
- Y → 21
- N → 24

24 Multiple chronic unexplained physical symptoms

25 Acute unexplained symptoms or signs

26 Discuss issues with patient, provide reassurance and education, and reinforce patient-clinician partnership. [Y]

27 Follow-up. Monitor changes in patient status. [Z]

28 Continue management. See other guidelines for unexplained physical symptoms.

Medically Unexplained Symptoms Definition

- Symptoms that remain unexplained after an appropriate medical assessment that includes focused diagnostic testing

Diagnosing Medically Unexplained Symptoms

"It is highly recommended that two or more patient visits be completed before concluding the patient does not have a recognizable illness or injury."

CPG Annotation G

Following Unexplained Symptoms Thorough Primary Care Assessment

8
Can a final diagnosis be reached?
N
Continue on page A2

14
Patient with health concerns and no diagnosis established
[P]

15
Re-evaluate patient data
Colaborate with colleague
[Q]

16
Discuss issues with patient, provide reassurance and reinforce patient-clinician partnership
[R]

POST DEPLOYMENT HEALTH CONCERN
EVALUATION AND MANAGEMENT

A2

18
Perform additional ancillary studies as indicated
[T]

19
Can a possible diagnosis be established?
[U]
Y
N

20
Is systemic disease suspected?
[V]
N

21
Consider consulting a specailist
[W]

22
Has a diagnosis been established?
[U]
Y
N

Continue on Page A3

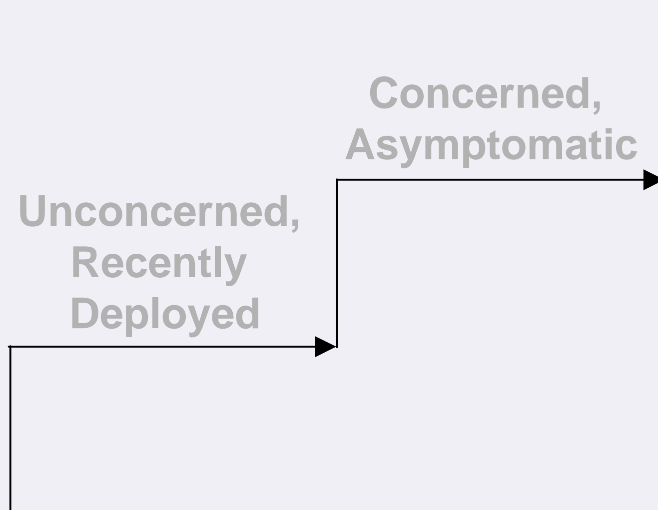
25
Acute unexplained symptoms or signs

...cuss issues with patient, provide ...ance and education, and reinforce patient-clinician partnership
[Y]

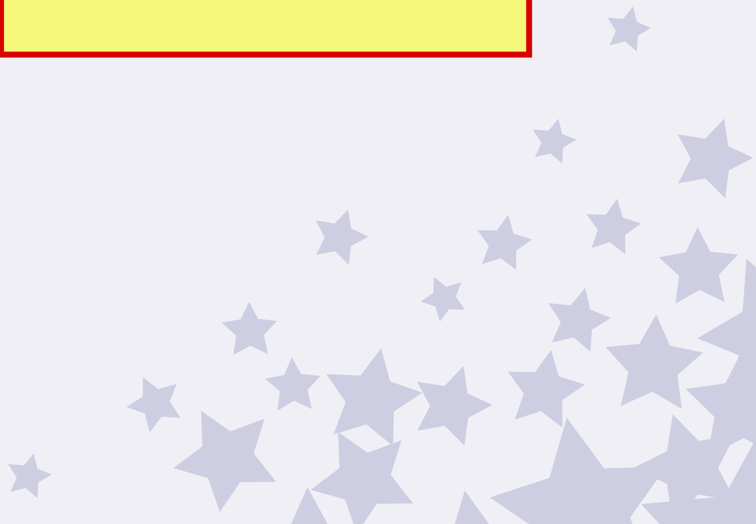
Follow-up
...itor for changes in patient status
[Z]

Continue management
See other guidelines for unexplained physical symptoms

Stepped Risk Communication Medically Unexplained Symptoms



- *Symptom-based patient education*
- *Specialty care consults*
- *Consult Deployment Health Clinical Center*
- *Consider Specialized Care Program for chronic symptoms*



Medically Unexplained Symptoms Recommended Management

- Re-evaluate; consult with colleagues
- Reinforce patient-clinician relationship
- Provide information about unexplained symptoms
- Refocus patient's attention from symptoms to improving functional status and health-related quality of life
- Emphasize physical and psychological activation and self-management strategies
- Maintain regular patient follow-up
- Involve family or other support systems, when possible

VA/DoD Medically Unexplained Symptoms Clinical Practice Guideline

VA/DoD Clinical Practice Guideline Management of Medically Unexplained Symptoms (MUS): Chronic Pain & Fatigue

KEY POINTS CARD

- Establish that the patient has MUS.
- Obtain a thorough medical history, physical examination, and medical record review.
- Minimize low yield diagnostic testing.
- Identify treatable cause (conditions) for the patient's symptoms.
- Determine if the patient can be classified as Chronic Multi-Symptom Illness (CMI) (i.e., has two or more symptoms clusters: pain, fatigue, cognitive dysfunction, or sleep disturbance).

- Multi-joint pain without redness or swelling
- Headaches of a new pattern or severity
- Unrefreshing sleep (i.e., waking up feeling unrefreshed)
- Post-exertional malaise lasting >24 hours

Neurocognitive difficulties common in CFS/FM

- Forgetfulness
- Memory disturbance
- Problems with concentration

Sleep disturbances common in CFS

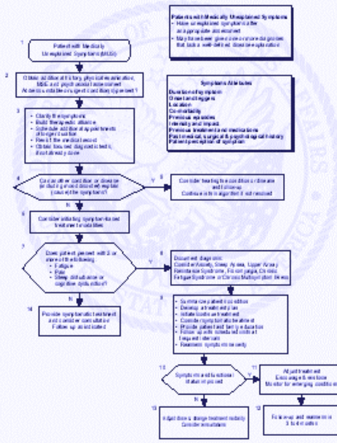
- Unrefreshing sleep that is characterized by:
  - Difficulty falling asleep
  - Frequent awakening
  - Abnormal limb movements (e.g., myoclonus)
  - Sleep Apnea (CFS present if sleep apnea treatment does not remedy fatigue)

How to Characterize Symptoms

SYMPTOM ATTRIBUTES	QUESTIONS
Duration	• Has the symptom existed for days, weeks, or months? • Has the symptom occurred only intermittently? • Particularly with regard to pain and fatigue, can the patient define if these symptoms occurred only two or three days per month or constantly? • Is the symptom seasonal? • Are there times of the day when the symptom is worse?
Onset	• Can the patient recall exactly how the symptom began? • Were there triggering events, either physical or emotional? • Was the onset subtle and gradual, or dramatic and sudden? • Have the triggering events tended to be the same over time or are there changing patterns?
Location	• Is the symptom localized or diffuse? • Can the patient localize the symptom by pointing to it? • If the pain is diffuse, does it involve more than one body quadrant?
Co-morbidity	• Does the patient have any diagnosed co-existing illnesses? • What is the time relationship between the onset and severity of the co-existing illnesses and the symptoms of fatigue and/or pain? • What are the symptoms other than pain and/or fatigue? • Are there co-morbid diagnoses? • Are there changes in the patient's weight, mood, or diet?
Previous episodes	• If the symptoms are episodic, what is the pattern in regard to timing, intensity, triggering events, and response to any prior treatment?
Intensity and impact	• How severe are the symptoms (use the 1 to 10 Numerical Rating Scale [NRS])? • Ask the patient to describe any new limitations they have experienced compared to their usual lifestyle, including limitations in physical endurance or strength (e.g., climbing stairs, shopping, and amount or quality of their sleep).
Previous treatment and medications	• Exploring this aspect of the history may be complicated and require obtaining prior medical records, or having an authorized telephone conversation with the prior treating clinician. Ask the patient to bring in their medication bottles on a subsequent visit and document the exact names of the medications. Find out which medications have/have not been helpful.
Past medical, surgical and psychological history	• This area includes chronic and major acute illnesses and injuries, allergies, surgical procedures, and hospitalizations. The psychological history may take several visits to clarify, depending upon the ease with which the patient can articulate their emotional status and past and present issues. Explore stressors such as occupational and family issues.
Patient perception of symptoms	• Often omitted from the history-taking are questions designed to gain some understanding of what the patient believes is happening. Ask the patient about their hunches and fears.

VA/DoD Clinical Practice Guideline Management of Medically Unexplained Symptoms (MUS): Chronic Pain and Fatigue Pocket Guide

Assessment and Diagnosis



VA access to full guideline: http://www.oqp.med.va.gov/cpg/cpg.htm
DoD access to full guideline: http://www.cs.amedd.army.mil/Qmo
Sponsored & produced by the VA Employee Education System in cooperation with the Offices of Quality & Performance and Patient Care Services and Department of Defense
May 2002

Citalopram	Initial: 20 mg/day Range: 20 to 40 mg/day Maximum: 40 mg/day, if indicated	No	■ Sexual dysfunction ■ Nausea	
Alprazolam	0.5 to 3.0 mg/day	Unknown	■ Sedative and hypnotic effects	
Analgesics: Tramadol*	50 to 400 mg/day	Yes	■ Nausea ■ Dizziness	■ Dual mechanism of action may address altered neurotransmitters and pain signals of FM.
NSAIDs	Dose range recommended by drug manufacturer	Equivocal	■ If risk of bleeding avoid NSAIDs	■ Intolerance is common ■ Efficacy is less than in other rheumatic conditions where inflammation is present.
Opioids	Dose range recommended by drug manufacturer	Unknown	■ Sedative effects ■ Nausea	■ There is no clinical evidence to show efficacy. ■ Tolerance or dependence may develop with long-term use. ■ If used regularly, long-acting formulations are preferred.
S-adenosyl-L-methionine (SAMe)**	■ 200 mg/day subq ■ 400 mg/day IV ■ 800 mg/day orally	Possibly	■ None documented	■ Drug is available in the United States orally, as an over-the-counter dietary supplement.
Sleep: Melatonin**	3 to 6 mg/day	Equivocal	—	■ May help a limited number of patients who have difficulty initiating sleep.

*TRAMADOL - NON-FORMULARY MEDICATION. AVAILABLE BY PHYSICIAN REQUEST USING THE NON-FORMULARY PROCESS.
**SAMe AND MELATONIN ARE NUTRITIONAL SUPPLEMENTS THAT THE VA DOES NOT PROVIDE. ARE AVAILABLE AS OVER THE COUNTER PRODUCTS.

VA/DoD Clinical Practice Guideline Management of Medically Unexplained Symptoms (MUS): Chronic Pain and Fatigue Pocket Guide

Treatment Options[1]

R=Recommendation A=Randomized Control Trial B=Clinical Studies C=No Benefit or Harm D=Harmful

FIBROMYALGIA (FM) THERAPY INTERVENTIONS

R	Maximum Benefit	Some Benefit	Possible Benefit	Possibly Harmful
A		■ Cognitive Behavioral Therapy (CBT) ■ Graded Aerobic Exercise ■ Antidepressant (TCA)		
B		■ Tramadol* ■ SAMe** ■ SSRI (R=B/C) ■ NSAIDs (R=B/C)	■ Acupuncture ■ Biofeedback ■ Trigger point injection ■ Stretching	■ Alprazolam
C		■ Sleep education ■ Other antidepressants (non-SSRI, non-TCA)	■ Massage therapy ■ Relaxation therapy ■ Myofascial release ■ Spinal manipulation ■ Hypnotherapy ■ Magnesium	■ Antiviral ■ Antifungal ■ Antibiotics
D				■ Bed rest

CHRONIC FATIGUE SYNDROME (CFS) THERAPY INTERVENTIONS

R	Maximum Benefit	Some Benefit	Possible Benefit	Possibly Harmful
A	■ Cognitive Behavioral Therapy (CBT) ■ Graded Aerobic Exercise			
B		■ MAOI ■ NADH		
C		■ Sleep education ■ SSRI ■ Other antidepressants (non-SSRI, non-TCA)	■ Relaxation ■ Flexibility exercise ■ Essential fatty acids ■ Magnesium ■ Low-dose, short term corticosteroid (R=B/C)	■ Florinef, alone
D				■ Bed rest ■ Corticosteroid (High-dose or Replacement) ■ Anti-viral ■ Anti-fungal ■ Immune therapy

[1] NOT EVERY PANEL OF EXPERT GUIDELINE DEVELOPERS HAS REACHED THE SAME CONCLUSIONS REGARDING THE BENEFIT OF DRUGS. SEE "CLINICAL EVIDENCE VOL. 6. DEC. 2001" A PUBLICATION OF THE BRITISH MEDICAL JOURNAL.

VA access to full guideline: http://www.oqp.med.va.gov/cpg/cpg.htm
DoD access to full guideline: http://www.cs.amedd.army.mil/Qmo
Sponsored & produced by the VA Employee Education System in cooperation with the Offices of Quality & Performance and Patient Care Services and Department of Defense
May 2002

Medically Unexplained Symptoms Patient Education Brochures

- To facilitate provider education of patients with PDH concerns, ensure ready availability of patient brochures
- Patient brochures are available from the MEDCOM website: www.qmo.amedd.army.mil

A DoD Center of Excellence

Deployment Health Clinical Center
& Specialized Care Program

The Washington Post

Dow Tops Record

All the Way Back

Redskins Come Back, Then Lose to Cardinals, 45-42

The Washington Post

Livingston: Censure Is Uncertain

Impeachment Vote Deemed Necessary

CHRONIC ENIGMA The Frustration of Gulf War Syndrome

". . . All I really want is to get back to what I was doing before."

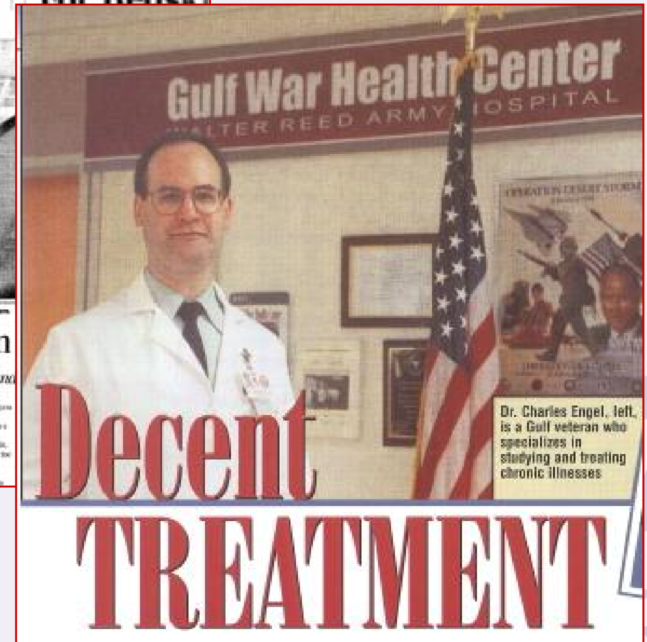
Army's New Tack on Unseen Enemy

AOL Seeks To Acquire Netscape

CHRONIC ENIGMA Living With Gulf War Syndrome

Soldiering On in the Face of Pain

Veterans Help Invent a Plan of Attack for Their Medical No Man's Land



Decent TREATMENT

Dr. Charles Engel, left, is a Gulf veteran who specializes in studying and treating chronic illnesses

Specialized Care Program
Deployment Health Clinical Center

- Intensive, 3-week, multidisciplinary program for patients with deployment-related chronic illness or Medically Unexplained Symptoms
- Available to all military members and family members who continue to have problems after going through PDH-CPG based care at local MTF (Patient must be ambulatory and capable of some exercise)
- Military health system clinicians can refer patients meeting admission criteria

PDH-CPG Provider Reference Card Key Elements

Key Elements of PDH Patient Care

Identify if health concerns are deployment-related

- Ask screening questions: ***Deployment related? Yes/No/Maybe***
- Establish partnership with patient (risk communication)
- Document post-deployment concern in chart and code ADS
- Between initial visit and follow-up, research exposure/concern; consult www.PDHealth.mil

Triage patients and seek to reach a working diagnosis

- Perform evaluation of history, ancillary tests, assessments, records review
- Identify patient problem type
  - Asymptomatic with concern (algorithm A1, box 9)
  - Unexplained symptoms (algorithm A3, box 14)
  - Established diagnosis for concern (algorithm A2, box 29)

Manage asymptomatic patients with health concerns

- Provide reassurance and education (risk communication)
- Research as needed
- If concern persists, re-evaluate and consider consults

Key Elements of PDH Patient Care (Side Two)

Manage patients with established diagnosis

- Document diagnosis
- Identify appropriate disease management guideline
- Initiate appropriate treatment plan
- Provide patient education and risk communication
- Collaborate with DHCC as needed
- Follow-up with patient per disease-specific guidance or as appropriate

Manage patients with unexplained symptoms

- Re-evaluate data; consult with colleagues
- Reinforce patient-clinician relationship
- Provide information about unexplained symptoms
- If acute or progressive symptoms, do additional ancillary studies
- Consider specialty and/or second opinion consults and referrals
- Consider collaboration with DHCC via phone, e-mail or Web
- Monitor changes in status
- Follow-up for continuity of care

DHCC Clinicians Helpline: 1 (866) 559-1627 DSN: 642-0907 www.PDHealth.mil
PDH-CPG Tool Kit Pocket Cards Version 1.0 December 2003

PDH-CPG Provider Reference Pocket Card: Consult Information

DoD/VA Post-Deployment Health Clinical Practice Guideline (PDH-CPG) Provider Reference Pocket Cards

CONSULT INFORMATION

Clinicians Helpline: 1 (866) 559-1627
DHCC Phone: (202) 782-6563
DSN: 662-6563
Fax: (202) 782-3539
Web Site: www.PDHealth.mil
E-mail: PDHealth@na.amedd.army.mil

DHCC Phone Numbers

DHCC Front Desk

- Local Number: (202) 782-6563
- DSN: 662-6563
- Main Fax Number: (202) 782-3539

DHCC Helpline for Clinicians and Providers

- US Toll Free: 1 (866) 559-1627
- Local Number: (202) 356-0907
- DSN (inside US): 642-0907
- DSN (from Europe): (312) 642-0907

DoD Helpline for Service Members, Veterans, and Families

- Toll Free (inside US): 1 (800) 796-9699
- Toll Free (from Europe): 00800-8666-8666
- Local Number: (202) 782-3577
- DSN (inside US): 662-3577
- DSN (from Europe): (312) 662-3577

Questions, Information, Assistance

DoD Deployment Health Clinical Center
Walter Reed Army Medical Center
Building 2, Room 3G04
6900 Georgia Ave, NW
Washington, DC 20307-5001

E-mail: pdhealth@na.amedd.army.mil
Website: www.PDHealth.mil

202-782-6563
DSN:662

Provider Helpline
1-866-559-1627

Patient Helpline
1-800-796-9699