

The Management of Chronic Multisymptom Illness (CMI)



**Sidebar 1: Case Definition of CMI**

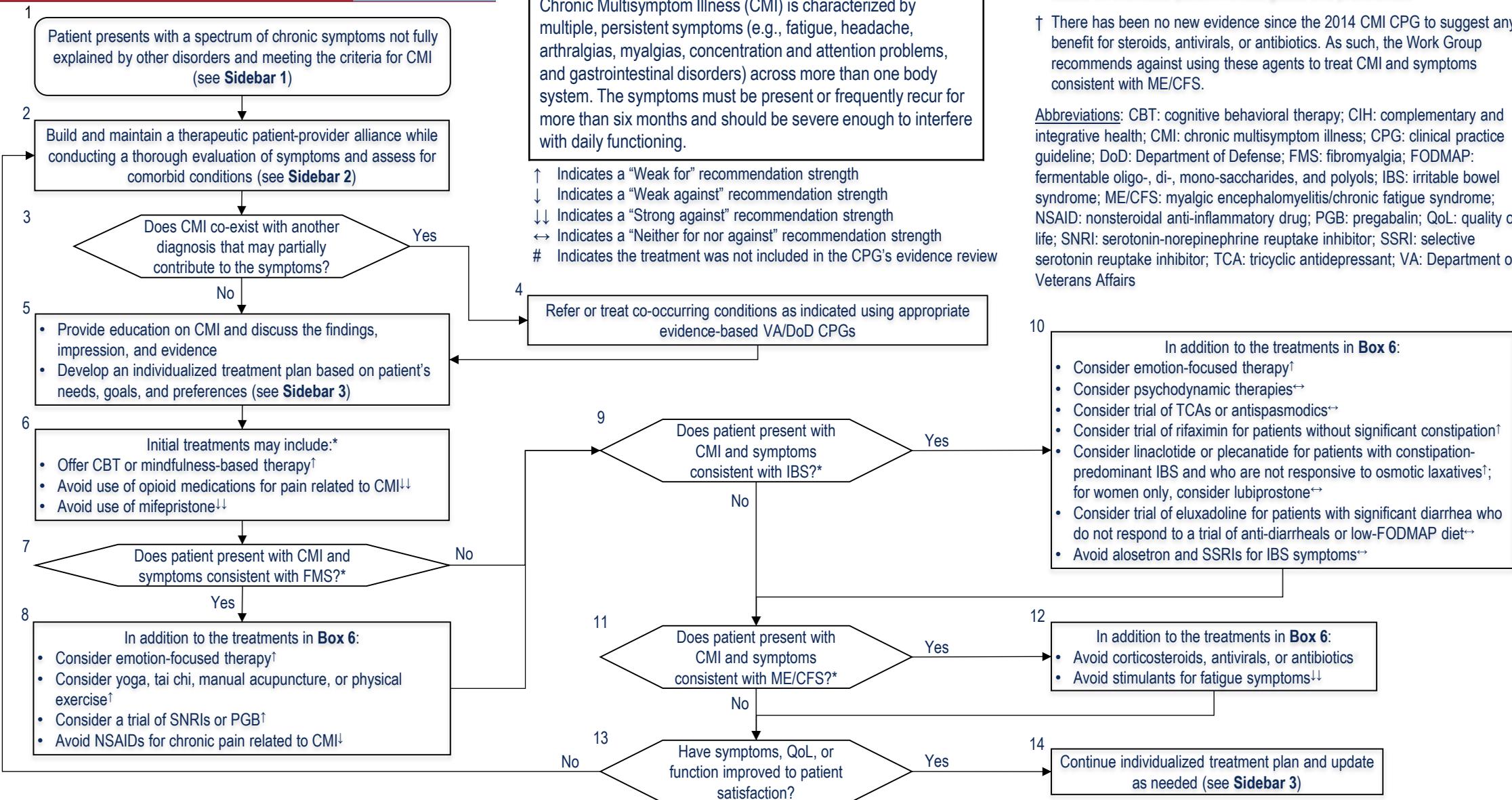
Chronic Multisymptom Illness (CMI) is characterized by multiple, persistent symptoms (e.g., fatigue, headache, arthralgias, myalgias, concentration and attention problems, and gastrointestinal disorders) across more than one body system. The symptoms must be present or frequently recur for more than 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

\* 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



**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<sup>↑</sup>
- Acceptance-based behavior therapy
  - Traditional cognitive behavioral therapy
- Mindfulness-based therapies<sup>↑</sup>
- Meditation awareness training
  - Mindfulness-based cognitive therapy
  - Mindfulness-based stress reduction

**Treatment of CMI and symptoms consistent with IBS or FMS**

- Emotion-focused therapy<sup>↑</sup>
- Attachment-based compassion therapy
  - Emotional awareness and expression therapy

**Treatment of CMI and symptoms consistent with IBS**

- Psychodynamic therapy<sup>↔</sup>
- Low-FODMAP diet<sup>#</sup>

**Treatment of CMI and symptoms consistent with FMS**

- Aerobic exercise<sup>↑</sup>
- Manual acupuncture<sup>↑</sup>
- Tai chi<sup>↑</sup>
- Yoga<sup>↑</sup>

- Refer to CPG for descriptions of behavioral health interventions.

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**Pharmacologic Agents for CMI**

Agent	Predominant Symptom
Escitalopram <sup>↔</sup>	Global
Fluoxetine <sup>↔</sup>	Global, Pain
Sertraline <sup>↔</sup>	Global
Paroxetine <sup>↔</sup>	Pain
Citalopram <sup>↔</sup>	Pain
Venlafaxine Immediate-release <sup>↑</sup>	Global
Venlafaxine Extended-release <sup>↑</sup>	Global
Mirtazapine <sup>↔</sup>	Global
Duloxetine <sup>↔</sup>	Pain
Duloxetine <sup>↑</sup>	Fatigue
Milnacipran <sup>↑</sup>	Pain, Fatigue
Amitriptyline <sup>↔</sup>	Pain, Fatigue
Pregabalin <sup>↑</sup>	Pain
Rifaximin <sup>↑</sup>	IBS, moderate to severe without constipation
Lubiprostone <sup>↔</sup>	IBS with constipation in women >18 years old
Linacotide <sup>↑</sup>	IBS with constipation
Plecanatide <sup>↑</sup>	IBS with constipation
Eluxadoline <sup>↔</sup>	IBS with diarrhea

- 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/guidelines/mr/cmi/>

