

## Veterans with Gulf War Illness perceptions of self-management strategies

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### Abstract

**Background.** Gulf War Illness (GWI) is a particularly severe persistent medically unexplained symptom/syndrome which impacts at least 25% of Gulf War Veterans (White et al., 1991; Barrett, 2002). With no symptom etiology to guide treatment, treatment for unexplained syndromes often relies on unnecessary assessments, surgeries, and consultations (Anderson et al., 2008; Warner et al., 2017). Treatment guidelines recommend against unnecessary intervention, instead recommending GWI self-management (e.g., relaxation; Hunt et al., 2002). However, self-management can be difficult to integrate into treatment because patient self-management preferences are unknown (Olde Hartman et al., 2017). Identifying Veteran preferences may inform more tailored GWI treatment.

**Objectives.** To evaluate which GWI self-management strategies Veterans currently utilize and view as most effective and ineffective.

**Methods.** Data were collected from 267 Veterans during the baseline assessment of a randomized clinical trial for Gulf War Illness. Respondents answered 3 open-ended questions regarding which self-management strategies they use, view as effective, and view as ineffective. Response themes were coded, codes were developed into broader categories, and category/code frequencies were analyzed.

**Results.** Code frequencies varied across questions (in-use:  $n=578$ ; effective:  $n=470$ ; ineffective:  $n=297$ ). Veterans most often reported using healthcare self-management strategies (223 of 578), which included medication and non-pharmacological strategies like counseling. Participants also reported employing lifestyle change (165 of 578; e.g., exercise), cognitive coping (82 of 578; e.g., relaxation), and avoidance strategies (79 of 578; e.g. ignoring symptoms). When asked about effective self-management strategies, Veterans identified healthcare use (117 of 470), lifestyle change (168 of 470), and cognitive coping (75 of 470). Veterans reported avoidance (60 of 297 codes), invalidating experiences (42 of 297), and negative emotions/cognitions (31 of 297) as ineffective strategies.

**Conclusion.** Veterans with GWI use a variety of self-management strategies, many of which are consistent with clinical practice guidelines for unexplained symptoms, including lifestyle change (e.g., exercise) and non-pharmacological strategies (e.g., counseling; Hunt, 2002). This suggests opportunities for providers to encourage and integrate effective self-management approaches that Veterans want to use.

**References**

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