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**PREFACE**

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In response to potential health concerns among Gulf War veterans, the Department of Veterans Health Affairs (VHA) initiated the Gulf War Health Examination Registry (PGR) on November 4, 1992. The PGR offers to every Gulf War veteran a complete physical examination and basic laboratory studies with referral to the Uniform Case Assessment Protocol (UCAP) for specialty consultation if a diagnosis is not made. Additionally, a complete medical history is obtained and documented in the veteran's medical record. The Department of Defense (DoD) initiated a similar program, the Comprehensive Clinical Evaluation Program (CCEP), on June 7, 1994. The CCEP expanded upon routine medical care of Gulf War veterans and provided a more systematic evaluation strategy modeled after the VHA PGR.

The DoD and VHA asked the Institute of Medicine (IOM) to evaluate the adequacy of the current clinical evaluation programs for veterans of the Gulf War, since both evaluation programs have evolved over time. The IOM Committees evaluating the adequacy of the PGR, UCAP, and CCEP endorsed the systematic, comprehensive set of clinical practice guidelines (CPGs) set forth in these diagnostic programs. In their report, *Adequacy of the Comprehensive Clinical Evaluation Program: A Focused Assessment*, the IOM Committee concluded, "The CCEP is a comprehensive effort to address the clinical needs of the thousands of active duty personnel who served in the Gulf War" (IOM, 1997). The CCEP and PGR have assisted clinicians in determining specific diagnoses for thousands of patients. However, the IOM emphasized the need to focus evaluation and care of deployed forces at the primary care-level, both to enhance the continuity of care and foster the establishment of ongoing therapeutic relationships. In the report, *Adequacy of the VA Persian Gulf Registry and Uniform Case Assessment Protocol*, the IOM further recommended "...to the extent possible, use an evidence-based approach to develop and continuously reevaluate clinical practice guidelines for the most common presenting symptoms and the difficult-to-diagnose, ill-defined, or medically unexplained conditions..." (IOM, 1998). Since research studies indicate a high prevalence of psychosocial problems among deployed forces, the IOM recommended that standardized guidelines address the need for screening, assessing, evaluating, and treating this population. The IOM clearly stated that "the goal of implementing a uniform approach to the diagnosis of ... veterans' health problems is admirable and should be encouraged" (IOM, 1998). The IOM recommendations are based on research findings, lessons learned through PGR and CCEP implementation, and advances made in the field of clinical practice evaluation.

Based on the experiences encountered after the Vietnam and Gulf Wars, the IOM emphasized that the post-deployment period is a crucial time for carrying out medical evaluations and providing appropriate care for returning service members. In addition, DoD and VHA clinicians have identified the need for standardized guidelines for assessing, evaluating, and treating returning service members who may have deployment related health concerns. Providing post-deployment medical care in the absence of service connection provides a valuable opportunity to ascertain the health needs of this population, including those with medically unexplained symptoms. Rather than naming a special deployment-specific registry, the IOM concluded that veterans should receive evaluation and care as needed, with evaluation, follow-up, and patient management focused in the primary care setting. The IOM's recommendations serve as the basis for the *Clinical Practice Guideline For Post-Deployment Health Evaluation and Management* and other supporting management CPGs.

## REFERENCES

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