



Unexplained Physical Symptoms

Fact Sheet

Origin and nature

Service personnel are exposed to health risks during their deployment. They may be involved in clashes or other violent situations. There are other health risks too, though. Examples include infectious diseases, illnesses caused by insects and exposure to biological and chemical substances or environmental pollution. Adverse hygiene conditions, long working hours, limited opportunities to relax and living long-term in a heightened state of alertness and tension are factors encountered during missions and can cause health damage. Exposure to health risks, or a combination thereof, can be extraordinarily draining, physically and mentally. Most service personnel do not experience any adverse consequences on this account after their deployment has ended. That said, some service personnel will develop symptoms after their deployment. These will sometimes be physical symptoms for which no clear cause can be found. Such symptoms can include headaches, memory problems, impaired concentration, dizziness, muscle and joint pain, sleep disorders, fatigue, skin disorders and digestive problems.

Over time, various terms have been used to describe these symptoms, or combinations thereof. Examples include Gulf War Syndrome, Post-Cambodia Symptoms (PCK), Post-Deployment Syndrome (PDS) and Medically Unexplained Physical Symptoms (MUPS). Non-service personnel experience comparable symptoms for which the medical world uses terms such as neurasthenia, psychosomatic symptoms, functional complaints, myalgic encephalomyelitis (ME), chronic fatigue syndrome, irritable bowel syndrome or somatoform disorders.

The term 'unexplained physical symptoms' or 'insufficiently explained physical symptoms' (IEPS) is neutral; it does not provide a theoretical explanation and excludes an unequivocal medical origin, as well as an unequivocal psychological or social origin, for the symptoms. However, the symptoms are certainly real and often restrict those affected in their ability to function and impair their quality of life. In general, IEPS occur a few months after a deployment. Symptoms will sometimes be relatively mild and fleeting. In other cases, they are severe and become a serious disability. A number of people will experience chronic symptoms and long-term functional restrictions.

Unexplained?

There is no unequivocal explanation for the origin and continued existence of IEPS. Various interacting risk factors may play a part, such as predisposing, triggering and persistent factors originating in the biological, psychological and social sphere.

Predisposing factors will often be of a long-standing nature or be genetic characteristics that make a person vulnerable to the development of symptoms. Experiences in early childhood could also be involved. Examples of factors that could play a part in IEPS include genetic vulnerability and trauma at a young age. Examples of factors that trigger the symptom and might play a part in IEPS include traumatic events, stress and fatigue. Examples of factors that cause the symptom to persist or worsen and which may play a part in IEPS include a lack of social support, anxiety and poor physical condition.

Help available

When doctors are unable to discover what is causing the symptoms, the veteran can suffer from feelings of helplessness and being misunderstood. On the other hand, based on the results of the examination, it is also clear that the veteran is not suffering from a serious, potentially life-threatening illness. There is no known treatment which will cause the symptoms to disappear. However, there are ways of helping the veteran to deal better with his symptoms and be less badly affected by them. Sound information is paramount. Cognitive behavioural therapy can also be a means of learning how to minimise the effects of the symptoms and thus function better. Exercises can also help; here, under professional supervision, the veteran learns how to make maximum use of his or her physical abilities and thus eliminate substantially the restrictions in his or her ability to function. Understanding, a sense of empathy and acceptance are keywords in the treatment process: the symptoms are real even if no cause can be identified.

The Central Military Hospital runs a twelve-week IEPS programme provided by a multi-disciplinary team of GPs, rehabilitation specialists, neurologists, psychiatrists, psychologists, psychomotor therapists, nurses and social therapists. The team achieves good results. Participation in the programme generally results in a better quality of life, improved employment rates and less use of medical care. At present, the programme is intended only for service personnel in active service. The Ministry of Defence is considering whether to open the programme to retired veterans. It also uses an IEPS protocol within the procedure to determine incapacity for work or invalidity on account of IEPS following deployments.

Further information

This fact sheet provides general information. You will find more detailed information about the *Vi*'s activities in the area of care, appreciation, knowledge & research at www.veteraneninstituut.nl and www.veteranenloket.nl. You may also contact us by telephone (088 - 334 00 50) or by email (info@veteraneninstituut.nl).

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