

Wessely on Gulf War veterans again. Somatoform disorder is a controversial psychiatric diagnosis.
Short review by Margaret Williams 12th September 2002

The mental health of UK Gulf war veterans: phase 2 of a two phase cohort study.

Khalida Ismail, Steve Reid, Anthony S David, Simon Wessely et al BMJ 14th September 2002:325:576
bmj.com

Reviewer's note: "tautology": unnecessary repetition of the same idea in different words.

In tomorrow's BMJ there is another paper by Wessely and his team: the objective was to examine the prevalence of psychiatric disorders in Gulf War veterans with or without physical disability.

The authors state that "Common psychiatric disorders seem to be increased in Gulf veterans...but these were likely to have been over-represented by veterans who perceive themselves as ill" but nonetheless the authors concluded that most disabled Gulf veterans do not have a formal psychiatric disorder, nor is post-traumatic stress disorder (PTSD) higher in Gulf veterans than in other veterans; indeed the rate of post-traumatic stress disorder was between 1% and 3%, suggesting that whatever the nature of ill-health in Gulf veterans, it was not explained by events conventionally understood to be psychologically traumatic.

A timely and encouraging breakthrough from Wessely's team, perhaps?

Sadly not.

As ever with Wessely, there is a twist in the tale. Even though the authors found that three quarters of Gulf veterans with disability do not have formal psychiatric disorders, they then go on to state that Gulf veterans have a three-fold increase in somatoform disorders: "The increase in somatoform disorders that we found should be treated cautiously. Although there is an increase in symptomatic distress in Gulf veterans, redefining medically unexplained symptoms as somatoform disorders may to some extent be tautological and is anyhow a controversial psychiatric disorder".

The authors conclude by asserting "We suggest that...vulnerability factors such as the effects of premorbid health, media reporting and communication of risk may have a more important role in explaining anxiety and somatic symptoms in Gulf veterans".

As always with Wessely, he ignores entirely the now considerable body of US research (*for example Brain abnormalities in Gulf War Syndrome: evaluation by H¹ magnetic resonance spectroscopy Robert W Haley, Radiology 2000:215:807-817; Gulf War Syndrome: eight years of research on the nature of the disease and its causes. Robert W Haley, Professor of Medicine, University of Texas South Western Medical Centre, Dallas, Texas*) which unequivocally shows significant damage to the basal ganglia, thalamus and brain stem. This published research was presented before a panel of US Congressmen and UK Veterans' representatives and their scientific supporters in the House of Commons and the House of Lords on 18th and 19th June 2002, where Wessely was personally called to account: his methodology was challenged and the flaws in it were exposed and robustly criticised. The ambivalence of his stance (illustrated by his insistence that GWS is neither physical nor psychiatric, but somewhere in between) was savagely rejected and the fact that Wessely had no case definition meant he could not credibly support his own epidemiological studies.

The paper in tomorrow's BMJ is likely to cause yet more distress to the greatly-maligned Gulf War veterans, given that well over 500 UK Gulf veterans have already died.

